



# North Carolina Balance of State Continuum of Care

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## Permanent Supportive Housing Written Standards

### **OVERVIEW**

The NC Balance of State Continuum of Care has developed these written standards to provide specific guidelines for how programs can operate to have the best chance of ending homelessness. These guidelines create consistency across the Balance of State, protect our clients by putting their needs first, and provide a baseline for holding all of the CoC's permanent supportive housing programs to a specific standard of care.

The US Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of ESG program funds within the geographic area, CoCs must establish and operate either a centralized or coordinated entry system that provides an initial, standardized comprehensive assessment of the needs of individuals and families for housing and services.

In consultation with recipients of ESG and CoC program funds within the geographic area, CoCs must establish and consistently follow written standards for providing CoC assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs (24 CFR 578.7(a)(9)).
- For permanent supportive housing programs, program standards to define policies and procedures for prioritization of eligible households.
- Policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs.
- Definitions for participation in the CoC's Homeless Management Information System (or comparable database for domestic violence or victims' service programs).

The NC Balance of State Continuum of Care developed the following Permanent Supportive Housing program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Program compliance with the US Department of Housing and Urban Development
- Service consistency within programs

- Adequate program staff competence and training, specific to the target population served

## **EXPECTATIONS**

All program grantees using US Department of Housing and Urban Development Continuum of Care funding must adhere to these performance standards. Programs funded through the Continuum of Care will be monitored by the NC Balance of State Continuum of Care to ensure compliance. The NC BoS CoC recommends that permanent supportive housing programs funded through other funding sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the NC BoS CoC.

## **PERMANENT SUPPORTIVE HOUSING**

Permanent supportive housing programs provide safe, stable homes through long-term rental assistance, paired with long-term intensive case management services, to highly vulnerable individuals and families with complex issues who are otherwise at risk of serious health and safety consequences from being homeless.<sup>1</sup> This model seeks to provide a stable housing option and the necessary supportive services for individuals and families who would not succeed in other permanent housing settings. [New CoC Program-funded permanent supportive housing projects are designed for elderly individuals and/or persons with a physical disability/impairment or a developmental disability.](#) Types of permanent supportive housing include HUD CoC Program Permanent Supportive Housing and other housing programs created specifically to house this population through tenant-based rental assistance.

[Permanent supportive housing projects funded by the FY2025 CoC Program Competition should align with the FY2025 Notice of Funding Opportunity \(NOFO\) by demonstrating that their program model: includes the number and configuration of units that fit with the needs of program participants; ensures that participants are able to successfully obtain and retain permanent housing in a manner that fits their needs; minimizes preconditions to housing assistance while using individualized participation agreements to outline expectations for engaging in supportive services; tracks and reports outcome metrics required by the CoC through HMIS and HUD reporting processes; and maintains and documents staff training, policies, and quality improvement processes.](#)

Permanent supportive housing programs within the NC Balance of State CoC should participate in their local community's coordinated entry process. In the NC BoS CoC, each community utilizes the Prevention and Diversion screening tool and the Homeless Assessment and Referral Tool (HART) to set priorities and housing triage methods, while permanent housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. Communities use HART to prioritize individuals and families experiencing homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs. Permanent supportive housing programs are intended to serve the individuals and families with the highest needs.

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<sup>1</sup> <https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html>



## **DEFINITIONS**

**Acuity:** When using HART, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using the Case Management Tool acuity refers to the severity of the presenting issue and the ongoing goals in addressing these issues.

**Case Management Tool:** A standardized tool for case management to track outcomes in the coordinated entry process. Housing programs administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later, when possible, to ensure the household continues to make progress.

**Chronically Homeless:** (1) an 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) had been homeless and living as described in (i) continuously for at least 12 months or on at least 4 occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute 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 the care facility; (2) an individual who has been residing in an institutional care facility, including 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 that facility; or (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 (1) or 2) of this definition, including a family whose composition had fluctuated while the head of household has been homeless. (24 CFR 578.3)

**Comparable Database:** HUD-funded providers of housing and services (recipients of ESG and /or CoC Program funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, “a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data.” The recipient or subrecipient of CoC and ESG Program funds may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements. (24 CFR 578.57)

**Coordinated Entry:** “A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool” (24 CFR 578.3). CoCs have ultimate responsibility to implement coordinated entry in their geographic area.



**Developmental Disability:** As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

**Disabling Condition:** According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

**Diversion:** Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

**Family:** A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

### **Homeless:**

*Category 1:* an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or



by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where ~~he/she~~ they resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

*Category 2:* an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

*Category 4:* any individual or family who: (i) is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized; (ii) has no other safe residence; and (iii) lacks the resources to obtain other safe permanent housing. (24 CFR 578.3)

**Homeless Assessment and Referral Tool (HART):** A tool used by all regions in the NC Balance of State CoC to determine acuity and assist the CE system to prioritize households for permanent housing resources.

**Prevention and Diversion Screening Tool:** A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives programs a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

**Rapid Rehousing:** A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

**Transitional Housing:** Temporary housing for participants who have signed a lease or occupancy agreement with the purpose of transitioning participants into permanent housing within 24 months.

## **PERSONNEL**

**STANDARD:** Programs shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of program participants.

## **Benchmarks**



- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- All paid and volunteer staff participate in ongoing internal and/or external training on the Prevention and Diversion Screening Tool, HART, and the Case Management Tool.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the HMIS@NCCEH End User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- Case managers provide case management with the designated Case Management Tool on a frequent basis (every six months minimum) for all clients.
- Organizations should share and train all program staff on the NC Balance of State Permanent Supportive Housing Written Standards.

#### **ORDER OF PRIORITY FOR CoC PROGRAM-FUNDED PERMANENT SUPPORTIVE HOUSING**

**STANDARD:** Programs receiving CoC Program-funded permanent supportive housing must follow the order of priority established by HUD when conducting client intake. At the time of the FY2025 CoC Program Competition NOFO's release, Notice CPR-14-102, "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status", remains in effect and is adopted by the NC Balance of State Continuum of Care.

New permanent supportive housing projects awarded in the FY2025 CoC Program Competition must prioritize units for elderly individuals and/or persons with a physical disability/impairment or a developmental disability, not including substance abuse disorder.

#### **CLIENT INTAKE PROCESS**

**STANDARD:** Programs will actively participate in their community's coordinated entry system by only taking referrals from the coordinated entry system for their program. The program will limit entry requirements to ensure that the program serves **prioritized** individuals and families





needing assistance. The program will ensure active client participation and informed consent.

## Benchmarks

- All adult program participants must meet the following program eligibility requirements:
  - Literally homeless or fleeing domestic violence (see definitions above for Category 1 and Category 4 of the Homeless Definition). Some programs have stricter participant guidelines and should see their specific program and application information to determine eligibility.
  - [Permanent supportive housing projects funded by the FY2025 CoC Program Competition may also serve persons meeting the Category 2: Imminent Risk of Homelessness definition \(24 CFR 578.3\)](#)
- Programs may require participants to meet only these additional program eligibility requirements if they have targeted specific populations under their grant applications:
  - Chronic homelessness (for CoC Program-funded PSH that requires chronic homelessness).
  - [Elderly individuals.](#)
  - [Persons with a physical disability/impairment or a developmental disability.](#)
  - Residency requirements (abide by the language of the lease).
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, or credit history.
- [Programs should create individualized participation agreements for participants to engage in supportive services.](#)
- Programs cannot disqualify an individual or family from program entry for lack of income or employment status.
- Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons:
  - Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
  - All program beds are full.
  - If the housing has in residence at least one family member with a child under the age of 18, the program may exclude registered sex offenders and person with a criminal record that includes violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
- Programs shall use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status, [if applicable](#), per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. That order should be as follows:
  - Third-party documentation (including HMIS)
  - Intake worker observations through outreach and visual assessment
  - Self-certification of the person receiving services
  - CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFO for the year of the award.
- Programs must provide evidence of a diagnosis of one or more of the following conditions [if applicable](#) (for the CoC program, one adult OR child in the family would qualify): serious mental illness, developmental disability, post-traumatic stress disorder, cognitive



impairments resulting from a traumatic brain injury, or chronic physical illness or disability.

The documentation must include:

- Written verification of the condition from a professional licensed by the state to diagnose and treat the condition; or
  - Written verification from the Social Security Administration; or
  - Copies of a disability check (e.g. Social Security Disability Insurance check or Veteran Disability compensation); or
  - Intake staff (or referral staff) observation confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days after the application for assistance and accompanied with one of the types of evidence above; or
  - Other documentation approved by HUD.
- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for case workers and administrators who need said information.

### **PERMANENT SUPPORTIVE HOUSING**

**STANDARD:** Programs will provide safe, affordable permanent housing that meets participants' needs in accordance with the client intake practices and within CoC established guidelines for permanent supportive housing programs. Programs will pair permanent housing with intensive case management services to participants to ensure long-term housing stability.

#### **Benchmarks**

- Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, ongoing service needs and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease.
- Programs provide assistance to the participant in locating and procuring housing.
- For rental assistance or tenant-based rental assistance grants, program participants must sign a lease in their name for a one-year period. For leasing assistance grants, agencies must master lease a unit and then have a sub-lease with the program participant for a one-year period. All participant leases and sub-leases must be standard leases that would apply to any other person leasing said unit and automatically renewable upon expiration for a minimum term of one month. Participant sub-leases with grantees must confer all of the legal rights and protections of the lease between the agency and the landlord.
- HUD CoC Program grantees will adhere to the responsibilities of grant management outlined by the BoS CoC.
- For CoC Program-funded permanent supportive housing programs, HUD does not require programs to impose occupancy charges on participants as a condition of residing in the housing (CFR 578.77). However, if programs do require occupancy charges, they must impose them on all participants of the program and these charges cannot exceed the highest of:
  - 30% of the household's monthly adjusted gross income;
  - 10% of the household's monthly income; or





- If the household receives payments for welfare assistance from a public agency wherein part of the payment is for housing costs, the portion of the payment designated for housing costs.
- For CoC programs, PSH assistance must be provided without a designated length of stay.

### **CASE MANAGEMENT SERVICES**

**STANDARD:** Programs shall provide access to intensive case management services by trained staff to each individual and/or family in the program.

#### **Benchmarks (Standard Available Services)**

- Program staff or other programs connected to the permanent housing program through formal relationship will provide regular and consistent case management to clients based on the individuals' or families' specific needs. This case management should optimally happen at the participants' home whenever possible, or at a minimum, in a convenient place for the participant. Case management includes:
  - Assessing, planning, coordinating, implementing, and evaluating the services delivered to participants.
  - Assisting participants to maintain their permanent housing placement in a safe manner and understand how to get along with fellow residents or neighbors.
  - Helping participants to create strong support networks and participate in the community, as they desire.
  - Using the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve participants.
- Program staff or other programs connected to the permanent housing program through formal relationship will provide basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- Program staff or other programs connected to the permanent housing program through formal relationship will assist participants in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.
- Program staff or other programs connected to the permanent housing program through formal relationship will provide individualized budgeting and money management services to clients as needed.
- Program staff or other program connected to the permanent housing program through formal relationship will provide ongoing assistance with food, clothing, and transportation.
- Program staff will connect families with children to appropriate educational services including, but not limited to, early Head Start, Head Start, Public Pre-K, community colleges, and others. Staff will liaise with the local homeless school liaison to ensure coordination, allowing youth to attend their school of origin and receive eligible educational and other services allowable under McKinney-Vento.
- Programs must assess service needs annually.

#### **Benchmarks (Optional but recommended services, often from other providers)**

- Representative payee services.



- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.
- For CoC Program PSH, in addition to the services mentioned such as one-time moving costs and case management, other eligible supportive service costs include childcare, food, housing search and counseling, outreach services, transportation, and one-time utility deposit.

## **TERMINATION**

**STANDARDS:** Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. BoS recommends programs work with other community service providers to develop a board to hear client grievances.

## **Benchmarks**

- While violation of a participant's lease or sublease may be cause for termination, programs should develop a termination of services policy giving participants multiple housing chances or work to move participants to a higher-level permanent supportive housing intervention, when possible (i.e. programs will move a participant two times before terminating them from services). Programs should only terminate services when clients pose a safety risk to staff or other residents of their community.
  - Programs' goal should be to avoid eviction by working with the landlord and participant to form an agreement allowing participants to move prior to a legal eviction, when possible.
- To terminate assistance to a program participant, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows:
  - The grantee may terminate assistance to program participants who violate program requirements or conditions of occupancy. Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.
  - To terminate assistance to program participants, the grantee must provide a formal process, recognizing the rights of the individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:
    - Providing program participants with a written copy of program rules and the termination process before the participant begins to receive assistance with a copy signed by the participant in the file;
    - Written notice to program participants containing a clear statement of the reasons for termination.
    - A review of the decision, in which the program participant has the opportunity to present written or oral objections before a



- person other than the person who made or approved the termination decision; and
    - Prompt written notice of the final decision to the program participant.
- Programs should not immediately terminate participants who enter an institution (medical, mental health, or crisis). HUD CoC Program PSH grants allow grantees to maintain open units for institutionalized individuals and families for up to 90 days.

### **EXITING AND FOLLOW-UP SERVICES**

**STANDARD:** Programs must ensure a continuity of services to all clients exiting their programs, including those individuals and families terminated from the program. Agencies can provide these services directly or through referrals to other agencies.

#### **Benchmarks**

- Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, as desired.
- Programs routinely check in with PSH participants to identify those households whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program.
- Programs develop a plan, in conjunction with the participating household, for effective, timely exit of individuals and families whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program.
- Programs should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services in order to prevent future episodes of homelessness.
- For HUD CoC PSH grants, programs may provide services to formerly homeless individuals and families for up to six months after their exit from the program.

### **CLIENT AND PROGRAM FILES**

**STANDARD:** Programs will keep all program participant files up-to-date and confidential to ensure effective delivery and tracking of services.

#### **Benchmarks**

- Client and program files should, at a minimum, contain all information and forms required by HUD (24 CFR 576.500), service plans, case notes, referral lists, and service activity logs, including services provided directly by the permanent supportive housing program and indirectly by other community service providers. Programs should have:
  - Documentation of homeless status, chronic homelessness status (where applicable), and disabling condition.
  - Determination of ineligibility, if applicable, which shows the reason for this determination.
  - Initial and annual income evaluation, per program rules.
  - Program participant records.
  - Documentation of using the community's coordinated entry system.
  - Compliance with shelter and housing standards.
  - Services and assistance provided.



- Expenditures and match.
- Conflict of interest/code of conduct policies.
- Homeless participation requirement.
- Faith-based activity requirement, if applicable.
- Other Federal requirements, if applicable.
- Confidentiality procedures.
- All client information should be entered in the HMIS@NCCEH in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of client's information as changes occur.
- Programs must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.
- All records pertaining to CoC Program funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

## **FAIR HOUSING POLICY**

**STANDARD:** Permanent supportive housing programs will support households who may be working with housing providers who have violated Federal, state, and/or local Fair Housing laws.

### **Benchmarks**

- Understand and implement the NC Balance of State CoC's Fair Housing Policy.
- Post the Fair Housing Public Notice (see Appendix A of the CoC's Fair Housing Policy) in a location where the program conducts intake conversations or provide a copy of the Public Notice to households when meeting in a location at the household's choosing outside of the program's office.
- Develop affirmative marketing and outreach strategies to ensure that all households eligible for PSH are provided a similar range of housing choices in various geographic areas regardless of race, color, national origin, religion, sex, familial status, and disability. Programs should ensure that Affirmative Marketing and Outreach strategies align with the local or state participating jurisdiction Consolidated Plan. Programs should record their strategies and actions taken to affirmatively market the program and/or housing units using the sample log in Appendix B of the CoC's Fair Housing Policy.
- Assist households who may need to ask for a reasonable accommodation or a reasonable modification to fully access available housing units.



- Provide information to households who believe a housing provider has violated Federal, state, and/or local Fair Housing laws on how to connect to legal resources and file a complaint. See the CoC Fair Housing Policy for information on how to file a complaint.
- Inform the local or state participating jurisdiction or consortium that a housing complaint has been filed with HUD. See the CoC Fair Housing Policy for information on how to find the participating jurisdiction or consortium.
- Submit pertinent household information to NCCEH within 5 business days of filing a housing complaint. See the CoC Fair Housing Policy for information on how to submit information to the CoC.

## **EVALUATION AND PLANNING**

**STANDARD:** Permanent supportive housing programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

### **Benchmarks**

- Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC programs or other funding sources.
- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
- Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

