

**NORTHEAST FLORIDA
CONTINUUM OF CARE**

FL-510 CoC Written Standards
Revised November 2020

PREAMBLE

The Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of Duval, Clay, and Nassau counties. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and sub-recipient performance.

All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing.

The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. There are some additional standards that have been established by the CoC that will assist programs in meeting and exceeding performance outcomes that will help the CoC reach the goal of ending homelessness.

The Continuum of Care Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system
- Assist in assessing individuals and families consistently to determine program eligibility
- Assist in administering programs fairly and methodically
- Establish common performance measurements for all CoC components.
- Provide the basis for the monitoring of all CoC and ESG funded projects

These written standards have been developed to allow for input on standards, performance measures and the process for full implementation of the standards throughout the CoC from the prospective of those organizations that are directly providing homeless housing and services, Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Outreach.

The CoC Written Standards have been approved by the CoC and City ESG recipients and providers. The Written Standards will be reviewed and revised as needed at a minimum of once per year. Revisions that would affect the Coordinated Entry process would be made as soon as possible. Agreement to abide by the Written Standards will be a condition of being moved forward for CoC or ESG funding.

COC AND ESG COORDINATION

These written standards have been developed in conjunction with ESG, the CoC Collaborative Applicant and with service providers to allow for input on standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organization that are directly providing homeless and housing services, Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), Emergency Shelter (ES), and Transitional Housing (TH). The CoC Written Standards have been approved by the CoC, the County and City ESG recipients. These written standards will be reviewed and revised at least annually. Revisions that would affect the Coordinated Entry process would be made as soon as possible. The Northeast Florida CoC will continue to build upon and refine this document.

HOUSING FIRST MODEL

Irrespective of the program type, all HUD and ESG funded programs are required to utilize a housing first approach to housing assistance. The housing first approach incorporates a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). Emergency Shelter, Transitional housing and supportive service only projects may be considered to be using a housing first model if they operate with low-barriers, work to quickly move people into permanent housing, do not require participation in supportive services, and, for transitional housing projects, do not require any preconditions for moving into the transitional housing.

COORDINATED ENTRY SYSTEM

To minimize barriers to housing access and ensure timely placement, all CoC and ESG sub-recipients are required to participate in and receive referrals through Northeast Florida's Coordinated Entry System (CES). Coordinated Entry for Northeast Florida CoC is a hybrid of a decentralized (access points in the three county area), outreach, web-based and telephone based centralized intake model. Initial screening can be conducted for all populations either at one of the intake hot spots, through a Navigator, over the phone or through a web-based component. Coordinated Entry includes the following core components:

- Information so that people will know where or how to access intake for homeless prevention or housing services;
- A screening and assessment process and tools to gather and verify information about the person and his/her housing and service needs and program eligibility and priority;
- Information about programs and agencies that can provide needed housing or services;
- A process and tools for referral of the person to an appropriate programs or agencies; and assistance in making program admissions decisions

While most housing and services are made available through other agencies, a variety of services may be provided on site at the “Access Points” or by a “Navigator”. These services typically meet basic client needs and may include diversion services, crisis counseling, landlord/tenant mediation, motel vouchers, JTA bus pass or transportation to an agency and/or access to mainstream resources.

This system ensures that every homeless individual is known by name, provides assistance based on individual’s unique needs, and ensure that housing matches are the right fit. Please refer to Northeast Florida CoC Coordinated Entry System (CES) Policies & Procedures for more detailed information.

UNIVERSAL ASSESSMENT

All individuals will be assessed using a comprehensive, universal assessment tool called the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) which is useful for initial triage and entry assessment. This tool guarantees that individuals’ levels of need and eligibility determinations are made in an informed and objective manner.

HOMELESS MANAGEMENT INFORMATION SYSTEM

All sub-recipients are required to participate in the Homeless Management Information System (HMIS) per the ESG and CoC Interim Rule (24 CFR 576 and 578). HMIS provides an opportunity to document homelessness and helps to ensure coordination between service providers while avoiding duplication of services and client data.

EQUAL ACCESS TO HOUSING

The Northeast Florida County Continuum of Care non-discriminatory policy, regarding the U.S. Department of Housing and Urban Development (HUD) final rule regarding equal access to Community Planning and Development (CPD) funded programs regardless of sexual orientation, gender identity, and marital status, will ensure that individuals are aware of their rights to equal access to CPD funded programs.

Thus, all CPD funded programs, including Continuum of Care and Emergency Solutions Grant funded programs, must comply with the following requirements:

- Determine client eligibility for housing regardless of sexual orientation, gender identity, or marital status, and must not discriminate against clients who do not conform to gender or sex stereotypes (i.e., because of gender identity).
- Grant equal access to CPD funded programs or facilities consistent with client gender identity, and provide client’s family with equal access.
- **MUST NOT** ask clients to provide anatomical information or documentation (i.e. ID), physical, or medical evidence of gender identity.
- Take non-discriminatory steps when necessary and appropriate to address privacy concerns raised by any residents or occupants.

These requirements are identical to those provided by HUD in a notice for continuums of care to adopt:

<https://www.hudexchange.info/resources/documents/Notice-on-EqualAccess-Rights.pdf>.

In accordance with the guidance provided by HUD in 24 CFR 5 in the Federal Register, vol. 81, No. 183, all CPD funded programs will

“Post on bulletin boards and in other public spaces where information is typically made available a notice entitled “Equal Access regardless of Sexual Orientation, Gender Identity, or Marital Status for HUD’s Community Planning and Development Programs.”

The post will include the requirements noted above. In addition, all CPD funded programs will adhere to the requirements concerning record keeping in 24 CFR 5, which states that

“Providers must document and maintain, for a period of 5 years, records of compliance with the requirements of this rule regarding establishing or amending policies and procedures.”

PROGRAM REQUIREMENTS FOR ALL PROGRAMS

- If programs or agencies do not offer specific services they must coordinate with other targeted homeless services within the CoC that do.
- Program will have to be familiar with the SOAR process and preferably have staff trained in SOAR.
- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible
- Programs must have written policies and procedures and must consistently apply them to all participants
- Programs that serve households with children:
 - ✓ A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
 - ✓ 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 provides shelter for families with children.
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), however all homeless programs are strongly encouraged to participate in HMIS.
 - ✓ Programs must meet minimum HMIS data quality standards.
 - ✓ Programs providing Domestic Violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.
- Programs must participate in the Coordinated Entry System initiative by signing a memorandum of Understanding with the Lead Agency. It will be understood that all housing

referrals will be generated through the CE system. If program openings exist programs will be obligated to accept referrals. Refused referrals will follow the process as indicated in the Coordinated Entry System Policy and Procedures.

- A client is considered enrolled once the service provider engages the client and begins working with them. Regardless of the client's long term outcome a client will be considered in the program and HMIS will indicate the day of engagement as the day enrollment.
- Programs will utilize the Housing First principles regarding the execution of their programs. Although it is expected that each program will have its own variances.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved. Programs must allow participants the opportunity to dispute termination.
 - ✓ Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination
 - ✓ Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
 - ✓ Termination does not necessarily preclude assistance at a future date
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS

- Participant Recordkeeping Requirements include:
 - ✓ All records containing personally identifying information must be kept secure and confidential
 - Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested
 - ✓ Documentation of homelessness (following HUDs guidelines)
 - ✓ A record of services and assistance provided to each participant
 - ✓ Documentation of any applicable requirements for providing services/assistance
 - ✓ Documentation of use of coordinated assessment system
 - ✓ Documentation of use of HMIS
 - ✓ Documentation of Unit inspections
 - ✓ Client leases
 - ✓ Rent calculation worksheets
 - ✓ Rent Reasonableness forms
 - ✓ Records must be retained for the appropriate amount of time as prescribed by HUD

- Financial Recordkeeping Requirements include:
 - ✓ Documentation for all costs charged to the grant
 - ✓ Documentation that funds were spent on allowable costs
 - ✓ Documentation of the receipt and use of program income
 - ✓ Documentation of compliance with expenditure limits and deadlines
 - ✓ Retain copies of all procurement contracts as applicable
 - ✓ Documentation of amount, source and use of resources for each match contribution

OCCUPANCY STANDARDS FOR ALL PROGRAMS

- All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards:
 - ✓ Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
 - ✓ Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
 - ✓ Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
 - ✓ Each room must have a natural or mechanical means of ventilation
 - ✓ Must provide access to sanitary facilities that are in operating condition, private and clean
 - ✓ Water supply must be free of contamination
 - ✓ Heating/cooling equipment must be in working condition
 - ✓ Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
 - ✓ Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
 - ✓ Building must be maintained in a sanitary condition
 - ✓ Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.
 - ✓ Environmental Reviews must be conducted on all properties housing permanent supportive housing programs using leasing funds and all rapid rehousing programs.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide. Below are the minimum standards that apply to each specific component of the homeless system in addition to the above.

PROJECT TYPE DESCRIPTIONS AND OPERATING STANDARDS

EMERGENCY SHELTER PROGRAMS

Emergency shelter programs serve various sub-populations: households with children, individuals male or female, unaccompanied youth, and victims of domestic violence. The level of support services available to participants varies greatly from program to program. The length of stay is generally expected to be less than 30 days (understanding that this the goal/ideal scenario, but may exceed this time); extensions may be granted at some shelters if participants are following through with their case plans.

Access to Emergency Shelter: Information on how to access Emergency Shelter is available 24 hours a day/7 days a week:

Currently, there are multiple entry points into the emergency shelter system. Until full implementation of the Coordinated Entry System individual shelters conduct their own entries

- 1. Eligibility criteria:** Participants must meet the HUD definition of homelessness there in lieu of emergency housing. This needs to be taken into consideration in the development of the Coordinated Entry System.
 - a. Currently, each individual shelter/program has its own eligibility criteria. At entry, this may be based on the sub-population served, i.e. – age, gender, family composition, severity of behavioral health issues, etc. Once Coordinated Entry System is established all referrals to shelters and assessment for type and level of services will come through that system.
 - b. DV programs will be exempt from participating in the coordinated entry system due to issues of confidentiality.

- 2. Minimum standards**
 - a. Minimum hours of operation 8PM – 7AM
 - b. Staff supervision whether paid or volunteer must be provided during hours of operation of program
 - c. Provide a minimum of one meal per day
 - d. A minimal amount of personal information must be collected to establish a daily client roster to be kept in case of emergency and/or building needs to be evacuated
 - i. At intake each participant shall be informed of evacuation procedures.
 - ii. Maps/diagrams of exits should be prominently placed throughout the facility

Minimum performance benchmarks for ES projects

- Average length of stay is less than 35 days

- 50 % of participants exit with a successful housing outcome¹
- And/or 30% of participants exit to permanent housing
- Less than 30% of participants exit to an unknown location
- 60% of participants exit with/linked to cash income
- 60% of participants exit with/linked to non-cash resources

TRANSITIONAL HOUSING PROGRAMS

Transitional Housing (TH) facilitates the movement of homeless individuals and families to permanent housing within 24 months of entering TH.

- 1. Shared eligibility criteria:** Currently, each individual shelter/program has its own eligibility criteria. At entry, this may be based on the sub-population served, i.e. – age, gender, family composition, severity of behavioral health issues, etc.
 - a. Participants must meet the HUD definition of homelessness
 - b. Participants will generally have a minimum of 6-9 identified barriers to accessing/retaining permanent housing
 - c. Once Coordinated Entry System is established all referrals to shelters and assessment for type and level of services will come through that system.
- 2. Minimum standards**
 - a. Maximum length of stay cannot exceed 24 months
 - b. Assistance in transitioning to permanent housing must be provided
 - c. Support services must be provided throughout the duration of stay in transitional housing
 - d. Program participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months
 - e. Accessing Transitional Housing Programs (until Coordinated Entry System is in place)
 - f. TH programs will screen potential participants using the common assessment form
 - g. All referrals for TH programs will come through the Coordinated Entry System
 - h. Each TH program in the CoC will provide accurate and up-to-date information on eligibility criteria for the program; i.e. – gender specific, individuals/families

Minimum Performance Benchmarks for TH projects

- 80% or more of all participants will exit to a permanent housing situation

¹ Successful housing outcome for Emergency Shelter participants could be permanent housing or transitional housing for former homeless persons; living with family or friend as permanent tenure; owned or rental by client with or without subsidy; psychiatric facility; substance abuse or detox facility.

- 54% or more of adult participants will have income from sources other than employment
- 56% or more of all participants have mainstream (non-cash) benefits at exit from program
- 20% or more of adult participants have employment income
- 20% or more of participants will increase employment income
- 54% or more of adult participants will increase income from all sources

RAPID RE-HOUSING (RRH) PROGRAMS

In North Florida, Rapid Re-Housing is a critical strategy for ending homelessness for individual or families with children due to the extreme shortage of affordable housing. Rapid Re-housing programs in the North Florida continuum should provide housing relocation and stabilization services and short or medium term rental assistance as needed to help a homeless individual or family move as quickly as possible to permanent housing and achieve stability in that housing.

- **Target groups:** Funding should be directed to “Targeted Groups” as determined by the Continuum’s gaps analysis, the annual homeless count and data collected through HMIS.

1. Evaluating eligibility for assistance

- a. Homeless per federal definition 1 or 4
- b. Income <30% AMI (ESG, SSVF and any other program that requires an income criteria)
- c. Produce required documents at intake and assessment :
 - i. Two forms of Identification (at least one photo ID, per attached list of acceptable forms of identification). If accepting non-government-issued or other alternate identification, RRH programs will allow 30 days for participants to obtain government-issued photo ID, and will provide support in this process if necessary.
 - ii. Documentation of Homelessness per definition 1 or 4 (see “Homeless Definition,” attached)
 - iii. Income verification
 1. Bank Statements (If income is Direct Deposit—3 months of statements)
 2. If employed, three most recent pay stubs (both spouses if applicable)
 3. Social Security Statements (or Award Letter if SS recently awarded)
 4. VA Award Letter (if applicable)
 5. General Assistance Paperwork & Food Stamp Verification (if applicable)
 6. Student Loan and/or Child Support documentation (if applicable)
 7. Documentation of Legal Cash Income (e.g., letters)
 8. Verification of other regular income
 - iv. Credit report (if available)

- d. Eligibility screening: Assess for tier placement on RRH through Intake & Assessment through a certifiable “Navigator”
- e. Comprehensive Assessment: Use most recent version of the Service Prioritization Decision Assistance Tool (SPDAT) for case management evaluation and assessment

2. Coordination with other providers

- a. Coordinated Entry
 - i. Universal prescreening for Rapid Re-Housing with local assessment (under development) & referral through the MHRC Navigators
 - ii. All RRH providers will work with MHRC to receive prescreened referrals, and will work with MHRC to best address client needs. CES referrals will be made according to known availability. RRH programs will accept prescreened referrals from CES for further assessment; if a referral is turned away or no slots are available, clients will be offered the attached common grievance procedure.
- b. Street Outreach
 - i. Outreach workers will refer people on the street into MHRC / Navigators as quickly as possible, prescreen them for RRH as possible, and assist them to make linkage with RRH provider.
- c. Prevention & One-time Financial Assistance providers
 - i. Assess households seeking assistance for homeless vs. at risk housing status. If homeless, prescreen for RRH with SPDAT screening tool and refer through MHRC to a Rapid Re-Housing program.
 - ii. RRH providers will collaborate with agencies providing one-time assistance, for one-time assistance or deposit assistance, (e.g., SNAP Program, ESG, SSVF, etc.).
- d. Shelter providers
 - i. Prescreen for Rapid Re-Housing with local MHRC screening tool (under development) & refer as appropriate.

3. Determining and prioritizing accepted clients vs. other forms of assistance

- a. Each adult referred will be assessed, using most recent version of SPDAT
- b. RRH providers will from the viewpoint of screening people *in* rather than out. In doing so they commit to being good stewards of the funds, acting in the best interest of the client, and with transparency regarding the limits of the program.
- c. Families and individuals who cannot be assisted within regulatory guidelines will be routed to shelter and permanent supportive housing, or transitional housing

4. Determining what percentage or amount of rent and utilities costs each program participant must pay

- a. Each RRH program should have a written standard on how they are going to determine how much rent a participant will be required to pay. The standards should

comply with the policy set forth by the funder or should be part of the policy and procedures of the program.

5. How long a particular program participant will be provided with rental assistance

- a. Typical length of assistance: 12 months
- b. Extensions may be approved up to 24 months
- c. Each program provider should have a standard for when exit for when a participants can re-enroll or apply for the program once assistance have been given.

6. Whether and how the amount of assistance will be adjusted over time

- a. Income assessed quarterly and assistance adjusted up/down so participant pays a% of current household income per HUD guidelines or the program guidelines

7. Occupancy standards

- a. All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards:
 - i. Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
 - ii. Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
 - iii. Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
 - iv. Each room must have a natural or mechanical means of ventilation
 - v. Must provide access to sanitary facilities that are in operating condition, private and clean
 - vi. Water supply must be free of contamination
 - vii. Heating/cooling equipment must be in working condition
 - viii. Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
 - ix. Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
 - x. Building must be maintained in a sanitary condition
 - xi. Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

8. Limits on the homelessness prevention or rapid re-housing assistance

- a. Maximum amount of assistance

- i. Determined by Fair Market Rent of appropriate-sized unit for Household
- ii. Fair Market Rent x 24 months lifetime maximum
- b. Maximum number of months the program participant receives assistance
 - i. Assistance approved in 3-month increments, with reassessment every 90 days.
 - ii. Average rental assistance to be 12 months.
 - iii. Extensions can be approved up to 24 months
- c. Maximum number of times the program participant may receive assistance
 - i. Twice, the original enrollment and no more than one return enrollment.
 1. Reason: Repeated returns to homelessness indicate Tier 4 challenges are impacting participant's life; household should be referred to permanent supportive housing with more services.

Minimum performance benchmarks for RRH projects

- 80% or more of participants will exit to permanent housing
- 35% or more of adult participants will increase income from sources other than employment
- 40% or more of adult participants have employment income
- 40% or more of adult participants increase employment income
- 50% or more of all participants have mainstream (non-cash) benefits at exit from program

PERMANENT SUPPORTIVE HOUSING PROGRAMS

Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care establish and consistently follow written standards for providing Continuum of Care assistance.

Permanent Supportive Housing (PSH) is community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing homelessness without a designated length of stay.

1. PSH Eligibility Criteria

- a. Participants must meet the HUD definition of homelessness.
- b. PSH can only provide assistance to individuals with disabilities and families in which at least one adult or child has 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.

2. Documentation Standards

- a. Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates PSH eligibility as per HUD program contract and the HEARTH Act.

3. Prioritization Criteria

- a. All referrals for PSH must come through the Coordinated Intake System.
- b. Referrals for available PSH will be made according to the highest SPDAT scored person on the waiting list for PSH.

4. Occupancy Standards

- a. All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards:
 - i. Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
 - ii. Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
 - iii. Must provide an acceptable place to sleep and adequate space and security for tenants and their belongings
 - iv. Must provide access to sanitary facilities that are in operating condition, private and clean
 - v. Water supply must be free of contamination
 - vi. Heating/cooling equipment must be in working condition
 - vii. Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
 - viii. preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
 1. Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

5. Minimum Standards

- a. All PSH programs will utilize a housing first approach; a housing first approach allows eligible homeless individuals and families to enter the project without barriers, such as income or sobriety requirements, or service participation requirements.
- b. There can be no predetermined length of stay for a PSH program.
- c. Supportive services designed to meet the needs of the program participants must be made available to the program participants throughout the duration of stay in PSH.

- d. Program participants in PSH must enter into a lease agreement for an initial term of at least one year. The lease must be automatically renewable upon expiration, except on prior notice by either party.
- e. Turnover beds in all PSH projects will be prioritized for the chronically homeless.
- f. Each PSH program in the CoC will provide accurate and up-to-date information on eligibility criteria for the program; gender specific, individuals/families, etc.
- g. Programs must meet minimum HMIS data quality standards
- h. Programs should utilize the SPDAT in development of client Service plans.

6. Written standards for termination of Assistance

- a. 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) 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.

Minimum performance benchmarks for PSH projects

- 80% or more of participants remain stable in PSH for at least one year or exit to permanent housing
- 35% or more of adult participants will increase income from sources other than employment
- 20% or more of adult participants have employment income
- 20% or more of adult participants increase employment income
- 50% or more of all participants have mainstream (non-cash) benefits at exit from program

SUPPORTIVE SERVICES ONLY PROGRAMS

Under the HEARTH Interim Rule Supportive Service Only (SSO) is one of the eligible program components. SSO projects are projects that provide services to persons experiencing homelessness that are not tied to specific housing units.

1. Shared Eligibility Criteria

- a. Participants must meet the HUD definition of homelessness

2. Minimum Standards

- a. Support services provided must focus on:
 - i. Getting participants housed

- ii. Linking participants to mainstream benefits and resources
- iii. Maintaining benefits which the participant is eligible for

b. Street Outreach Programs

- i. Engagement (pro-active activities to find and engage persons experiencing homelessness)
- ii. Address/provide basic survival items (blankets, gloves, socks, personal care items, etc.)
- iii. Provide assistance with navigating system/link to services
- iv. Assist with obtaining housing
- v. Outreach is a collaborative effort - Must participate in WNY Coalition for the Homeless Outreach Committee
- vi. Minimum Safety Measures
 - 1. A minimum of two outreach workers must be available to go out
 - 2. Must always have charged cell phone and answer immediately if called
 - 3. Must sign in/out and include locations that will be visited with approximate times
 - 4. Try to be aware of possible gang activity for personal safety reasons and to alert homeless contacted (particularly homeless youth) to them

3. Urban Rest Stop: (Should not be used as an emergency shelter)

- a. Engagement activities
- b. Address/provide basic survival items (blankets, gloves, socks, personal care items, etc.)
- c. Provide assistance with navigating system/link to services
- d. Assist with obtaining housing
- e. Transportation
- f. Provide a low demand environment
- g. Provision of basic needs (laundry, shower, snacks, clothing, etc.)
- h. Provide social supports (informal counseling by staff, peers, etc.)
- i. Co-location of other service providers
- j. Can be used as jail diversion for small offenses (sleeping in public place, trespassing, etc.)
- k. Minimum Safety Measures
 - i. A minimum of two staff must be present while open
 - ii. Must have a working phone available
 - iii. Participants must sign in/out

4. Access to SSO Programs

- a. Accessing SSO Programs for legal services may be through Coordinated Entry, direct access at the legal services organization, or through referral from housing/providers.

- b. Participants may also access drop-in center or outreach services directly (help with wording)

Minimum Performance Benchmarks for SSO programs

- 80% or more of all participants who are determined eligible will exit to a permanent housing situation
- 54% or more of adult participants will have income from sources other than employment
- 56% or more of all participants have mainstream (non-cash) benefits at exit from program
- 20% or more of adult participants have employment income
- 20% or more of participants will increase employment income
- 54% or more of adult participants will increase income from all sources

PREVENTION AND DIVERSION PROGRAMS

According to the National Alliance to End Homelessness many people seeking homeless assistance still have an opportunity to remain in their current housing situation, whether it's their own housing or the housing of a friend, relative, acquaintance or coworker. In light of this; prevention and shelter diversion are key interventions in the fight to end homelessness.

Immediate screening for these possibilities at entry is an important tactic, and can preserve emergency beds for households that truly have nowhere else to go. Access to rental subsidies and case management at entry is often enough to ensure the household successfully remain housed.

While prevention and diversion are two separate concepts, they are utilized almost interchangeably in this strategy, as they both focus on preventing homelessness. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.

Once households enter into the system, they should be assessed to determine what housing needs they have. The following list includes some, but not all risk factors that may be considered when determining imminent risk of homelessness:

- Three day eviction notice (including housing provided by family and friends).
- Discharge from an institution (including prisons, mental health institutions, hospitals)
- Residency in housing that has been condemned by housing officials and is no longer meant for human habitation.
- Pending foreclosure of rental housing.
- Sudden and significant loss of income.
- Sudden and significant increase in utility cost.
- Mental health and/or substance abuse issues.
- Physical disabilities and other chronic health issues including HIV/AIDS.
- Severe housing cost burden.

- Homeless in last 12 months.
- Young head of household (under 25 with children or pregnant).
- Current or past involvement with child welfare, including foster care.
- Extremely low income (less than 30% of AMI).
- High overcrowding (the number of persons exceeds health and or safety standards for housing unit size).
- Loss of employment.
- Loss or delay of some form of public benefit.
- Victimization by criminal activity.
- Natural disaster.
- Recent traumatic life event, such as death of a spouse or primary care provider or recent health crisis that prevented the household from meeting its financial responsibilities.
- Credit problems that preclude obtaining of housing, or
- Significant amount of medical debt.

Some applicants may not be a good candidate for diversion programs due to a lack of safe and appropriate housing alternative and require immediate admittance to shelter, e.g. client fleeing domestic violence. A client's safety should always be the top consideration when developing an individual/household referral program.

To determine which households are appropriate for prevention/diversion, Navigators can ask applicants a series of questions during the assessment, such as those delineated below:

Prevention Client:

Clients who are being referred for prevention will be asked:

- What emergency has occurred in the last 2-3 months that has caused the client to be unable to pay essential housing expenses?
- Has the client had a recent reduction in household income or unplanned increase in essential living expenses?
- Is the lease or bill in the name of the person applying for assistance?
- If the client owes rent—have they received a three day eviction notice?
- If the clients owes utilities—have they received a disconnection notice or have the utilities been disconnected?
- What assistance does the client need?
 - What is the total amount owed and how many months is the client behind in rent?
 - Utilities: What is the total amount owed and how many months is the client behind?
 - Rent deposit: What is the amount due for a deposit?
 - Utilities: What is the amount due for utilities deposit?
 - Mediation to resolve family issues?

Prevention Providers:

Candidates for referrals for prevention providers will be at imminent risk of homelessness AND meet the following threshold:

- Client must have had an event within the last 2-3 months that has caused the client to be unable to pay essential housing expenses
- Client has a recent reduction in household income or unplanned increase in essential living expenses.
- Client has a double bill; we do not pay current bills.
- The lease/bill is in the name of the person applying for assistance (or other adult living in the household).

Diversion Client:

Clients who are being referred for diversion will be asked:

- Where did you sleep last night? If they slept somewhere safe where they could potentially stay again, this might mean they are good candidates for diversion.
- What other options do you have for the next few days or week? Even if there is an option outside of shelter that is only available for a very short time, it is worth exploring if this housing resource can be used.
- (If staying in someone else's housing) What issues exist with you remaining in your current housing situation? Can those issues be resolved with financial assistance, case management, etc.? If the issues can be solved with case management, mediation, or financial assistance (or all of the above) diversion is a good option.
- (If coming from their own unit) Is it possible and safe to stay in your current housing unit? What resources would you need to do that (financial assistance, case management, mediation, transportation, etc.) If the individual or family could stay in their current housing with some assistance, systems should focus on a quick prevention-oriented solution that will keep the individual or family in their unit.

Diversion Providers:

Candidates for referrals for diversion providers will be at imminent risk of homelessness AND meet the following threshold:

- No appropriate subsequent housing options have been identified.
- The housing lacks the financial resources to obtain immediate housing or remain in its existing housing.
- The household lacks support networks needed to obtain immediate housing or remain in its existing housing.

Minimum performance benchmarks for HP projects

- A reduction in the number of homeless individuals and families seeking emergency shelter services. b. Expected Outcome.
- At least 35% of participants assisted will remain in permanent housing six (6) months after the last assistance.

Appendices

1. ESG-CV Addendum

- a. Per the State of Florida ESG-CV Written Standards, “Given the fluid nature of the COVID-19 pandemic and continuing guidance from HUD regarding ESG-CV funding, there may be a need to develop additional updates to these policies and procedures.”

ESG-CV PROJECT TYPE DESCRIPTIONS AND OPERATING STANDARDS

In April 2020, the community began meeting weekly to develop a response to the COVID-19 crisis. Our primary focus is the health and well-being of the population we serve, our staff members, partner agencies, and stakeholders. As a team, we developed the [COVID-19 Shelter Protocol](#). Given the fluid nature of this event, our plans are evolving, and will continue to evolve and be modified as needed to best support the community in **preventing, preparing and responding to COVID-19**.

ESG-CV Funded Activities:

- **COVID-19 Non-Congregate Shelter, activities provided through January 31, 2022**
- **Street Outreach**
- **Homelessness Prevention**
- **Rapid Rehousing, activities limitations – limited to 3-12 months instead of 3-24**

ESG-CV Provider Agencies and Mainstream Housing and Service Agencies will meet bi-monthly to review progress and identify areas where coordination is not working. If the need increases we would adjust to meeting weekly if necessary.

All ESG-CV funded agencies will enter into an MOU with key goals, commitments and our shared vision documented.

Waivers – “HUD has allowed a range of Waivers, and Alternative Requirements for the Emergency Solutions Grants (ESG) Program Under the CARES Act, as part of the ESG-CV Notice release on September 1, 2020. Written standards will be updated as clarification and guidance is provided by the state.

Eligibility criteria: Homeless Status – Program Entry. In order for a household to receive services through ESG-CV, the household must meet **ONE** of the following conditions:

- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- Is living in the home of another because of economic hardship;
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;

- Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the Sub-grantee’s approved consolidated plan;
- A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C.5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e–2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C.254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C.2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C.1786(b)(15)); or

(3) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Beyond the COVID-19 eligibility criteria, standard Coordinated Entry eligibility criteria is used.

Assessment, Prioritization, and Reassessment.

Assessment will include a COVID-19 questionnaire.

Prioritization will be given to participants who have COVID-19 symptoms (as defined by CDC), are **MEDICALLY VULNERABLE**, and/or **EXPOSED/TEST PENDING**, and/or **INFECTED MEDICALLY STABLE**.

Community Prioritization Hotel Projects 1—4

1. Homeless persons ordered to self—isolate, are awaiting the COVID-19 test results, or are positive and medically stable.
2. Medically vulnerable street homeless persons.
3. Medically vulnerable person in emergency shelter or transitional housing.
4. Domestic Violence overflow rooms.

Reassessment will be conducted at least once every three months. Reassessment will include income eligibility, housing status and continuing need for service.

Domestic Violence (DV) programs administered by DV shelters will be exempt from participating in the coordinated entry system due to issues of confidentiality.

See page 26, [Northeast Florida CoC Coordinated Entry System Policy and Procedure](#), for Domestic Violence Protocols.

Domestic Violence (DV) Shelters Protocol

Survivors of DV in current danger who are entering a DV shelter are screened using a tool specific to the single agency providing that service in Clay, Duval or Nassau counties. Shelter and outreach staff are familiar with their respective DV shelter's referral process; DV staff in turn provide safe access to their own intake process.

Non-Domestic Violence Provider Protocol

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

1. Offer the household a warm handoff/referral to a victim services provider; and
2. Check HMIS to see if there is an existing record. Follow safety protocols and client choice.

ESG-CV | COVID-19 NON-CONGREGATE SHELTER

Non-congregate shelter programs serve persons experiencing homelessness and have COVID-19 symptoms (as defined by CDC), **MEDICALLY VULNERABLE, EXPOSED/TEST PENDING, INFECTED MEDICALLY STABLE**, and is **NOT** in severe respiratory distress, which includes various sub-populations: households with children, individuals male or female, unaccompanied youth, and victims of domestic violence. The level of support services available to participants is on-site check-ins, food, and case management. The length of stay is generally expected to be less than 45 days.

Access to Non-congregate Shelter: Information on how to access Emergency Shelter is available 24 hours a day/7 days a week and can be accessed via the Changing Homelessness Website

Program Goals: Sub-grantee will implement services to meet the overall program goals pertaining to ESG-CV and Grantee's submission to DCF as listed below:

Non-Congregate Shelter Case Management: Average length of stay in non-congregate shelter will be 45 days or less

Street Outreach: Outreach expansion into Clay and Nassau Counties and support client in transition from street into hotel and/or permanent housing

For detailed contact information see page 2, [COVID-19 Shelter Protocol](#).

Minimum standards

1. Minimum hours of operation 8 AM to 5 PM, with afterhours and weekend contacts (see COVID-19 Shelter Protocol.)
2. Staff supervision whether paid or volunteer must be provided during hours of operation of program
3. Provide a minimum of one meal per day
4. A minimal amount of personal information must be collected to establish a daily client roster to be kept in case of emergency and/or building needs to be evacuated
 - a. At intake each participant shall be informed of evacuation procedures.
 - b. Maps/diagrams of exits should be prominently placed throughout the facility
5. Follow HUD and CDC, Best Practice Approach with Private Individual Rooms as defined in [Non-Congregate Approaches to Sheltering for COVID-19 Homeless Response](#)

Discharge Plan

Individuals and households are expected to participate in case management services that allow for quick identification of housing, as well as a comprehensive needs assessment to ensure the households basic needs are being met. When household discharge becomes appropriate, either through placement in permanent housing, or due to rule or policy infractions, the following guidance should be followed:

Hotel Non-Renewal:

Should a partner hotel deny room renewal for a household due to rule violations, the Case Manager will work with other providers to secure alternative placement. If the behavior is egregious enough or endangers the safety of others, Case Management staff will contact agency management to discuss alternative placement options.

Hotel Rule Violations:

Should a household violate a hotel rule, Case Management staff will work with household to correct behavior. Case Management staff will alert the household that should situation continue that they could be faced with a non-renewal at the hotel.

Case Management Compliance:

All of our programs utilize a housing first framework with regards to service delivery. Should a household have difficulty completing case management goals and objectives, the case management team will utilize a progressive intervention framework in an attempt to move the household forward. Tools utilized in this framework include Motivational Interviewing, peer support services, and mutual goal setting. If issues are not resolved, case management staff will need to contact agency management to discuss alternative interventions.

Permanent Housing Exit:

When a household successfully exits into permanent housing, the non-congregate shelter case management staff will complete a warm-handoff with the RRH Case Management staff. Within 1-2 weeks of anticipated lease signing, the non-congregate shelter case management and RRH Case Management teams will meet with client together to ensure needs have been identified and that the household is prepared to transition.

Mainstream Services ESG-CV staff will participate in by-monthly case conferencing meeting and weekly By Name List meetings. Case Managers will connect clients to mainstream benefits as part of the housing stability plan.

ESG-CV | STREET OUTREACH

Per CDC Guidelines:

In the process of conducting outreach, staff should:

- Greet clients from a distance of 6 feet and explain that you are taking additional precautions to protect yourself and the client from COVID-19.
- If the client is not wearing a mask, provide them with one.
- Screen clients for symptoms by asking them if they feel as if they have a fever, cough, or other [symptoms consistent with COVID-19](#).
- Children have similar symptoms to adults and generally have mild illness
 - Older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.
 - If medical attention is necessary, use standard outreach protocols to facilitate access to healthcare.
- Continue conversations and provision of information while maintaining 6 feet of distance.
- If at any point you do not feel that you are able to protect yourself or your client from the spread of COVID-19, discontinue the interaction and notify your supervisor. Examples include if the client declines to wear a mask or if you are unable to maintain a distance of 6 feet.

Minimum Standards

Support services provided focus on preventing, preparing for and responding to COVID-19:

1. Getting participants sheltered/housed
2. Linking participants to mainstream benefits and resources
3. Maintaining benefits which the participant is eligible for

Street Outreach Programs

1. Engagement (pro-active activities to find and engage persons experiencing homelessness)
2. Address/provide basic health/survival items (blankets, gloves, socks, personal care items, etc.)
3. Provide assistance with navigating system/link to services
4. Assist with obtaining housing
5. Minimum Safety Measures
 - a. A minimum of two outreach workers must be available to go out
 - b. Must always have charged cell phone and answer immediately if called
 - c. Must sign in/out and include locations that will be visited with approximate times

- d. Try to be aware of possible gang activity for personal safety reasons and to alert homeless contacted (particularly homeless youth) to them

ESG-CV | HOMELESSNESS PREVENTION

Target: To prevent, prepare for, and respond to the coronavirus in context to prevention funding support for individuals and families impacted by COVID-19.

Program Goals. Sub-grantee will implement services to meet the overall program goals pertaining to ESG-CV and Grantee's submission to DCF as listed below.

Homelessness Prevention Case Management: The goal is exiting 85% of households to positive outcomes.

Prioritization: persons requesting assistance through Northeast Florida United Way 211 and the City of Jacksonville's help line 904.630.City

ESG-CV | RAPID RE-HOUSING (RRH)

In North Florida, Rapid Re-Housing is a critical strategy for ending homelessness for individual or families with children due to the extreme shortage of affordable housing. Rapid Re-housing programs in the North Florida continuum should provide housing relocation and stabilization services and short or medium term rental assistance as needed to help a homeless individual or family move as quickly as possible to permanent housing and achieve stability in that housing.

Target: To prevent, prepare for, and respond to coronavirus in context to rapidly rehousing individuals and families who have been impacted by COVID-19.

Program Goals. Sub-grantee will implement services to meet the overall program goals pertaining to ESG-CV and Grantee's submission to DCF as listed below:

Rapid Rehousing Case Management: Households must be placed in permanent housing within 90 days of enrollment (30 days is our national goal) with an added goal of exiting 85% of households to positive outcomes.

Determining and prioritizing accepted clients vs. other forms of assistance

- Each adult referred will be assessed, using most recent version of SPDAT
- RRH providers will follow Housing First guidelines and screen people *in* rather than out. In doing so they commit to being good stewards of the funds, acting in the best interest of the client, and with transparency regarding the limits of the program.
- Families and individuals who cannot be assisted within regulatory guidelines will be routed to shelter and permanent supportive housing, or transitional housing

Determining what percentage or amount of rent and utilities costs each program participant must pay

Clients entering program could have zero income.

Household contribution to rental payments will be determined on a case-by-case basis. Clients will be encouraged to participate in progressive engagement. Those households with income below 30% AMI will not be encouraged to contribute financially toward rent payments. Clients who fall within 30%-50% of AMI will be encouraged to contribute while taking into consideration previous commitments to other lenders (medical bills, loan payments etc.). Clients will be recertified every 90 days while enrolled in the program. The amount contributed by the household toward rent will be re-evaluated at that time. When engaging in a housing-focused approach, progressive engagement is inherent in the concept of rapid rehousing. Progressive engagement strategies will be deployed when necessary a client is in need of more assistance.

Each RRH program should have a written standard on how they are going to determine how much rent a participant will be encouraged to pay. The standards should comply with the policy set forth by the funder or should be part of the policy and procedures of the program.

Length of time program participant will be provided with rental assistance

- Typical length of assistance: 12 months
- Each program provider should have a standard for when exit for when a participants can re-enroll or apply for the program once assistance have been given.

Whether and how the amount of assistance will be adjusted over time

- Income assessed quarterly and assistance adjusted up/down so participant pays a % of current household income per HUD guidelines or the program guidelines

Occupancy standards

All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards:

1. Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
2. Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
3. Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
4. Each room must have a natural or mechanical means of ventilation
5. Must provide access to sanitary facilities that are in operating condition, private and clean
6. Water supply must be free of contamination
7. Heating/cooling equipment must be in working condition

8. Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
9. Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
10. Building must be maintained in a sanitary condition
11. Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

Limits on the homelessness prevention or rapid re-housing assistance

- Maximum amount of assistance
 - Determined if the property meets both Rent Reasonableness and Fair Market Rent of appropriate-sized unit for Household
 - Fair Market Rent x 12 months
- Maximum number of months the program participant receives assistance
 - Assistance approved in 3-month increments, with reassessment every 90 days.
 - Average rental assistance will be based on progressive engagement.
- Maximum number of times the program participant may receive assistance
 - The requirement at 24 CFR 576.105(c) limiting the total period of time for which any program participant may receive the services under paragraph (b) to 24 months during any 3-year period is waived solely for those program participants who reach their 24-month maximum assistance during the period beginning on the presumed start of this crisis, January 21, 2020