

# North Carolina Balance of State Continuum of Care

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## North Carolina Balance of State Continuum of Care (NC - 503) Governance Charter

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# Section I. Overview and Introduction

## CoC Mission Statement

The mission of the North Carolina Balance of State Continuum of Care (NC BoS CoC), encompassing a seventy-nine (79) county region, is to use evidence-based strategies to implement solutions that prevent and end homelessness in the most efficient, effective, and ethical manner.

## CoC Purpose

The purpose of the North Carolina Balance of State Continuum of Care (NC BoS CoC) is to fulfill the responsibilities of a Continuum of Care as defined by the U.S. Department of Housing and Urban Development (HUD) under [24 CFR Part 578](#) and Subtitle C of Title IV of the McKinney-Vento Homeless Assistance Act ([42 U.S.C. 11381–11389](#)).

The NC BoS CoC shall comply with the requirements of [24 CFR 578.7](#) and [24 CFR 578.9](#), as well as all other applicable federal, state, and local laws and regulations.

The NC BoS CoC exists to promote a community-wide commitment to the goal of preventing and ending homelessness across participating regions of North Carolina. The CoC provides effective and equitable funding strategies for housing and supportive services, coordinates systemwide planning, and advances a unified and inclusive response to homelessness.

In pursuit of this purpose, the NC BoS CoC shall:

- **Promote Collaboration:** Facilitate cooperation and coordination among homeless service providers, local and state agencies, funders, and community partners to ensure a comprehensive and effective response to homelessness.
- **Implement Systemwide Planning:** Develop, support, and evaluate strategies to prevent and end homelessness, including planning for housing and supportive services, identifying service gaps, setting system performance targets, and conducting annual Point-in-Time counts and gaps analyses.
- **Ensure Resource Allocation:** Establish priorities for the use of CoC Program funds and other resources, recommend projects for funding, prepare and oversee applications for federal funds, monitor performance, and ensure compliance with all applicable HUD and state requirements.
- **Maintain a Coordinated Entry System:** Oversee a fair, transparent, and accessible coordinated entry process that provides comprehensive assessment of needs and prioritizes the most vulnerable households for housing and services.

- **Apply Fair and Equitable Standards:** Develop and consistently apply written standards for screening, evaluating eligibility, and administering assistance to individuals and families who are homeless or at risk of homelessness throughout the geographic area.
- **Promote Housing Stability and Economic Mobility:** Support initiatives that promote housing stability, increase economic mobility, and enhance the long-term well-being of individuals and families experiencing homelessness.
- **Center Lived Experience:** Encourage meaningful leadership and participation by individuals with lived experience of homelessness, ensuring that program planning reflects the perspectives of those most directly affected.
- **Support System Coordination and Leadership:** Provide leadership and coordination among local Continuums of Care and community partners within the Balance of State geographic area and consult with Emergency Solutions Grants (ESG) recipients regarding funding allocations and performance.
- **Promote Access to Mainstream Resources:** Strengthen connections to and utilization of mainstream programs and community resources to support long-term housing stability and self-sufficiency.
- **Measure and Improve Performance:** Collect and analyze data through the Homeless Management Information System (HMIS), evaluate outcomes, and use evidence to guide decision-making, accountability, and continuous system improvement.
- **Provide Education and Capacity Building:** Support ongoing training and education for CoC members, partners, and the broader community on housing, homelessness, and related systems.

Through these activities, the NC BoS CoC seeks to create a unified, equitable, and effective system that ensures homelessness in North Carolina is rare, brief, and nonrecurring.

## CoC Values

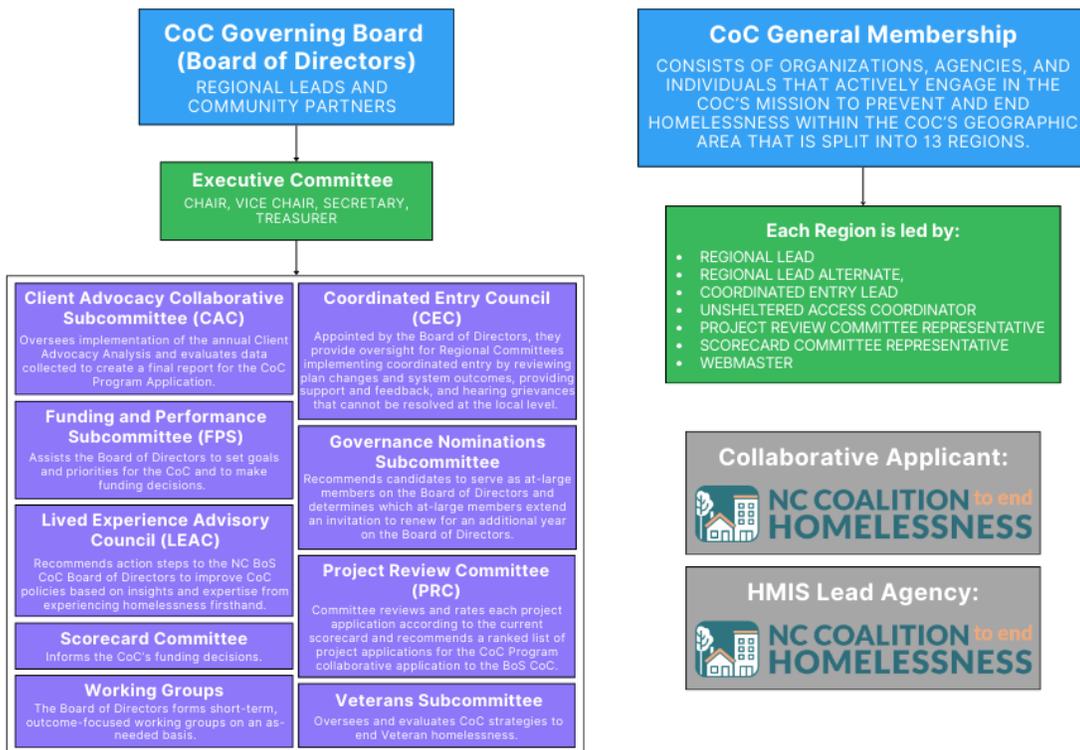
The North Carolina Balance of State Continuum of Care (NC BoS CoC) is guided by the following core values, which shape all planning, decision-making, and program implementation activities:

1. **Evidence-Based Approaches to Housing Stability:** The NC BoS CoC is committed to implementing best practices and evidence-informed, client-centered housing approaches that promote access to safe and stable housing. These practices support participants in achieving long-term stability and overall well-being by ensuring that housing serves as a foundation for recovery and increased self-sufficiency.
2. **Trauma-Informed Practice:** The CoC recognizes the widespread impact of trauma and is committed to fostering environments, policies, and practices that promote safety, trust, and empowerment for all individuals served.

3. **Ensuring Access:** The CoC strives to make housing and services accessible to all and to address any barriers that could prevent people from fully participating.
4. **Leadership by People with Lived Experience:** The CoC values and incorporates the perspectives, expertise, and leadership of individuals with lived experience of homelessness in all aspects of planning, governance, and service delivery.
5. **Transparency:** The CoC operates with openness and accountability, ensuring that decisions, processes, and outcomes are clearly communicated to members and the public.
6. **Efficiency:** The CoC strives to use resources responsibly and effectively to achieve the greatest possible impact in preventing and ending homelessness.
7. **Collaboration:** The CoC fosters strong partnerships across local agencies, community organizations, and systems of care, recognizing that collective effort is essential to ending homelessness.
8. **Person-Centered Approach;** The CoC is committed to treating every individual and family with dignity and respect, recognizing their strengths, preferences, and goals in all service planning and delivery.

## CoC Structure Description

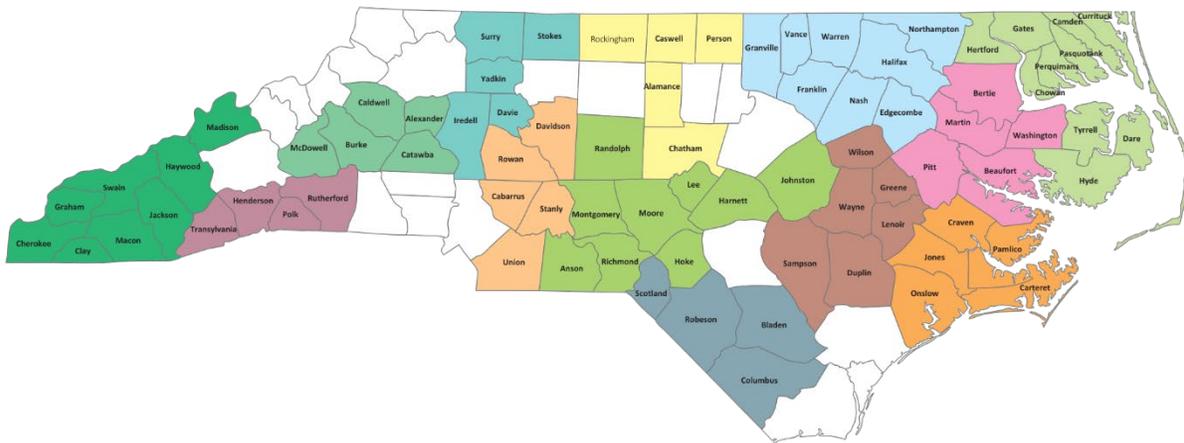
### North Carolina Balance of State Continuum of Care (NC BoS CoC)



## Geographic Area(s) covered by the CoC

The NC Balance of State Continuum of Care (NC BoS CoC) is one of 12 CoCs in North Carolina. The NC BoS CoC includes 79 of North Carolina's 100 counties. NC BoS CoC counties: Alamance, Alexander, Anson, Beaufort, Bertie, Bladen, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Columbus, Craven, Currituck, Dare, Davidson, Davie, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Macon, Madison, Martin, McDowell, Montgomery, Moore, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Warren, Washington, Wayne, Wilson, and Yadkin.

North Carolina Balance of State  
Continuum of Care (NC-503)



## Section II. CoC Membership and Responsibilities

### Membership Definition

Membership in the North Carolina Balance of State Continuum of Care (CoC) consists of organizations, agencies, and individuals that actively engage in the CoC's mission to prevent and end homelessness within the CoC's geographic area. Membership is open and inclusive, reflecting the diverse community partners necessary to plan, coordinate, and implement an effective homeless services system in compliance with [24 CFR 578.5 and 578.7](#).

## Regional Leads/Committees

Regional Committee membership is composed of Regional Committee seats and large seats. Each Regional Committee elects one Regional Lead who serves on the NC BoS Governing Board the Regional Committee should also elect a Regional Lead Alternate to fill in for the Regional Lead in the event of their absence or a conflict of interest. The election process for designating these individuals is determined by the represented Regional Committee. It is also the responsibility of each Regional Committee to replace their Regional Lead or Alternate in the case of either member being unable to finish the full term.

### **Regional Committee Leadership Role Responsibilities**

For Regional Committees to be most effective, they need strong, consistent leadership representing the full geographic area of their committee. The NC Balance of State Continuum of Care expects each Regional Committee to formally elect the following positions:

- Regional Lead
- Regional Lead Alternate
- Webmaster
- Unsheltered Access Coordinator
- Project Review Committee Representative
- Each Regional Committee shall select its own representative to serve on the NC Balance of State CoC Governing board through a process determined locally.

Regional Committees may choose to elect other leadership positions inherent to their specific committees (e.g., events lead, Veterans lead, county chairs). Regional Committees must ensure that no person holds more than two leadership positions at one time.

Each Regional Committee should also appoint someone to represent them on the Scorecard Committee.

### **Regional Lead**

- Serve as primary contact for NC Balance of State Continuum of Care (NC BoS CoC) staff for their Regional Committee
- Communicate information from the NC BoS Governing Board and staff to the Regional Committee
- Participate in CoC Governing Board subcommittees and workgroups, as needed.
- Facilitate the formation of the Regional Committee meeting agenda with the regional leadership team.
- Facilitate discussion and approval of written annual outcomes and goals for the Regional Committee

- Facilitate planning activities as required by the NC BoS CoC

### **Regional Lead Alternate**

- Serve as backup contact for NC BoS CoC staff for the Regional Committee
- Serve as backup to the Regional Lead during an absence, taking on the Regional Lead's role until their return.
- Participate in NC BoS CoC the subcommittees and workgroups, as needed.
- Facilitate the Regional Committee's plan to recruit agencies to use HMIS, forming a recruitment committee and reporting monthly to the Funding and Performance Subcommittee
- An individual appointed as a Regional Lead Alternate may serve in only one Regional Committee at a time.

### **Webmaster**

- Serve as primary contact for NC BoS CoC staff regarding Regional Committee agendas and minutes.
- Submit all Regional Committee meeting agendas, minutes, and supporting materials to NC BoS CoC staff within 30 days of the meeting date.
- Take minutes at Regional Committee meetings [proposed task for webmaster, but can be done by another committee member]
- Maintain and update contact information for members of the Regional Committee and distribute materials via email as necessary (meeting reminders, agendas, minutes, NC BoS CoC notifications) [proposed task for webmaster, but can be done by another committee member]

### **Unsheltered Access Coordinator**

- Serve as primary contact for Regional Committee around unsheltered access.
- Coordinate with regional Coordinated Entry Leads to ensure people experiencing unsheltered homelessness access the local coordinated entry system.
- Ensure data collection happens on all people experiencing unsheltered homelessness.
- Engage providers/organizations/community partners to understand the local plan to engage people experiencing unsheltered homelessness and how to connect them to the coordinated entry system
- Provide additional training to providers/organizations/community partners as needed

### **Project Review Committee Representative**

- Participate in evaluation and scoring of Emergency Solutions Grant Program applications and recommend a final slate of applicants to the NC BoS Governing Board for approval.

- *Representatives cannot be staff from agencies with ESG Program funding or applying for ESG Program funding to participate.*
- Participate in evaluation and scoring of CoC Program applications and recommend a final ranked list of applicants to the NC BoS Governing Board for approval
  - *Representatives cannot be staff from agencies with CoC Program funding or applying for CoC Program funding to participate.*
- Evaluate agency capacity and expertise to operate CoC projects during CoC Program grant transfers and recommend options to the CoC Steering Committee for approval

### **Scorecard Committee Representative**

- Participate in the review of New and Renewal Scorecards for the CoC Program to recommend to the NC BoS Governing Board for approval
  - *Representatives from currently funded CoC Program agencies and those planning to apply for CoC Program funding are invited to participate.*

### **Coordinated Entry Lead**

- CE Lead is the agency designated to oversee the implementation and management of the Coordinated Entry (CE) system within the Continuum of Care (CoC). This responsibility is assigned to the agency awarded the Supportive Services Only – Coordinated Entry (SSO-CE) grant through the application and award process.
- Serve as primary coordinated entry system contact for NC BoS CoC staff for the Regional Committee
- Attend monthly Coordinated Entry Council (CEC) meetings as a representative of the Regional Committee
- Communicate information from CEC and other sources (training, HUD resources) to Regional Committee
- Facilitate regular case conferencing meetings where the community selects individuals and families experiencing homelessness for permanent housing resources
- Maintain the Regional Committee’s by-name list in HMIS and provide information to regional partners during case conferencing
- Maintain regular contact with participating agencies to troubleshoot ongoing challenges
- Facilitate outreach and engagement efforts to agencies not participating in the Regional Committee’s CE system
- Attend or participate in trainings/webinars as necessary

## **Application and Renewal**

Organizations or individuals may become CoC Members by completing the application posted on the BoS CoC website. Each application will be reviewed and acted upon by the Nominations

Committee. Each applicant will be notified in writing once their application has been acted upon.

An organizational member shall designate one person from that organization who shall have the exclusive right to vote on behalf of said organization (one vote per organization) at CoC Membership meetings. The CoC shall continually recruit new members to ensure that membership generally reflects the demographics of the Balance of State and is of sufficient size to effectively carry out its mission. Additionally, existing members shall review and/or update their information annually. There is no minimum or maximum size requirement for CoC Membership.

## Membership Duties and Expectations

- Serve on Committees and/or Workgroups.
- Provide input on, guidance for, and approval of CoC policy, strategy, and resource allocation issues.
- Vote on all CoC Governing Board candidates presented by the Nominations Committee.
- Vote on the CoC Charter and associated amendments.
- Vote on Collaborative Applicant and HMIS Lead candidates.
- Attend 75% of CoC Membership meetings.
- Attend 75% of regional meetings.
- Notify the Nominations Committee of all changes to contact information.
- Be involved in your region's efforts to end and reduce homelessness.

## Membership Meetings and Communications

- **Regular Meetings.** The CoC Membership shall meet at least two (2) times each year. The Governing Board will establish a regular meeting schedule by January 31st of each calendar year and publish it on the CoC website and email it to the then-current CoC Membership list. All meeting notices will, at a minimum, contain the date, time, and location of the meeting. If deemed necessary by the Governing Board, Membership meetings may be conducted virtually. In such circumstances, all meeting notices will also include instructions for attending virtually.
- **Special Meetings.** In unusual circumstances when an issue arises that requires action by the CoC Membership outside of the regular meeting schedule, the Governing Board may call for a Special Meeting. When calling for a Special Meeting, the date, time, and location of the Special Meeting will be announced. Notice of Special Meetings will be given as soon as practical under the circumstances driving the need for such a meeting. Special Meeting Notices will be published on the CoC website and emailed to the then-

current CoC Membership email list. If deemed necessary by the Governing Board, Special Meetings may be conducted virtually. In such circumstances, all meeting notices will also include instructions for attending virtually.

- **Meeting Agendas.** Meeting agendas will be published and distributed to the membership at least ten (10) calendar days in advance of the meeting.
- **Meeting Minutes.** Minutes of each meeting, including the results of all items voted upon, shall be published on the CoC website within seven (7) business days. If the meeting is scheduled to take place virtually, the meeting will be recorded, and a link to the video replay of said meeting will be published on the CoC website and in the official minutes of said meeting.
- **Meetings Open to the Public.** Unless otherwise indicated in this Charter, all meetings held or conducted pursuant to this Charter shall be open and accessible to members of the public.
- **Communications.** The Governing Board will ensure that regular and timely information about meetings, events, operations, and other relevant information is provided to CoC Members, so they are well-informed and prepared to participate meaningfully in all CoC activities and meetings. Information will be delivered through a variety of channels, including, but not limited to, newsletters; meeting notices; agendas; and minutes of all Committee, Workgroup, CoC Membership, and Governing Board meetings. The CoC website will provide access to this information as well as other relevant information. The Governing Board will also ensure, to the extent practical and reasonably feasible, that current and archived information remains on the website and accessible to the public.

## CoC Membership Voting

- All individual CoC members will have one vote. All member organizations will have one vote. An individual cannot vote both as an individual and on behalf of a member organization. If an organization has multiple departments with distinct missions, each of which desires a vote, then each department must apply to become a distinct organizational member and designate an individual who is eligible to vote on behalf of this member.
- Any item requiring a vote must appear on the official meeting agenda, publicized at least ten (10) calendar days in advance of the meeting. Approval by vote requires a simple majority of the full CoC Membership as of the date an item appears on an official agenda to be voted upon.
- Voting procedure. Once a motion to approve an agenda item has been seconded during a CoC membership meeting, a ballot shall be sent by email to the then-current list of the CoC Membership. The ballot shall contain the following:

- The text of the motion, along with all associated documents needed to evaluate the pending motion.
- Each member shall submit their completed ballot in accordance with the instructions provided on the ballot, no later than ten (10) business days after the ballot is emailed to the CoC membership.

The results of all CoC membership votes shall be tallied and emailed to the CoC membership along with the draft minutes of the meeting at which the item appeared on the agenda, no later than ten (10) business days after the deadline to vote on a particular agenda item expires. The results shall also be posted to the CoC website on the same day that the results are emailed to the CoC membership.

## Orientation of Board, Committees and BoS CoC Members

Each calendar year, the Nominations Committee will work with the Collaborative Applicant to provide an orientation to the BOS CoC Membership. The orientation will address the BOS CoC structure and opportunities for meaningful participation and potential leadership opportunities. The BOS CoC Governing Board and Committee Chairs are also responsible for mentoring new members to promote meaningful participation and develop future BOS CoC leaders.

## Section III. NC Balance of State CoC Governing Board (Board of Directors)

### Roles and Responsibilities of the NC BoS CoC Governing Board

The CoC Governing Board is responsible to the CoC Membership in fulfilling its responsibilities as defined in this Charter, and those imposed by applicable federal, state, or local statute or regulations. The CoC Governing Board is responsible for planning and coordinating the use of resources and evaluating the results on behalf of the CoC. The CoC Governing Board is empowered to create standing Committees and Workgroups to assist in carrying out its duties and responsibilities. The CoC Governing Board will consider recommendations from its Committees and Workgroups for developing and implementing policies and practices that meet the needs of residents within the NC Balance of State geographic area.

To make homelessness rare, brief, and non-recurring, the Board's responsibilities shall include:

- Engage Community leaders to develop and implement comprehensive strategies to reduce and end homelessness in the NC Balance of State.

- The CoC Governing Board shall enter into formal Memoranda of Understanding (MOUs) with the designated Collaborative Applicant and HMIS Lead to define roles, responsibilities, and coordination processes necessary to implement CoC operations in accordance with HUD regulations at 24 CFR 578.7. This agreement shall establish the framework for collaboration, performance and data management, planning, and fiscal administration between the parties. Executed MOUs will be reviewed periodically by the CoC Governing Board to ensure ongoing compliance and alignment with HUD requirements and CoC policies.
- Assess and monitor the performance of the CoC, identify gaps, develop and implement strategies to address gaps, and improve the overall CoC performance, including implementation of best practices.
- Consult with the Collaborative Applicant and HMIS Lead to develop, follow, and update the Governance Charter as needed.
- Recommend any Charter amendments to the CoC Membership for a vote as they arise.
- Receive recommendations on the recipient and sub-recipient performance targets appropriate for population and program type, along with performance and outcomes of ESG and CoC programs.
- Approve the CoC HMIS data privacy plan, data security plan, and data quality plan.
- Establish priorities that align with local and federal policies for recommending projects for CoC-related grant funding.
- The Governing Board shall review and approve any proposal for the Collaborative Applicant to apply for, accept, or administer funding in the of, or on behalf of CoC.
- Call meetings of the full CoC membership at least biannually.
- Appoint Committees and Workgroups to facilitate the work of the CoC.

## Composition and Leadership

The NC Balance of State Continuum of Care (CoC) Governing Board shall consist of not fewer than 17 and not more than 29 members.

Each of the 13 CoC regions shall have one designated representative serving on the Board. The remaining seats shall be allocated to representatives of key stakeholders' sectors, persons with lived experience of homelessness, and at-large members as determined by the Board to ensure compliance with HUD representation requirements and balance of expertise.

## Community Partners

The NC BoS CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health

agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons within the geographic area and are available to participate.

## Exceptions and Exclusions from Governing Board Membership

Should any organization entitled to a seat on the Governing Board apply for and is chosen to serve as either the Collaborative Applicant or the HMIS Lead (or both), then that organization shall temporarily forfeit its right to serve on the Governing Board as a voting member until said organization(s) no longer serves as the designated Collaborative Applicant and/or HMIS Lead. This exception applies equally to Permanent Members entitled to a seat on the Governing Board and Stakeholder Members Provided; however, a Permanent Member whose right to serve on the Governing Board has been forfeited temporarily pursuant to the terms of this paragraph shall not be prohibited from voting to designate a new Collaborative Applicant and/or HMIS Lead so long as said organization no longer seeks to serve in either role. This paragraph is not intended to alter or modify an individual's responsibility for complying with all applicable conflict of interest obligations.

## Governing Board Selection Process

All members of the NC Balance of State Continuum of Care (CoC) Governing Board shall demonstrate a professional or personal commitment to alleviating the impacts of homelessness. Members of the Governing Board serving at the date of adoption of this Charter shall serve until the expiration of their term or until their successor is approved by the NC Balance of State CoC Membership. To implement staggered terms, at the first meeting of March, one-half of the renewing or new Governing Board Members shall be approved for a one (1)-year term, and one-half shall be elected for two (2)-year terms. To continue staggered terms, upon the expiration of the Governing Board Members' terms in subsequent years, all future terms of office shall be two (2) years.

The Nominations Committee is responsible for reviewing applications and recommendations received from NC Balance of State CoC Members seeking to serve on the NC Balance of State CoC Governing Board. The Nominations Committee shall establish a written process for making nominations, bringing recommendations to the full membership for a vote, and creating staggered two (2)-year terms. The process shall be posted on the NC Balance of State CoC website. Nominations for the NC Balance of State CoC Governing Board will be voted on during a meeting of the NC Balance of State CoC Membership.

When nominations are open for the NC Balance of State CoC Board of Governor seat(s), a notice will be published on the NC Balance of State CoC website and will be sent to the then-

current NC Balance State CoC Membership email list explaining which seats are open, along with the requirements and the process for applying to fill an open seat.

A member appointed to fill the unexpired portion of a vacated NC Balance of State CoC Governing Board seat shall complete the remaining portion of the original member's term. After that term, the member is eligible to serve two (2) full two (2)-year terms.

### *Terms*

NC Balance of State CoC Governing Board Members shall serve two-year staggered terms. NC Balance of State CoC Governing Board Members shall be limited to two (2) consecutive two (2)-year terms. A former NC Balance of State CoC Governing Board Member may serve on the Governing Board again after a break of at least two (2) years after leaving the Governing Board due to term limits.

Each Regional Committee shall select its own representative to serve on the NC Balance of State CoC Governing board through a process determined locally. The individual appointed must meet all Governing Board eligibility requirements and is subject to the CoC's term-limit policy. If a region's chosen representative is ineligible due to term limits or other Board requirements, the region must appoint an alternate individual who meets eligibility standards to ensure continuous and compliant representation on the Governing Board.

### *Officers*

- **Chair.** Shall preside over all NC Balance of State CoC Governing Board meetings and NC Balance of State CoC Membership meetings. The Chair also develops meeting agendas in coordination with the Executive Committee and CoC staff. The Chair speaks publicly on behalf of the NC Balance of State CoC and signs all written agreements and formal communications on behalf of the NC Balance of State CoC.
- **Vice-Chair.** Shall fulfill the functions of the Chair when the Chair is unavailable. The Vice Chair serves as the Chair of the Nominating Committee.
- **Secretary.** Shall ensure complete and accurate records of all NC Balance of State CoC Board and membership meetings are kept and posted in a timely fashion to the NC Balance of State CoC website and disseminated as appropriate.
- **Treasurer.** Shall be responsible for coordinating with the Funding Review Committee to ensure that the NC Balance of State CoC Governing Board receives accurate and timely information related to all NC Balance of State CoC finances and funding decisions. The Treasurer shall work to identify supplemental funding opportunities from nonprofits, foundations, corporations, and individuals.

## *Officer Selection*

The NC Balance of State CoC Governing Board shall elect officers. Any member of the Governing Board present may nominate any other member of the Governing Board for a leadership position starting first with the Chair. Once nominations are closed, members of the Governing Board shall vote to elect each officer position until all are filled. A simple majority vote of the Governing Board present during the meeting is required for each Executive Officer position.

## **Executive Committee.**

The Executive Committee is composed of the Chair, Vice Chair, Secretary, and Treasurer.

- Duties include:
  - Collaborate in developing Governing Board meeting agendas.
  - Review and respond to all formal grievances as set forth in the Grievance Policy (Appendix B. NC Balance of State Continuum of Care Code of Conduct).
  - Ensure effective communication among the Governing Board, NC BoS CoC Membership, Collaborative Applicant, HMIS Lead, and community stakeholders.

## **Governing Board Meetings, Schedule, and Voting**

### *Regular Meetings of the Governing Board*

The Governing Board will decide how frequently to meet. In no event, however, shall the Governing Board meet less frequently than every other month. The Governing Board shall publish a meeting schedule no later than the end of January of each calendar year. The first Governing Board seated under this Charter shall approve a regular meeting schedule at its first meeting. Within ten (10) calendar days of approval, the official meeting schedule shall be published on the NC Balance of State CoC website and emailed to the then-current NC Balance of State CoC Membership email list. Meeting agendas will be published at least five (5) calendar days in advance of a regular Governing Board meeting.

### *Special Meetings*

In the unusual circumstance when an issue arises that requires action by the Governing Board outside of its regular meeting schedule, the Governing Board may call for a Special Meeting. When calling for a Special Meeting, the date, time, and location of the Special Meeting will be announced. Notice of Special Meetings will be given as soon as practical under the circumstances driving the need for such a meeting. Special Meeting Notices will be published on the NC Balance of State CoC website and emailed to the then-current NC Balance of State CoC Membership email list. If deemed necessary by the Governing Board, Special Meetings may be conducted virtually. In such circumstances, all meeting notices will also include instructions for attending virtually.

### *Closed Session*

When a situation arises where preserving confidentiality is required, the Governing Board may elect to go into Closed Session. To go into Closed Session, a Governing Board Member must make a motion setting forth the need and justification for a Closed Session and that motion must pass by a 2/3 vote of the members in attendance and eligible to vote on the matter. No Closed Session is permitted in violation of any applicable federal, state, or local statute or regulation.

### *Meeting Minutes*

Draft Minutes of each Governing Board meeting, including the results of all items voted upon shall be published on the NC Balance of State CoC website within seven (7) calendar days. If the meeting is scheduled to take place virtually, the meeting will be recorded and a link to the video replay of said meeting will be published on the NC Balance of State CoC website and in the official minutes of said meeting.

### *Action Without a Meeting*

In extraordinary circumstances where time is of the essence, the Governing Board or any Committee may take an action without a meeting, provided:

1. The action is within its authority.
2. It is approved via email or conference call (or letter when email is unavailable)
3. It is approved by a  $\frac{2}{3}$  majority of all then-seated Governing Board or Committee members who are entitled to vote on the matter and meet quorum requirements;  
and
4. The Governing Board or Committee documents the urgency of acting without a meeting.

### *Meetings are open to the Public*

Unless otherwise indicated in this Charter, all meetings held or conducted pursuant to this Charter shall be open and accessible to members of the public.

## **Quorum**

A simple majority of the full NC Balance of State CoC Governing Board membership constitutes a quorum. Attendance at a meeting is defined as in-person or via telephone/video when available. Votes may also be held and confirmed by the same quorum via email, for time-sensitive situations.

## Voting

Unless otherwise specified herein, all votes of the Governing Board shall require a simple majority vote for passage.

## Conflict of Interest Policy, Disclosure, and Recusal

Consistent with the requirements set forth in [24 CFR 578.95](#), the NC Balance of State CoC Membership will approve a Conflict of Interest Policy annually. The current policy is attached hereto as Exhibit 3.

- **Compliance.** All members of the NC BoS CoC Governing Board shall review and sign a copy of the current Disclosure and Conflict of Interest Policy upon joining the Board and then annually thereafter. Members will not be permitted to participate in any discussion or vote until the statement is on file.
- **Disclosure and Recusal.** When a member of the Governing Board believes they have a potential conflict related to a matter coming before the Governing Board for a vote, that member shall inform the Governing Board in an open meeting. To be recused, the member shall state the basis for the potential conflict and ask to be recused. The Governing Board shall then vote on whether there are sufficient grounds for recusal. Recusal votes require a simple majority vote.
- **Federal, State, and Local statutes.** Members of the Governing Board and all NC BoS CoC Committees and Workgroups shall comply with all applicable federal, state, and local statutes and regulations and shall strive to avoid all conflicts of interest.

## Vacancy, Removal, and Resignation

- I. **Removal.** The Governing Board may, by a simple majority vote, remove a member of the Governing Board who has two (2) or more unexcused absences from regularly scheduled Governing Board meetings in any twelve-month period. Absences are considered excused if the NC Balance of State CoC Board Chair is notified within 24 hours of the Governing Board meeting via phone, e-mail, or letter or if there are extenuating circumstances deemed so by the Chair (i.e. illness, accident, funeral, etc.). Unexcused absences from special meetings will not be considered in this calculation. Any Governing Board member may also be removed by a  $\frac{3}{4}$  vote of the full Governing Board for:
  1. Repeatedly failing to perform their duties and responsibilities.
  2. Failing to comply with this Charter and/or applicable policies.
  3. Engaging in conduct that violates the NC Balance of State CoC Conflict of Interest.

4. Repeatedly engaging in behavior that causes reputational harm to the NC Balance of State CoC.

- **Resignation.** Unless otherwise provided by a written agreement, any member of the NC Balance of State CoC Governing Board may resign at any time by giving written notice to the Chair. Any such resignations will take effect at the time specified within the written notice or as otherwise determined by the NC Balance of State CoC Governing Board.
- **Change in Employment.** To ensure full representation of a broad range of community organizations and specific populations, Governing Board members shall inform the Chair of the Nominating Committee, within ten (10) business days, if they change employers, retire, start a business, or otherwise significantly alter their employment status. Notification shall be made in writing. The Nominating Committee will then consider, within twenty-one (21) business days, whether the change alters the Governing Board members' ability to represent the constituents they represent currently on the Balance of State CoC. If the Nominating Committee determines that the member of the Governing Board can no longer represent those constituents, the Nominating Committee will ask said member of the Governing Board to resign. The Nominating Committee will then initiate the process of selecting a replacement for this Governing Board slot.

## Written Standards

The CoC reviews and updates the Written Standards as needed and conducts a formal review at least annually to ensure alignment with HUD requirements, community priorities, and best practices in addressing homelessness.

In compliance with HUD guidance and regulations for operating a Continuum of Care ([24 CFR Part 578](#)), the following Written Standards are incorporated (Reference Appendix A. Written Standards and Procedures) by reference herein, as they may be amended from time to time:

- NC BoS CoC Coordinated Entry Written Standards
- NC BoS CoC Street Outreach Written Standards
- NC BoS CoC Rapid Rehousing and Homelessness Prevention Written Standards
- NC BoS CoC Emergency Shelter Written Standards
- NC BoS CoC Transitional Housing Written Standards
- NC BoS CoC Permanent Supportive Housing Written Standards

The NC BoS CoC Written Standards establish the minimum requirements for program operations, eligibility, prioritization, and service delivery for all CoC- and ESG-funded projects, ensuring that assistance is administered fairly and consistently across the CoC's 79-county geographic area.

## Section IV. NC BoS CoC Subcommittees and Workgroups

Standing Committees and Workgroups of the NC Balance of State Continuum of Care (CoC) are established by the membership and Board of Directors to support the governance, planning, and operations of the CoC. Their purpose is to provide specialized expertise, inclusive representation, and structured opportunities for collaboration to ensure the CoC fulfills its mission of preventing and ending homelessness across the BoS.

Committees and workgroups serve as the operational arms of the membership and the Board by:

- **Carrying Out the Responsibilities of the CoC:** Supporting compliance with [24 CFR Part 578](#), including system-wide planning, project oversight, and performance evaluation.
- **Advising the Board and Membership:** Bringing forward recommendations on policies, priorities, and initiatives to strengthen the CoC's homeless response system.
- **Facilitating Stakeholder Engagement:** Providing a forum where members, partners, and individuals with lived experience can collaborate on a system design and service delivery improvements.
- **Ensure Accountability:** Track outcomes, support fair practices, and maintain alignment with the CoC's priorities and HUD expectations.
- **Executing Specific Functions:** Conducting essential tasks such as data and HMIS oversight, project review and ranking, coordinated entry management, and evaluation of system performance.

Through these committees and workgroups, the NC BoS CoC ensures that its membership and Board of Directors operate as an accountable, transparent, and representative body dedicated to ending homelessness across North Carolina's Balance of State.

Apart from the Lived Expertise Advisory Council (LEAC), which is specifically for people currently experiencing or have previously experienced homelessness, subcommittees are open to any interested party.

### Veterans Subcommittee

The Veterans Subcommittee oversees and evaluates CoC strategies to end Veteran homelessness. It implements the CoC-wide framework to end Veteran homelessness. The meeting schedule is determined by subcommittee members.

## Funding and Performance Subcommittee (FPS)

The Funding and Performance Subcommittee assists the Board of Directors to set goals and priorities for the CoC and to make funding decisions. It analyzes relevant data including, but not limited to, system performance measures, progress toward ending homelessness among subpopulations, and resource allocation. The meeting schedule is determined by subcommittee members.

## Governance Nominations Subcommittee

The Governance Nominations Subcommittee recommends candidates to serve as at-large members on the Board of Directors and determines which at-large members extend an invitation to renew for an additional year on the Board of Directors. The meeting schedule is determined by subcommittee members.

## Client Advocacy Collaborative Subcommittee

The Client Advocacy Collaborative Subcommittee oversees implementation of the annual Client Advocacy Analysis and evaluates data collected to create a final report for the CoC Program Application. It recommends data-informed action steps to the NC BoS CoC Board of Directors to improve access across the CoC.

## Lived Expertise Advisory Council (LEAC)

The Lived Experience Advisory Council Subcommittee recommends action steps to the NC BoS CoC Board of Directors to improve CoC policies based on insights and expertise from experiencing homelessness firsthand. It recommends action steps to service providers in the NC BoS CoC toward implementing best practices based on insights and expertise from experiencing homelessness firsthand. It seeks professional development and advocacy opportunities for LEAC members and offers financial compensation for participation.

## Scorecard Committee

The Scorecard Committee informs the CoC's funding decisions. It is composed of one representative from each NC BoS CoC Regional Committee and at-large BoS CoC members up to but not exceeding the number of Regional Committee representatives. It determines criteria and scoring guidelines for new and renewal CoC Program project scorecards.

## Project Review Committee (PRC)

The Project Review Committee informs the CoC's funding decisions. It is composed of one representative from each NC BoS CoC Regional Committee and at-large BoS CoC members up to but not exceeding the number of Regional Committee representatives. Members cannot be from agencies applying for funding. The Project Review Committee reviews and rates each

project application according to the current scorecard and recommends a ranked list of project applications for the CoC Program collaborative application to the BoS CoC.

The Project Review Committee also recommends an application slate for annual ESG Program funding to the NC BoS CoC.

## Coordinated Entry Council (CEC)

The BoS CoC Board of Directors appoints a standing Coordinated Entry Council to review, provide feedback on, and ultimately recommend approval of coordinated entry plans written by Regional Committees. The Coordinated Entry Council provides oversight for Regional Committees implementing coordinated entry by reviewing plan changes and system outcomes, providing support and feedback, and hearing grievances that cannot be resolved at the local level. The Coordinated Entry Council is made up of all elected Regional Committee Coordinated Entry Leads and other state-level experts.

## Working Groups

The Board of Directors forms short-term, outcome-focused working groups on an as-needed basis. The scope of work and proposed group duration will be determined by the Board. Working group membership will vary depending on the needs of the group but generally should represent the totality of the Board of Directors (region, subpopulation, etc.) as feasible.

# Section V. NC BoS CoC Roles

## Collaborative Applicant

The CoC shall designate a legal entity eligible to apply for CoC Program funds to serve as the Collaborative Applicant (CA). The designation shall follow a transparent, documented process in accordance with CoC procedures and federal regulations. Evaluating and reporting to HUD outcomes of ESG and CoC projects.

### *Selection Process*

The CoC Governing Board shall adopt a written, transparent procedure for solicitation and selection of the Collaborative Applicant, consistent with HUD CoC regulations. The selection process should include criteria such as organizational capacity, experience in homeless program administration, financial management, and ability to fulfill HUD reporting obligations.

## *Term, Renewal, and Removal*

The designation of the Collaborative Applicant shall have a defined term and may be renewed by the CoC Governing Board following review of performance. Either the CoC or the CA may end the designation, provided proper notice and a transition plan in place.

- **Termination for Cause.** The CoC Board may terminate the designation of the Collaborative Applicant (CA) for failure to comply with HUD requirements, CoC governance standards, fiscal accountability, or performance expectations. Prior to termination, the Board shall provide the CA with written notice of deficiencies and a 60-day corrective action period. If deficiencies are not remedied within this period, the Board may vote to revoke the CA designation.
- **Termination Without Cause.** Either the CoC Board or the CA may terminate this designation without cause by providing 90 days' written notice to the other party. During this notice period, the Board shall ensure that an interim CA is appointed to maintain continuity of CoC operations.
- **Transition Responsibilities.** Upon termination or non-renewal of the CA designation, the CA shall cooperate fully with the Board in the orderly transfer of all records, data, reports, and responsibilities to the new or interim CA. This transition shall ensure uninterrupted administration of CoC activities, including HUD submissions, financial management, and system-wide planning.

## HMIS Lead Agency

### *Overview*

The HMIS implementation is a collaborative project of three North Carolina Continuums of Care (CoCs) – City of Durham/Durham County, North Carolina Balance of State, and Chapel Hill/Orange County – the HMIS Lead Agency, and participating Partner Agencies. The Continuums of Care are responsible for shared governance of the regional HMIS. The CoCs are the lead planning groups for efforts to end homelessness and for implementing and operating homeless service delivery systems. As such and under HUD policy (24 CFR part 580), the CoCs are responsible for HMIS oversight and implementation, including planning, software selection, HMIS Lead Agency designation, and setting up and managing the HMIS in compliance with HUD's national HMIS Standards. The CoCs' oversight and governance responsibilities are carried out by the HMIS Advisory Board, which reviews and approves all HMIS policies and procedures. The current [HMIS Advisory Board Governance Charter](#) is effective Jul 1, 2018 after ratification by the three founding CoCs.

### *Selection Process*

The CoC designates the HMIS Lead Agency to manage HMIS operations on its behalf and to provide HMIS administrative functions at the direction of the CoC. Changes to the HMIS Lead Agency will occur in alignment with the HMIS Operating Policies and Procedures.

### *Monitoring and Evaluation of HMIS Lead*

The NC Balance of State Continuum of Care (CoC) retains ultimate responsibility for oversight of the Homeless Management Information System (HMIS) and the performance of the HMIS Lead Agency. The CoC Governing Board shall ensure that the HMIS Lead Agency operates in compliance with all HUD requirements, the NC BoS HMIS Governance Charter, and the Memorandum of Understanding executed between the CoC and the HMIS Lead Agency.

The CoC Governing Board will conduct an annual review of the HMIS Lead Agency's performance, which may include evaluation of data quality, user support, system accessibility, security, and adherence to governance and privacy standards. Input from the HMIS Subcommittee and other HMIS users will inform this evaluation but will not substitute for the CoC's independent oversight responsibilities.

The NC BoS HMIS Governance Charter provides detailed policies, procedures, and performance measures for HMIS administration and is subordinate to this CoC Charter. In cases of conflict, the provisions of this CoC Charter and HUD regulations shall prevail.

### *Term, Renewal, and Removal*

The designation of the HMIS Lead Agency shall have a defined term and may be renewed by the CoC Governing Board following review of performance. Either the CoC or the HMIS Lead Agency may end the designation, provided proper notice and a transition plan in place.

- **Termination for Cause.** The CoC Board may terminate the designation of the HMIS Lead Agency for failure to comply with HUD requirements, CoC governance standards, fiscal accountability, or performance expectations.  
Prior to termination, the Board shall provide the HMIS Lead Agency with written notice of deficiencies and a 60-day corrective action period. If deficiencies are not remedied within this period, the Board may vote to revoke the HMIS Lead Agency designation.
- **Termination Without Cause.** Either the CoC Board or the HMIS Lead Agency may terminate this designation without cause by providing 90 days' written notice to the other party. During this notice period, the Board shall ensure that an interim HMIS Lead Agency is appointed to maintain continuity of CoC operations.
- **Transition Responsibilities.** Upon termination or non-renewal of the HMIS Lead Agency designation, the HMIS Lead Agency shall cooperate fully with the Board in the orderly

transfer of all records, data, reports, and responsibilities to the new or interim HMIS Lead Agency. This transition shall ensure uninterrupted administration of CoC activities, including HUD submissions, financial management, and system-wide planning.

## Section VI. VAWA Requirements

Please see Section IX. Exhibits and Reference Documents.

## Section VII. Charter Amendment Process

### Annual Review of Charter

Pursuant to [24 CFR 578.7\(5\)](#), the NC BoS CoC shall review and vote to approve its charter at least annually as set forth herein.

### Amendment Notice

Charter Amendments must be presented in writing to the NC BoS CoC Membership no less than ten (10) calendar days before the meeting at which the proposed Charter Amendments will be voted upon.

## Section VIII. Miscellaneous

### NC BoS CoC Definitions

The following definitions shall apply to this Charter. To the extent a word or phrase is not specifically defined herein, then definitions contained within 24 CFR 578.3 shall govern.

**Governing Board** - The body appointed by the Balance of State CoC to act on behalf of the Balance of State CoC.

**Collaborative Applicant** - Agency or organization designated by the BoS CoC to submit funding applications to HUD. It also provides administrative support to the Bos CoC Governing Board. All requirements of the Collaborative Applicant will be set forth in a mutually acceptable written document signed on behalf of the BoS CoC by the BoS Governing Board and the designated Collaborative Applicant. The document is signed by the Chair of the BoS Governing Board.

**NC Balance of State CoC (NC BoS CoC)** - Organization composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts,

social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within Balance of State covered counties and are available to participate. Often abbreviated to BoS.

**Coordinated Entry** - A coordinated process designed to integrate program participant intake assessment and provision of referrals. A Coordinated Entry System covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes minimum HUD requirements.

**Emergency Solutions Grants Program (“ESG”)** - The federal ESG Program. ESG is a HUD formula grant program that provides funding for people identified as homeless or ‘at risk of homelessness’ for the following program components/projects: Street Outreach, Emergency Shelter, Rapid Re-housing, Homeless Prevention, and HMIS

**Charter** - NC BoS CoC governing document that establishes the roles and responsibilities of the Governing Board, Committees, the Collaborative Applicant, the Homeless Management Information System Lead, and the Coordinated Entry entity with the goal of creating an inclusive, transparent process for the community as it works to prevent and end homelessness.

**Homeless Management Information System (“HMIS”)** - The information system designated by the Continuum of Care to comply with the HMIS requirements. An HMIS is an internet-based, local information technology system used to collect client-level data about the number, characteristics, and needs of persons experiencing homelessness and those at risk of homelessness as well as data on the provision of housing and services to these populations. Use of HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care, Emergency Solutions Grant, and Housing Opportunities for Persons with AIDS funds; by the U.S. Department of Veterans Affairs for agencies receiving Supportive Services for Veteran Families and Grant Per Diem funds; and by the U.S. Department of Health and Human Services for agencies receiving Projects for Assistance in Transition from Homelessness and Runaway and Homeless Youth funds. [CFR 578.3](#)

**HMIS Lead** - Agency, organization, or government department designated by the NC BoS CoC to administer and manage HMIS consistently with all applicable federal, state, and local laws and regulations. Requirements of the HMIS Lead will be set forth in a mutually acceptable written document signed on behalf of the BoS CoC.

**HUD** - The United States Department of Housing and Urban Development.

**Notice of Funding Availability (NOFA) or Notice of Funding Opportunity (NOFO)** - The annual collaborative application for McKinney-Vento Homeless Assistance funds as amended by the HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) Act. The application submission is facilitated by the Collaborative Applicant in consultation with the BoS CoC

**Workgroup** - The Governing Board may appoint a workgroup from time to time for the purpose of providing guidance and advice on matters outside the jurisdiction of BoS CoC Standing Committees. Workgroup activities shall be limited to only those matters expressly assigned by the Governing Board. The Collaborative Applicant, or other party designated by the Governing Board, shall provide administrative support to each Workgroup. Workgroups are intended to be of limited duration and shall disband once it makes a report to the Governing Board or is disbanded by a majority vote of the Governing Board.

**Written Standards** - In consultation with recipients of ESG program funds within the combined regions creating the BoS, the BoS CoC shall establish and consistently follow written standards for aiding recipients.

## Section IX. Exhibits and Reference Documents

### **Appendix A. Written Standards and Procedures**

- I. Emergency Shelter Written Standards
- II. Street Outreach Written Standards
- III. Transitional Housing Written Standards
- IV. Permanent Supportive Housing Written Standards
- V. Homelessness Prevention and Rapid Rehousing Written Standards
- VI. Coordinated Entry Written Standards

### **Appendix B. NC Balance of State Continuum of Care Code of Conduct**

### **Appendix C. Conflict of Interest Policy**

### **Appendix D. Anti-Discrimination Policies and Procedures**

### **Appendix E. HMIS Lead Agency MOU**

### **Appendix F. CoC Collaborative Applicant MOU**

### **Appendix G. Emergency Transfer Plan for Survivors of Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking**



# Appendix A. Written Standards and Procedures

## Emergency Shelter 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 Emergency Shelter 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 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)).
- Program standards that meet HUD's requirements for emergency shelters to define policies and procedures for admission, diversion, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, and stalking.
- 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 Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

The NC Balance of State Continuum of Care developed the following Emergency Shelter 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 Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the NC Balance of State Continuum of Care to ensure compliance. The NC BoS CoC recommends that emergency shelters funded through other 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.

## **EMERGENCY SHELTER**

Emergency shelter is any facility whose primary purpose is to provide temporary housing for individuals or families experiencing homelessness for a period of 90 days or less<sup>1</sup>. However, due to the environment in which shelters operate and the lack of adequate funding, shelters often must and should temporarily house people experiencing homelessness until they find a permanent place to live. Emergency shelters, as we know them today, emerged during the late 1970s and early 1980s in response to an increasing number of individuals experiencing homelessness. These initial shelters were meant to provide a short-term emergency stay for individuals as they rehoused themselves. However, because of decreased affordable housing in urban centers, a lack of substantive supportive services catering to the needs of homeless individuals, and a large subpopulation of individuals with disabling conditions, the movement out of emergency shelter into permanent housing stalled with many individuals staying in shelter for long periods of time.

With the advent of permanent supportive housing and rapid rehousing based on the best national practice, Housing First, communities are moving some of their most vulnerable homeless individuals and families with the longest histories of homelessness into permanent housing. This allows the emergency shelter system to regain its original intention, providing individuals experiencing homelessness a temporary stay until they can regain permanent housing.

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<sup>1</sup> <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

Emergency shelters serve a wide variety of people experiencing homelessness in our communities and may target their services to a particular type of population. Many emergency shelters serve a single gender, individuals and/or families, people fleeing domestic violence, or a combination thereof. The most effective emergency shelters direct their services and resources toward a truly interim housing solution and have strong connections to permanent housing programs catering to the needs of people experiencing homelessness. Emergency shelters can provide short-term housing for individuals and families waiting for placement in a rapid rehousing program or permanent supportive housing program.

In the NC Balance of State Continuum of Care, shelters can help reduce the number of unsheltered individuals and families in their communities by reducing barriers in their programs and accepting high-need individuals or families. However, this is where emergency shelters can play a significant role in the Balance of State's efforts to end homelessness as we know it. Emergency shelters should provide triage and interim beds for high-need and chronically homeless individuals and families while they partner with permanent housing programs to place participants.

Emergency shelters should operate from a Housing First philosophy. Programs with a Housing First approach believe that anyone can be housed and the barriers to permanent housing can be minimized. Housing First allows emergency shelters to move individuals and families experiencing homelessness more quickly from their shelter beds into permanent housing, thus meeting the main objective of emergency shelter.<sup>2</sup>

Every emergency shelter program within the NC Balance of State should participate in the local community's coordinated entry system. In the NC Balance of State CoC, each community utilizes the Prevention and Diversion screening tool and Homeless Assessment and Referral Tool (HART) to set priorities and housing triage methods, while housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. The Prevention and Diversion screening tool prioritizes shelter beds for people who have no other safe housing option and should be administered to every household who presents needing shelter prior to being admitted into a shelter program. Communities use HART to prioritize individuals and families experiencing literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

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<sup>2</sup> [http://www.endhomelessness.org/page/-/files/4.2\\_Housing-Focused\\_Emergency\\_Shelter\\_-\\_Ralph\\_Payton.pdf](http://www.endhomelessness.org/page/-/files/4.2_Housing-Focused_Emergency_Shelter_-_Ralph_Payton.pdf)

## **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) has been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate 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 as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional 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 not 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 homelessness 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). CoC's 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, gender identity, 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.

**Housing First:** A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.<sup>3</sup>

**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. Like Housing First, 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 to transition households experiencing homelessness into permanent housing within 24 months.

## **PERFORMANCE STANDARDS**

### **PERSONNEL**

**STANDARD:** The program 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 families at risk of homelessness.

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<sup>3</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

- 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.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the HMIS@NCCEH 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 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.
- If the shelter provides case management as part of its programs, case managers provide case management with the designated Case Management Tool<sup>4</sup> 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 Emergency Shelter Written Standards.

### **CLIENT INTAKE PROCESS**

**STANDARD:** Programs will actively participate in their community's coordinated entry system. Programs will serve the most vulnerable individuals and families needing assistance.

### **Benchmarks**

- All adult program participants must meet the following program eligibility requirements in ESG Program funded emergency shelter:
  - 18 years or older
  - Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homeless definition)
- All ESG Program recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Grantees must

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<sup>4</sup> CM Tool Training: [https://prezi.com/adwfk2xzig\\_/case-management-tool-version-2/](https://prezi.com/adwfk2xzig_/case-management-tool-version-2/)

document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:

- Third-party documentation (including HMIS)
- Intake worker observations through outreach and visual assessment
- Self-certification of the person receiving assistance
- Programs can only turn away individuals and families experiencing homelessness from program entry for 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 program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
- Programs cannot disqualify an individual or family from entry because of employment status or lack of income.
- Programs cannot disqualify an individual or family because of evictions or poor rental history.
- Programs may make services available and encourage adult household members to participate in program services but cannot make service usage a requirement to deny initial or ongoing services.
- 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 strictly reserved for case workers and administrators who need said information.
- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants.

### **EMERGENCY SHELTER**

**STANDARD:** Shelters will provide safe, temporary housing options that meet participant needs in accordance within guidelines set by the US Department of Housing and Urban Development.

### **Benchmarks**

- Shelters must meet state or local government safety, sanitation, and privacy standards. Shelters should be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents.

- Shelters must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act, and Title II of the Americans with Disabilities Act, where applicable.
- Shelters may provide case management, counseling, housing planning, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, transportation, and services for special populations per 24 CFR 576.102 but cannot deny shelter services to individuals and families unwilling to participate in supportive services. See next section for specific required and optional services shelters must provide.
- Shelters providing shelter to families may not deny shelter to a family on the basis of the age and gender of a child under 18 years of age.
- Shelters must comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4946), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4956), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.
- Shelters must actively participate in their community's coordinated entry system.
- Shelters shall not charge money for any housing or supportive service provided.
- Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.

### **CASE MANAGEMENT SERVICES**

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

#### **Benchmarks (Standard available services)**

- Shelters must provide the client with a written copy of the program rules and the termination process before the client begins receiving assistance.
- Shelter staff provide regular and consistent case management to shelter residents based on the individual's or family's specific needs. Case management includes:
  - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
  - Assisting clients to maintain their shelter bed in a safe manner and understand how to get along with fellow residents.
  - Helping clients to create strong support networks and participate in the community as they desire.
  - Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.

- If the shelters provide case management as part of its programs, use of the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
- Shelter staff or other programs connected to the shelter through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others.
- Ongoing assistance with basic needs.
- Shelter 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.

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

- Representative payee services.
- Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- 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 matters (warrants, minor infractions).

**TERMINATION**

**STANDARD:** 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 (24 CFR 576.402). BoS recommends programs work with other community service providers to develop a board to hear client grievances.

**Benchmarks**

- In general, if a resident violates program requirements, the shelter may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance.
- Shelters must provide the client with a written copy of the program rules and the termination process before they begin receiving assistance and keep a copy signed by the client in the file.
- Programs may carry a barred list when a client has presented a terminal risk to staff or other clients. If a barred client presents themselves at a later date, programs should review the case to determine if the debarment can be removed to give the program a chance to provide further assistance at a later date.

#### **CLIENT AND PROGRAM FILES**

**STANDARD:** Shelters will keep all client 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 at 24 CFR 576.500 and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the shelter program and indirectly by other community service providers. ESG requires:
  - Documentation of homeless status (see above for the priority of types of documentation)
  - Determination of ineligibility, if applicable, which shows the reason for this determination
  - Annual income evaluation
  - 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 into 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, enter HUD required data elements, and update the client's information as changes occur.
- 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 programs must have a consent for release of information form for clients to use to indicate consent in sharing information with other parties.
- All records pertaining to ESG 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.

### **FAIR HOUSING POLICY**

**STANDARD:** Emergency shelters, as part of their work to assist households access permanent housing resources, 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).
- Assist households who may need to ask for a reasonable accommodation or a reasonable modification to fully access available housing units.
- Assist households to locate and choose permanent housing based on their needs and desires, ensuring they have a range of choices in various geographic areas regardless of race, color, national origin, religion, sex (including actual or perceived gender identity and sexual orientation), familial status, and disability.
- 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:** Shelter will 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 ESG.
- 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.

## Street Outreach 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 street outreach 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 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 street outreach, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs (24 CFR 578.7(a)(9)).
- Program standards that meet HUD's requirements for street outreach to define policies and procedures for engagement, program enrollment, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, and stalking.
- Policies and procedures for coordination among street outreach programs, emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid re-housing 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 street outreach program standards to ensure:

- Program accountability to individuals and families experiencing unsheltered 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 Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the NC Balance of State Continuum of Care to ensure compliance. The NC BoS CoC recommends that street outreach programs funded through other 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 best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the NC BoS CoC.

### **STREET OUTREACH**

Street outreach programs are designed to engage unsheltered people at non-traditional settings such as campsites, public parks, libraries, bus or train stations, exit or entrance ramps to roads and highways, abandoned buildings, or under bridges. Outreach workers may also engage people at local basic needs organizations such as feeding sites, soup kitchens, clothing centers, or other sites. Street outreach programs serve as the front door for unsheltered individuals to homeless and permanent housing services. Effective street outreach programs connect ignored or underserved people with emergency services, longer-term mental and physical health services, and permanent housing. Street outreach also helps to re-integrate unsheltered homeless individuals and families into the larger community.

Outreach programs should meet people where they are, both geographically and emotionally. This means meeting people in locations that are most convenient for them as well as developing trusting relationships with unsheltered people through active listening, persistence, consistency, and without judgment.

Because outreach happens in non-traditional settings with people who often have complex needs, outreach workers face challenges that require special skills to do their job well. Engaging unsheltered people on their turf means workers must be able to maintain their and their client's safety, have strong ethics and boundaries, and good coping skills after working

under very difficult and stressful circumstances. Outreach workers must make frequent judgment calls about balancing safety and ethics with clients' needs.

Since street outreach programs work with a vulnerable population that often has little or no access to services, a main component of street outreach work is to ensure the survival of people living on the streets. Street outreach programs provide necessary supplies for living unsheltered and assist people to access emergency shelters, especially during very cold or hot times of the year.

Street outreach programs are more prevalent in urban centers than rural areas. Often, this discrepancy exists because of several factors, including access to funding, number of potential unsheltered individuals needing assistance, and difficulty covering large rural areas. However, rural, or non-urban communities can and should operate street outreach programs to connect the most vulnerable members of the homeless population to necessary services and permanent housing. Street outreach in rural or non-urban areas will take more planning and more time to adequately engage the target population. Creating known locations lists that programs can visit and add to over time, regularly engaging community providers, including law enforcement and other city and county departments coming into contact with unsheltered people, and creatively including homeless and formerly homeless individuals to assist in engagement of this population are necessary in rural or non-urban areas to provide effective street outreach.

Street outreach programs should operate with a Housing First approach. Housing First programs believe that anyone can and should be housed and the barriers to permanent housing should be minimized. Housing First allows street outreach programs to move unsheltered individuals more quickly from places not meant for human habitation into permanent housing.

Every street outreach program within the NC Balance of State should participate in the local community's coordinated entry system. In the NC BoS CoC, each community utilizes the Prevention and Diversion screening tool to help divert people from homelessness and assess their needs for emergency services, and the Homeless Assessment and Referral Tool (HART) to assess client service needs and set priorities for permanent housing. Housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. Street outreach programs should administer HART as soon as appropriate, eschewing the agreed upon 14-day waiting period, to quickly get clients onto the community's waiting list for permanent housing.

## **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) has been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate 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 as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional 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 not 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 homelessness 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). CoC's 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, gender identity, 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 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.

**Housing First:** A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.<sup>5</sup>

**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. Like Housing First, 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 to transition households experiencing homelessness into permanent housing within 24 months.

## **PERFORMANCE STANDARDS**

### **PERSONNEL**

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

### **Benchmarks**

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<sup>5</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with unsheltered individuals and families.
- 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 programs should use the Homeless Management Information System (HMIS) wherein all end users must abide by the HMIS@NCCEH 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 unsheltered individuals and families.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- The organization will train program staff on general topics such as self-care, teamwork, boundaries and ethics, and personal safety. It will also train staff on specific skills necessary to effectively connect with unsheltered individuals, including, but not limited to, relationship-building, motivational interviewing, cultural competence, effective referrals and linkages, basic medical and mental health care, and conflict de-escalation.
- The organization should share and train all program staff on the NC Balance of State CoC Street Outreach Written Standards.

### **OUTREACH AND ENGAGEMENT**

**STANDARD:** Programs will locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs, mainstream social services, and permanent housing programs.

#### **Benchmarks**

- All participants must meet the following program eligibility requirements for street outreach programs:

- Unsheltered homeless, living in places not meant for human habitation such as campsites, abandoned buildings, bus or train stations, in cars, or under bridges (see definitions listed above for Category 1 (i)).
- All ESG recipients must use the standard order of priority for documenting evidence to determine unsheltered homeless status. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
  - Third-party documentation (including HMIS)
  - Intake worker observations through outreach and visual assessment
  - Self-certification of the person receiving assistance
- Programs should engage individuals, make an initial assessment of needs, and determine unsheltered homeless status. During outreach, if programs determine that an individual does not meet the definition of unsheltered homelessness, they should still connect any literally homeless person needing assistance to the local coordinated entry system to access needed services, but not enroll them for expanded services in the street outreach program.
- Programs can only turn away unsheltered individuals from program entry for the following reasons:
  - The individual does not meet the unsheltered homeless definition
  - The safety of staff is at imminent risk
- Programs cannot disqualify an individual or family from entry because of employment status or lack of income.
- Programs cannot disqualify an individual or family because of evictions or poor rental history.
- Programs may make services available and encourage engaged individuals to participate in higher level services but cannot make service usage a requirement. Street outreach programs should continue to outreach and engage unsheltered individuals on a regular basis, offering them higher level services and ensuring basic needs are met.
- Programs will maintain releases 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 strictly reserved for case workers and administrators who need said information.
- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants.

## **STREET OUTREACH**

**STANDARD:** Street outreach programs will provide assertive outreach and engagement to unsheltered individuals living in places not meant for human habitation, and assist them in accessing emergency shelter, physical and behavioral health services, income supports, and permanent housing.

### **Benchmarks**

- Street outreach programs will assertively outreach and engage unsheltered individuals where they are, seeking them in campsites, under bridges, near entrance and exit ramps to roads and highways, in abandoned buildings, living in bus or train stations, or other places not meant for human habitation.
- Street outreach programs will collaborate with local service or basic needs providers and organizations where unsheltered individuals seek basic services such as food pantries, crisis centers, community centers, day shelters, and others, setting up regularly scheduled times to outreach and engage unsheltered individuals in these locations.
- Street outreach programs should provide outreach and engagement, crisis intervention counseling, case management, emergency and permanent housing planning, employment and other income assistance, and life skills training. Program staff should help unsheltered individuals connect to physical and mental health services, substance abuse treatment, transportation, services for special populations (i.e., developmental disabilities, HIV/AIDS), and other mainstream services, including public benefits such as Social Security Disability, Medicaid/Medicare, Food Stamps, TANF. Street outreach programs should not deny or terminate services to individuals unwilling or unable to obtain higher level services or follow a basic case management plan.
- Street outreach programs must actively participate in their community's coordinated entry system. Program staff should assess unsheltered individuals with HART and advocate for permanent housing for these individuals at the local case conferencing meeting.
- Street outreach programs shall not charge money for any housing or supportive service provided.
- Street outreach programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.

### **CASE MANAGEMENT SERVICES**

**STANDARD:** Street outreach programs shall provide access to case management services by trained staff to any unsheltered individual, matching participants' needs, and desire.

### **Benchmarks (Standard available services)**

- Street outreach staff provide regular and consistent case management to program participants based on the individual’s specific needs and the level at which the participant desires. Case management includes:
  - Building trusting, lasting relationships with unsheltered individuals.
  - Providing access to basic needs, including identification, health care services, public benefit enrollment, food, clothing, and hygiene items.
  - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the participant. Program staff should engage participants in an individualized housing and services plan. Participants do not need to access additional services to be referred to permanent housing providers.
  - Helping clients to create strong support networks and participate in the community, as they desire.
  - Encouraging unsheltered individuals to seek emergency shelter and advocating with local shelter providers to accept and work with the individual. The program can and should continue to work with an unsheltered participant who accesses emergency shelter to serve as an advocate and liaison to higher level services such as permanent housing.
  - Creating a path for clients to permanent housing through providing rapid re-housing or permanent supportive housing or a connection to another community program that provides these services. Program staff should conduct HART as quickly as possible and ensure participants information is added to the community’s waiting list.
- Street outreach staff or other programs connected to the outreach program through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others.
- Street outreach 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.

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

- Representative payee services.
- Basic life skills, including consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).

- 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 matters (warrants, minor infractions).

### **TERMINATION**

**STANDARD:** 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 (24 CFR 576.402). The NC BoS CoC recommends programs work with other community service providers to develop a board to hear client grievances.

#### **Benchmarks**

- In general, the program may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for participants who feel the street outreach program wrongly terminated assistance.
- Programs should only terminate assistance when a participant has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the participant a chance to receive further assistance.

### **CLIENT AND PROGRAM FILES**

**STANDARD:** Street outreach programs will keep all client 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 at 24 CFR 576.500 and the state ESG office, service plans, case notes,

referral lists, and service activity logs including services provided directly by the street outreach program and indirectly by other community service providers. ESG requires:

- Documentation of unsheltered homeless status (see above for the priority of types of documentation)
  - Determination of ineligibility, if applicable, which shows the reason for this determination
  - Program participant records
  - Documentation of using the community's coordinated entry system
  - 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 into 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 participant enters and exits the program, enter HUD required data elements, and update the participant's information as changes occur.
  - Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the participant as appropriate, except to program staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All programs must have a consent for release of information form for participants to use to indicate consent in sharing information with other parties.
  - All records pertaining to ESG 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.

### **FAIR HOUSING POLICY**

**STANDARD:** Street outreach programs, as part of their work to assist households access permanent housing resources, 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.
- Make available the Fair Housing Public Notice (see Appendix A of the CoC's Fair Housing Policy) when applicable during housing conversations and goal planning.
- Assist households who may need to ask for a reasonable accommodation or a reasonable modification to fully access available housing units.
- Assist households to locate and choose permanent housing based on their needs and desires, ensuring they have a range of choices in various geographic areas regardless of race, color, national origin, religion, sex (including actual or perceived gender identity and sexual orientation), familial status, and disability.
- 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:** Street outreach programs will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing unsheltered homelessness.

### **Benchmarks**

- Agencies maintain written goals and objectives for their services to meet outcomes required by ESG.
- 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, adjusting 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.

## Transitional 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 Transitional Housing programs to a specific standard of care.

The US Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcome 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 program funds within the geographic area, CoCs must establish and consistently follow written standards for providing CoC assistance. At a minimum, these written 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)).
- Program standards that meet HUD's requirements for Transitional Housing to define policies and procedures for admission, diversion, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, and stalking.
- 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 Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

The NC Balance of State Continuum of Care developed the following Transitional 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 Program funding must adhere to these performance standards and will be monitored by the NC Balance of State Continuum of Care to ensure compliance. The NC BoS CoC recommends that transitional housing programs funded through other 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.

## **TRANSITIONAL HOUSING**

Traditionally, agencies have created transitional housing to provide an interim-housing option (18-24 months) for moderately vulnerable individuals and families prior to permanent housing.<sup>6</sup> Several common types of transitional housing programs exist, including: HUD CoC Program-funded transitional housing, Emergency Solutions Grant Program-funded transitional housing, VA Grant Per Diem housing, privately-funded transitional housing programs for survivors of/persons fleeing from domestic violence and individuals with substance abuse and alcohol addictions. Research has called into question the effectiveness of transitional housing both programmatically and financially, but many communities throughout the NC Balance of State CoC have transitional housing as a housing option. According to the research, service-rich transitional housing costs far more with far fewer exits to permanent housing than best practice programs such as rapid rehousing and permanent supportive housing, which permanently house individuals and families experiencing homelessness rather than providing a temporary housing option.<sup>7</sup> Rapid rehousing can accomplish the goals of transitional housing in a much more successful and cost-effective way. In light of this research, HUD has lowered its priority of funding transitional housing through the CoC and ESG programs.

The performance standards in this document attempt to provide guidance and insight as to how agencies can use transitional housing to achieve the best possible outcomes. Current transitional housing programs could target their services to special populations shown to respond effectively to this model. HUD has suggested that transitional housing programs may be appropriate to serve homeless youth, those in recovery, and those fleeing domestic violence

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<sup>6</sup> <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

<sup>7</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

situations. Traditional transitional housing programs could also consider retooling to either rapid rehousing or permanent supportive housing programs, depending on geography, population, and local needs data (chronically homeless versus families, etc.).<sup>8</sup>

Nationally, many transitional housing programs are redirecting their resources toward providing a truly interim housing solution for high-need, high-acuity individuals and families experiencing homelessness. In the NC Balance of State, emergency shelters continue to turn away high-need individuals and families. This is where transitional housing programs can play an essential role by providing triage or interim beds for individuals and families experiencing chronic homelessness or others with multiple disabling conditions that inhibit them from entering shelter. Transitional housing programs can provide a short-term housing solution for individuals and families who cannot access traditional emergency shelter but need a place to stay until rapid rehousing and permanent supportive housing providers can identify a suitable permanent housing placement, a model known as bridge housing.<sup>9</sup> With intensive services and no negative effects due to shorter stays, transitional housing, with a few minor changes, could provide a powerful interim housing solution rather than a high-cost “housing readiness” approach.

Every transitional housing program within the NC Balance of State should participate in their local community’s coordinated entry system. In the NC BoS CoC, each community utilizes the Prevention and Diversion screening tool and Homeless Assessment and Referral Tool (HART) to set priorities and housing triage methods, while 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 literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

## **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 to addressing these issues.

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<sup>8</sup> [http://www.endhomelessness.org/page/-/files/Retooling Transitional Housing Checklist.pdf](http://www.endhomelessness.org/page/-/files/Retooling%20Transitional%20Housing%20Checklist.pdf)

<sup>9</sup> <https://www.hudexchange.info/resources/documents/Deputy-Secretary-of-Veterans-Affairs-Letter-to-GPD-Grantees.pdf>

**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). CoC’s 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, gender identity, 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.

**Housing First:** A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer

supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.<sup>10</sup>

**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. Like Housing First, 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.

## **PERFORMANCE STANDARDS**

### **PERSONNEL**

**STANDARD:** The program 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 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.

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<sup>10</sup> <http://www.endhomelessness.org/page/-/files/4.2%20Housing-Focused%20Emergency%20Shelter%20-%20Ralph%20Payton.pdf>

- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skills areas relevant to assisting clients in the program.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the HMIS@NCCEH 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 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 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 Transitional Housing Written Standards.

### **CLIENT INTAKE PROCESS**

**STANDARD:** Programs will actively participate in their community's coordinated entry system. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance.

### **Benchmarks**

- All adult program participants must meet the following program eligibility requirements:
  - 18 years or older
  - Literally homeless, imminently at risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homelessness definition)
- Programs may not require clients to meet additional program eligibility requirements except for the following:
  - Chronically homeless
  - Residency requirements (abiding by the language of the occupancy agreement)
  - All CoC and ESG recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless

status. Grantees must document in the client file that the agency attempted to obtain documentation in the preferred order. The order should be as follows:

- Third-party documentation (including HMIS)
- Intake worker observations through outreach and visual assessment
- Self-certification of the person receiving assistance
- Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:
  - Household make-up (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 program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
- Programs cannot disqualify an individual or family from entry because of employment status or lack of income.
- Programs cannot disqualify an individual or family because of evictions of poor rental history.
- Programs may make services available and encourage adult household members to participate in program services but cannot make service usage a requirement to deny initial or ongoing assistance.
- 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 strictly reserved for case workers and administrators who need said information.

### **TRANSITIONAL HOUSING**

**STANDARD:** The program will provide safe, affordable housing that meets clients' needs in accordance with the client intake process and guidelines set by the US Department of Housing and Urban Development.

### **Benchmarks**

- When providing or arranging for housing, the program must consider the needs of the individual or family experiencing homelessness.
- The program provides assistance in accessing suitable permanent housing.
- The program may provide assistance with moving costs (24 CFR 578.53(e)(2)).

- The program has participants sign occupancy agreements or subleases, regardless of whether the agency owns the housing units or not (24 CFR 578.77(a)).
- The program enters into an agreement with clients for at least one month and up to 24 months (24 CFR 578.79). The program should work with the client to minimize their time in temporary housing and consistently and regularly evaluate and engage them for permanent housing placement.
- In accordance with 24 CFR 578.77, programs do not have to charge clients occupancy fees. However, if the program does charge occupancy fees, the program must impose them on every household served by the program. If the program charges occupancy fees, they may not 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.

Programs must outline the occupancy payment policy as part of its program manual.

- Programs providing housing to families may not deny housing to a family on the basis of age and gender of a child under the age of 18 years of age.
- Programs must actively participate in their community's coordinated entry process.
- Programs must review and ensure that their program policies do not create undue barriers to program entry and program participation.

### **CASE MANAGEMENT SERVICES**

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

#### **Benchmarks (Standard available services)**

- Transitional housing programs provide regular and consistent case management to clients based on the individual's or family's specific needs. Case management includes:
  - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the client(s).
  - Assisting clients to maintain their transitional housing placement in a safe manner and understand how to get along with fellow residents.
  - Helping clients to create strong support networks and participate in the community, as they desire.

- Creating a path for clients to permanent housing as quickly as possible through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
- Using the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
- Programs provide individualized budgeting and money management services to clients as needed.
- Program staff or other programs connected to the transitional housing program through a formal or informal relationship will assist clients in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.
- 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.

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

- Representative payee services.
- Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, obtaining vital documents (social security cards, birth certificates, school records).
- 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, job search, 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 matters (warrants, minor infractions).
- Ongoing assistance with food, clothing, and transportation.

**TERMINATION**

**STANDARD:** 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 (24 CFR 578.91). BoS recommends programs work with other community service providers to develop a board to hear client grievances.

### **Benchmarks**

- The program may terminate services when clients violate the terms of their occupancy agreement.
- If the program terminates services for reasons other than the above, it is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. This includes 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 the client(s) with a written copy of the program rules and the termination process before the client(s) begins receiving assistance and keep a copy signed by the client in the file.
  - Written notice to the client containing a clear statement of the reasons for termination.
  - Review of the decision, in which the client(s) can present written or oral objections before a person other than the person who approved the termination decision.
  - Prompt written notice of the final decision to the client.
- Programs follow a termination process and have a process for appeals/grievances in accordance with 24 CFR 578.91 in regard to due process. Programs provide this information to clients at the beginning of the program and if/when the termination of services occurs with a signed copy kept in the client file.
- Termination does not bar the program from providing further assistance at a later date to the same individual or family. Programs should never carry a “barred list” of clients unless said client has presented a terminal risk to staff or other clients.
- Programs should not terminate clients from services because of entry into an institution (medical, mental health, substance abuse, jail). Providers can maintain open units for individuals and families who are institutionalized for a maximum of 90 days.

### **FOLLOW-UP SERVICES**

**STANDARD:** Programs must ensure a continuity of services to all clients exiting their programs. Agencies can provide these services directly or through referrals to other agencies.

### **Benchmarks**

- Using the Case Management Tool, programs work with clients to develop exit plans for clients whose forward progress demonstrates potential success (acuity score threshold to be determined by the community’s coordinated entry system) in market rate or subsidized housing. Programs should work with clients to exit when they meet this threshold score even if they have not reached the maximum number of months in the program.
- Programs prioritize the development of exit plans for each client to ensure continued permanent housing stability and connection to community resources, as desired.
- Programs should attempt to follow up with clients through verbal or written contact at least once after the client exits services. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services.

### **CLIENT AND PROGRAM FILES**

**STANDARD:** Transitional housing programs will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services

### **Benchmarks**

- Client files should, at a minimum, contain all information and forms required by HUD (24 CFR 578.103 for CoC and 24 CFR 576.599 for ESG) and the state ESG office, service plans, case notes, referral lists, and service activity logs, including services provided directly by the transitional housing program and indirectly by other community service providers. Programs should have:
  - Documentation of homeless status (see above for the priority of types of documentation).
  - Determination of ineligibility, if applicable, which shows the reason for this determination.
  - Annual income evaluation.
  - 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 participant requirement.
  - Faith-based activity requirements, 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 clients' information as changes occur.
- Program 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 HUD CoC or ESG 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:** Transitional housing programs, as part of their work to assist households access permanent housing resources, 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).
- Assist households who may need to ask for a reasonable accommodation or a reasonable modification to fully access available housing units.
- Assist households to locate and choose permanent housing based on their needs and desires, ensuring they have a range of choices in various geographic areas regardless of race, color, national origin, religion, sex (including actual or perceived gender identity and sexual orientation), familial status, and disability.

- 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:** Transitional 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 and ESG 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.
- Programs that regularly operate below 100% utilization of their beds must review their eligibility criteria and program rules to ensure they are not screening out households who need program beds to transition into permanent housing.
- Program must follow other Federal requirements for CoC programs at 24 CFR 578.99 and for ESG programs at 24 CFR 576.407, as applicable.

## 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 NC BoS CoC has used [the Key Elements of Permanent Supportive Housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration \(SAMHSA\). This document provides details on 9 standards that would qualify programs as effective at ending homelessness.](#)

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 and the US Department of Veteran Affairs
- 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 and the US Department of Veteran's Affairs VA Supportive Housing (VASH) 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>11</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. Permanent supportive housing is designed for persons with disabilities, including severe mental health, physical health, HIV/AIDS, and/or substance abuse disorders, especially targeting individuals and families meeting the US Department of Housing and Urban Development's definition of chronic homelessness. Types of permanent supportive housing include HUD CoC Program Permanent Supportive Housing, HUD-VASH, and other housing programs created specifically to house this population through tenant-based rental assistance.

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<sup>11</sup> <https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html>

Successful permanent supportive housing programs use the national best practice called Housing First, the model in which programs house all persons immediately without preconditions such as sobriety, income, or behavioral requirements and pair supportive services matched to the needs of the household.<sup>12</sup> Long-term studies demonstrate that individuals and families experiencing homelessness, even chronic homelessness, can move into a home with case management, follow a standard lease, and successfully remain in housing over a long period of time. Permanent supportive housing programs with preconditions for entry and overly burdensome program rules cause this high-need population to regularly fail in housing or drive programs to target lower-need individuals who do not need permanent supportive housing programs to successfully remain housed.

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 longest time homeless and the highest needs.

## **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

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<sup>12</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

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, gender identity, 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.

**Housing First:** A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.<sup>13</sup>

**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. Like Housing First, 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)

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<sup>13</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

**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 DEDICATED OR PRIORITIZED CHRONICALLY HOMELESS BEDS**

**STANDARD:** Programs receiving CoC Program-funded permanent supportive housing which have dedicated or prioritized their beds to serve individuals and families experiencing chronic homelessness must follow the order of priority in accordance with the Order of Priority section in Notice CPD-16-11<sup>14</sup> when selecting participants for housing. Grantees must exercise due diligence when conducting outreach and assessment to ensure the program serves people in the order of priority as adopted by the NC Balance of State Continuum of Care.

### **Benchmarks**

- *First Priority:* Chronically homeless individuals and families as defined in 24 CFR 578.3 with the longest histories of homelessness AND the most severe service needs (as found through the acuity score on HART with information from community stakeholders).
  - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a Safe Haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
  - The chronically homeless individual or head of household of a family has severe service needs as assessed through HART. This person has a history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- *Second Priority:* Chronically homeless individuals or families with the longest history of homelessness that meet the following:
  - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
  - The chronically homeless individual or head of household of a family has not been identified to meet the severe service needs described in priority one.

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<sup>14</sup> <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

- *Third Priority:* Chronically homeless individuals or families with the most severe service needs.
  - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a Safe Haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months but less than others identified in the community needing permanent housing; and
  - The chronically homeless individual or head of household of a family has severe service needs as assessed through HART. This person has a history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- *Fourth Priority:* All other chronically homeless individuals or families.
  - The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a Safe Haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total of the four separate occasions is less than 12 months; and
  - The program has not identified the chronically homeless individual or head of household of a family, who meets all of the criteria of a chronically homeless person or family, as having severe service needs.

**ORDER OF PRIORITY FOR CoC PROGRAM FUNDED NON-DEDICATED OR NON-PRIORITIZED CHRONICALLY HOMELESS BEDS**

**STANDARD:** Programs receiving CoC Program funded permanent supportive housing that do not dedicate or prioritize their beds for individuals and families experiencing chronic homelessness must first follow the order of priority as mentioned in the section above: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds. However, if the community does not have any chronically homeless individuals or families or someone meeting the priority listing above cannot be identified within 30 days, programs will prioritize their beds in accordance with the Order of Priority section in Notice CPD-16-11<sup>15</sup> for non-dedicated or non-prioritized beds when selecting participants for housing.

**Benchmarks**

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<sup>15</sup> <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

- *First Priority:* Priority listing under section: Order of Priority for CoC Program-funded Dedicated or Prioritized Chronically Homeless Beds.
- *Second Priority:* Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs.
  - An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
- *Third Priority:* Homeless individuals and families with a disability with severe service needs.
  - An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a Safe Haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
- *Fourth Priority:* Homeless individuals and families with a disability coming from places not meant for human habitation, safe havens, or emergency shelters without severe service needs.
  - An individual or family is eligible for CoC Program funded-PSH who is residing in a place not meant for human habitation, a Safe Haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
- *Fifth Priority:* Homeless individuals and families with a disability coming from transitional housing.
  - An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter or Safe Haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a Safe Haven prior to entry in the transitional housing.

## **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 the most vulnerable 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.
- 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 and programs that have committed to prioritize turnover beds to people experiencing chronic homelessness).
  - Homeless veterans (for HUD-VASH programs).
  - Residency requirements (abide by the language of the lease).
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
- Programs focus on engaging participants by explaining available services and encouraging each adult household member to participate in said services, but programs do not make service usage a requirement or the denial of services a reason for disqualification or eviction.
- 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 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 NOFA for the year of the award.
- Programs must provide evidence of a diagnosis of one or more of the following conditions (for the CoC program, one adult OR child in the family would qualify): substance use disorder, 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 or the VA.
- 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 will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.<sup>16</sup>
- 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.<sup>17</sup>
- 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.
- For HUD-VASH permanent supportive housing programs, participants must follow rent payment guidelines of the Housing Choice Voucher program.

## **CASE MANAGEMENT SERVICES**

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<sup>16</sup> See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

<sup>17</sup> See the signature form with responsibilities: <http://www.ncceh.org/files/6274/>

**STANDARD:** Programs shall provide access to intensive case management services by trained staff to each individual and/or family in the program. Programs should note acceptance or refusal of all services offered in thorough case notes.

**Benchmarks (Standard Available Services)**

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.<sup>18</sup>
- 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.

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<sup>18</sup> See SAMHSA’s Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

- 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**

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.<sup>19</sup>
- 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.

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<sup>19</sup> See SAMHSA’s Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

- 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), and the VA, 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 assessment 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 (including actual or perceived gender identity and sexual orientation), 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 and VA 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.

# Homelessness Prevention and Rapid Rehousing 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 homelessness prevention and rapid rehousing programs to a specific standard of care.

The NC BoS CoC has used the Rapid Rehousing Performance Benchmarks and Program Standards document published by the National Alliance to End Homeless in partnership with the U.S Department of Veteran Affairs, the U.S Department of Housing and Urban Development, the U.S. Interagency Council on Homelessness, Abt Associates, other federal technical assistance providers, and nationally recognized high-performing rapid rehousing providers. This document provides details on performance benchmarks that would qualify programs as effective at ending and preventing homelessness.<sup>20</sup>

The US Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under 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, 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, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written 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 homelessness prevention and rapid rehousing programs, program standards to define policies and procedures for prioritization of eligible households, to set the percentage or amount of financial assistance and housing stabilization services to households, and to determine the length of time the assistance will last.

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<sup>20</sup> <http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards>

- 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 homelessness prevention and rapid rehousing 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 and the US Department of Veteran Affairs
- 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, Emergency Solutions Grant, VA SSVF, and HOME TBRA funding must adhere to these performance standards. Programs funded through the Continuum of Care and Emergency Solutions Grant will be monitored by the NC Balance of State Continuum of Care to ensure compliance. The NC BoS CoC recommends that homelessness prevention and rapid rehousing programs funded through other 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.

Some requirements and parameters for homelessness prevention and rapid rehousing assistance vary from program to program. It will be necessary to refer to the regulation for each program along with these program standards (CoC: 24 CFR 587; ESG: 24 CFR 576; SSVF: 38 CFR 62; HOME: 24 CFR 570). The program standards note many of the differences below in each of the following sections. For other helpful documents to check for compliance with requirements, see the footnotes below.<sup>21</sup>

## **HOMELESSNESS PREVENTION AND RAPID REHOUSING**

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<sup>21</sup> [https://www.hudexchange.info/resources/documents/Rapid\\_Re-Housing\\_ESG\\_vs\\_C.oC.pdf](https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_C.oC.pdf); [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/administration/hudclips/handbooks/cpd/6509.2](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/6509.2)

Rapid rehousing provides an immediate permanent housing solution for vulnerable homeless individuals and families by providing short-term or medium-term rental assistance and services.<sup>22</sup> Common publicly-funded types of rapid rehousing programs include HUD CoC Program-funded rapid rehousing, Emergency Solutions Grant Program-funded rapid rehousing, Supportive Services for Veteran Families (SSVF) programs funded through the US Department of Veteran Affairs, and Tenant-Based Rental Assistance programs funded through the HOME Investments Partnership (HOME) formula grant program. Research shows rapid rehousing to be one of the most effective types of homeless service programs to end homelessness from a financial and housing stability perspective.<sup>23</sup>

In general, rapid rehousing programs have latitude in determining the target population the program will serve and a great degree of flexibility in how programs apply subsidies, in duration and amount, to house and stabilize individuals and families experiencing homelessness. Many rapid rehousing programs focus on ending homelessness among youth and family populations. Other programs focus exclusively on veterans and veteran families. Still others design their programs to target the needs of families, survivors of domestic violence, or persons experiencing chronic or episodic homelessness. Rapid rehousing is an intervention that can adapt to serve individuals, families, and youth with a variety of housing barriers.

Homelessness prevention programs can play an important role in ending homelessness. Like rapid rehousing programs, homelessness prevention programs can focus financial assistance and housing stabilization services on specific populations, including survivors of domestic violence, families with children, and formerly homeless individuals and families. While research clearly shows the effectiveness of rapid rehousing programs on reducing homelessness in communities, homelessness prevention programs demonstrate mixed results. In order to end homelessness, communities understand they must prevent new episodes of homelessness and returns to homelessness for individuals and families in housing crises. However, it can be difficult to determine which households would have become homeless if not for this intervention. Data suggests that only one out of ten households presenting to prevention programs would actually become homeless without financial assistance. In light of this research, homelessness prevention programs should target their limited financial assistance and housing stability resources appropriately and develop methods to determine which households are at greatest risk of becoming homeless. In order to do so, prevention programs are encouraged to focus their spending on households who are at imminent risk of homelessness (within 72 hours) or those households who can be diverted from the shelter system with the aid of financial assistance. Homelessness prevention

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<sup>22</sup> <https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html>

<sup>23</sup> <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000265-Rapid-Re-housing-What-the-Research-Says.pdf>

programs should target their funding towards households that have similar characteristics to the general homeless population in their community.

No matter the focus population, all NC BoS CoC homelessness prevention and rapid rehousing programs should adopt a Housing First philosophy by reducing barriers to eligibility (i.e., no income, sobriety, and rental history) and housing people as quickly as possible. These programs should also participate in their local coordinated entry process, including the local prioritization of individuals for housing. In the NC Balance of State CoC, each community utilizes the Prevention and Diversion screening tool and 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 literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

## **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 to 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). CoC’s have ultimate responsibility to implement coordinated assessment 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, gender identity, 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.

**Housing First:** A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.<sup>24</sup>

**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. Like Housing First, 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.

## **PERFORMANCE STANDARDS**

### **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**

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<sup>24</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

- 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 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.
- Program designates staff whose responsibilities include identification and recruitment of landlords, encouraging them to rent to homeless households served by the program. Staff have the knowledge, skills, and agency resources to: understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. Grantees should train their case management staff who have housing identification responsibilities on this specialized skill set to perform the landlord recruitment function effectively.
- 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 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. Ideally, homelessness prevention and rapid rehousing programs would have dedicated staff for housing identification and landlord recruitment. However, if programs do not have the capacity to have dedicated staff, case manager job descriptions must include responsibilities for landlord recruitment and negotiation.
- Case managers provide case management with the designated Case Management Tool on a frequent basis (minimum of monthly) for all clients.
- Organizations should share and train all program staff on the NC Balance of State Homelessness Prevention and Rapid Rehousing Written Standards.

### **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. At a minimum, programs will perform the Prevention and Diversion screening tool to determine the ability of the program to divert the presenting household from the homeless service system and/or HART on all program applicants to determine their acuity score. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance.

### **Benchmarks**

- All adult program participants must meet the following program eligibility requirements:
  - Rapid rehousing programs work with households who meet the definition of homelessness in the definitions section of the performance standards (CoC RRH programs may work with participants in Categories 1 and 4. ESG RRH programs may work with participants in Category 1 and literally homeless participants in Category 4). SSVF programs should follow specific guidelines for eligible participants.
  - Homelessness prevention programs work with households who meet the at-risk of homelessness definition (Category 2) in the definitions section of the performance standards.
  - Adult household members have the ability to participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
  - CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the award.
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
- Programs explain the available services, encouraging each adult household member to participate in said services, but does not make service usage a requirement or the refusal of services a reason for disqualification or eviction unless service requirements are attached to funding (SSVF grants have a service requirement).
- Programs must use the standard order of priority of documenting evidence to determine homeless status and chronically homeless status 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. The order should be as follows:
  - Third-party documentation (including HMIS)
  - Intake worker observations through outreach and visual assessment

- Self-certification of the person receiving assistance
- 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.
- 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
  - Prevention and rapid rehousing subsidy money has been exhausted
  - 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 persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
  - For SSVF and HOME programs only, the family or individual has household income over 50% of area median income

## **HOMELESSNESS PREVENTION**

**STANDARD:** Programs will assist participants in staying in their current housing situation, if possible, or assist households at imminent risk of homelessness to move into another suitable unit as defined under the specific program type.

### **Benchmarks**

- Programs are encouraged to target prevention funds toward community diversion efforts. When paying financial assistance to divert households from homelessness, programs should target assistance to the households most likely to experience homelessness if not for this assistance.
- Programs explain program rules and expectations prior to admitting the individual or family into the program. Programs will have rules and expectations that ensure fairness and avoid arbitrary decisions that can vary from client to client or staff to staff.
- In evaluating current housing, programs consider the needs of the individual or family living there to decide if the current unit meets Housing Quality Standards and long-term sustainability (ESG and SSVF only).
- When moving the individual or family into a new unit, programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, etc. 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 and the program signing a rental assistance agreement with the landlord.

- Programs may provide assistance with rental application fees (ESG and SSVF only), moving costs (ESG, CoC, and SSVF only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.
- Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner.
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program participant.
- Programs will determine the amount that households will contribute toward their monthly rent payment. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program participants must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months, and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term.
- Programs may provide no more than 3 months of rental and utility assistance to a participating household for homelessness prevention. If the household needs more than 3 months of financial assistance, the agency Executive Director or their designated proxy may extend financial assistance month-to-month based on proof of continued need and demonstrated efficacy of stated housing sustainability plan.
- Use with other subsidies: Except for one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public

sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.

## **RAPID REHOUSING**

**STANDARD:** Programs will assist participants in locating and moving into safe, affordable housing, providing housing stabilization and case management services meant to provide long-term sustainability as defined under the specific program type.

### **Benchmarks**

- Programs explain program rules and expectations prior to admitting the individual or family into the program. Programs have rules and expectations that ensure fairness and avoid arbitrary decisions that vary from client to client or staff to staff.
- Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, 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 and the program signing a rental assistance agreement with the landlord.
- Programs may provide assistance with rental application fees (ESG, CoC and SSVF only), moving costs (ESG, SSVF, and CoC only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.
- Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner. Initial lease agreements should be for one year, renewable for a minimum term of one month and terminable only for cause. HOME TBRA leases should not have prohibited lease provisions (24 CFR 92.253).
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or

any complaint used under state or local law to commence a legal eviction against a program participant.

- Programs should take a progressive approach when determining the amount that households will contribute toward their monthly rent payment. Programs should remain flexible, taking into account the unique and changing needs of the household. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program participants must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term. Programs should have written policies and procedures for determining the amount of rent participants pay towards housing costs. This amount must be reasonable based on household income (this could potentially be 50-60% of their monthly income), including \$0 for households with no income. These policies should also address when and how programs use financial assistance as a bridge to housing subsidy or a permanent supportive housing program.
- When determining the amount and length of financial assistance, programs should base their decision on the needs of the household and its long-term housing stability plan. Programs should have well-defined policies and procedures for determining the amount and length of time for financial assistance to program participants as well as defined and objective standards for when case management and/or financial assistance should continue or end. Programs must review the amount of rental assistance provided every 3 months and continued need determined through consultation between the participant and the case manager. Programs should review regulations for the funding source to determine maximum months they can pay for rental assistance.
- Use with other subsidies: Except for one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.
- HUD CoC Program grantees will adhere to the responsibilities of grant management outlined by the NC BoS CoC.<sup>25</sup>

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<sup>25</sup> See the signature form with responsibilities: <http://www.ncceh.org/files/6274/>

## **HOUSING STABILIZATION/CASE MANAGEMENT SERVICES**

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

### **Benchmarks**

- Programs provide individual housing stabilization and/or case management services to program participants at least monthly. These services include:
  - Housing stability services to assist participants in locating and obtaining suitable, affordable permanent housing, including:
    - Assessment of housing barriers, needs, and preferences.
    - Development of an action plan for locating housing.
    - Housing search.
    - Outreach to and negotiation with landlords or property owners.
    - Tenant counseling.
    - Assessment of housing for compliance with program type requirements for habitability, lead-based paint and rent reasonableness.
    - Assistance with submitting rental applications.
    - Understanding lease agreements.
    - Arranging for utilities.
    - Making moving arrangements.
    - Assuring participants have the basics at move-in, including simple furnishings, mattresses, and cooking utensils like pots and pans.
  - Case management services, including assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for participants who have obtained and maintained permanent housing through the homelessness prevention or rapid rehousing program by:
    - Developing, in conjunction with the participant, an individualized housing and service plan with a path to permanent housing stability.
    - Developing, securing, and coordinating services.
    - Obtaining federal, state, and local benefits.
    - Monitoring and evaluating program participants' progress towards goals.
    - Providing information about and referrals to other providers.
    - Conducting 3-month evaluations to determine ongoing program eligibility.
  - Programs may offer other services, including:
    - Legal services to resolve a legal problem prohibiting a program participant from obtaining or retaining permanent housing (only ESG and CoC), including:

- Client intake.
  - Preparation of cases for trial.
  - Provision of legal advice.
  - Representation of legal advice.
  - Counseling.
  - Filing fees and other necessary court costs.
- Mediation between the program participant and the owner or person(s) with whom the participant is living (only ESG and CoC).
  - Credit repair (only ESG and CoC), including:
    - Credit counseling.
    - Accessing a free personal credit report.
    - Resolving personal credit problems.
    - Other services needed to assist with critical skills related to household budgeting and money management.
- Case management includes the following types of contact: home visits, office visits, meeting in a location in the community, or phone calls (at least one visit per month must be in person). Programs should use the Case Management Tool as a guide for their case management services to program participants. Meeting times, place, and frequency should be mutually agreed upon by both the participant and case manager.
- CoC and ESG RRH programs must meet with participants at least once per month to assist the participant in long-term housing stability. Program staff must conduct an annual assessment of service needs.
- The program will evaluate the household for continued eligibility every three months or as changes are reported in household income and housing stability. To continue receiving homelessness prevention and rapid rehousing assistance, the household must demonstrate:
  - Lack of resources and support networks. The household must continue to lack sufficient resources and support networks to retain housing without program assistance.
  - Need. The program must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.
  - For ESG, at the 12-month annual recertification, the client's income must be at or below 30% Area Median Income.

### **SERVICE COORDINATION**

**STANDARD:** Programs will assist program participants in obtaining appropriate supportive services and other federal, state, local, and private assistance as needed and/or

requested by the household. Program staff will be knowledgeable about mainstream resources and services in the community.

### **Benchmarks**

- Programs should arrange with appropriate community agencies and individuals the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; substance abuse assessments and treatment; legal services, credit counseling services; and other assistance requested by the participant, which programs do not provide directly to clients.
- Programs 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 coordinate with other mainstream resources for which participants may need assistance: emergency financial assistance; domestic violence shelters; local housing authorities, public housing, and Housing Choice Voucher programs; temporary labor organizations; childcare resources and other public programs that subsidize childcare; youth development and child welfare; WIC; Supplemental Nutritional Assistance Program (SNAP); Unemployment Insurance; Social Security benefits; Medicaid/Medicare or other comparable services if available.
- For CoC Program RRH, in addition to one-time moving costs and case management, other eligible supportive service costs include: childcare, education and employment services, food, housing search and counseling, legal services, life skills training, mental health and outpatient health services, outreach services, substance abuse treatment, transportation, and a one-time utility deposit.

### **TERMINATION**

**STANDARD:** Termination should be limited to 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**

#### ***Emergency Solutions Grant Homelessness Prevention and Rapid Rehousing***

- To terminate assistance to a program participant, the agency must follow the due process provisions set forth in 24 CFR 576.402 as follows:

- If a program participant violates program requirements, the grantee may terminate the assistance in accordance with a formal process established by the grantee, recognizing the rights of the individuals affected. The grantee must exercise sound judgment and examine all extenuating circumstances in determining when violations warrant termination so that programs terminate assistance to program participants in only the most severe cases.
- To terminate rental assistance and/or housing relocation and stabilization services to program participants, the required formal process, at a minimum, must consist of:
  - Written notice to the program participant 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;
  - Prompt written notice of the final decision to the program participant.
- Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.

***Continuum of Care Rapid Rehousing, HOME Tenant-Based Rental Assistance***

- 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 copy signed by client;
    - 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;

- Prompt written notice of the final decision to the program participant.

### ***Supportive Services for Veteran Families – Prevention and Rapid Rehousing***

- Limitations on and continuations of the provision of supportive services can be found under 38 CFR 62.35 as follows:
  - *Extremely low-income veteran families*: a participant classified as an extremely low-income veteran family will retain that designation as long as the participant continues to meet all other eligibility requirements.
  - *Limitations on the provisions of supportive services to participants classified under 62.11(c)*: a grantee may provide supportive services to a participant until the earlier of two dates:
    - The participant commences receipt of other housing services adequate to meet the participant's needs;
    - Ninety days from the date the participant exits permanent housing.
  - Supportive services provided to participants classified under 62.11(c) must be designed to support the participants in their choice to transition into housing that is responsive to their individual needs and preferences.
  - *Continuation of supportive services to veteran family member(s)*: if a veteran becomes absent from a household or dies while other members of the veteran family are receiving supportive services, then such supportive services must continue for a grace period following the absence or death of the veteran. The grantee must establish a reasonable grace period for continued participation by the veteran's family member(s), but that period may not exceed 1 year from the date of absence or death of the veteran, subject to the requirements of bullets (1) and (2) of this section. The grantee must notify the veteran's family member(s) of the duration of the grace period.
  - *Referral for other assistance*: if a participant becomes ineligible to receive supportive services under this section, the grantee must provide the participant with information on other available programs and resources.
  - *Families fleeing domestic violence*: Notwithstanding the limitations in 62.34 concerning the maximum amount of assistance a family can receive during a defined periods of time, a household may receive additional assistance if it otherwise qualifies for assistance under this part and is fleeing from a domestic violence situation. A family may qualify for assistance even if the veteran is the aggressor or perpetrator of the domestic violence. Receipt of assistance under this provision resets the maximum limitation for assistance under the regulations for the amount of support that can be provided in a given amount of time under 62.34.

## **FOLLOW-UP SERVICES**

**STANDARD:** Programs must ensure a continuity of services to all clients exiting their programs. 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 well as a list of prevention and diversion services available if another housing crises occurs, as desired.
- 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.

## **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), the state ESG office, and/or the VA; service plans; case notes; referral lists; and service activity logs, including services provided directly by the homelessness prevention or rapid rehousing program and indirectly by other community service providers. Programs should have:
  - Documentation of homeless status (for RRH) and at-risk of homelessness status (for homelessness prevention).
  - 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 assessment 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 ESG 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:** Rapid rehousing and homelessness prevention 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 RRH or HP are provided a similar range of housing choices in various geographic areas regardless of race, color, national origin, religion, sex (including actual or perceived gender identity and sexual orientation), 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**

**STANDARDS:** Homelessness prevention and rapid rehousing 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 or at-risk of homelessness.

### **Benchmarks**

- Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC and ESG programs or other funding sources. These written goals and objectives should strive to meet these performance benchmarks (for programs serving a high need population such as chronically homeless or no income, the CoC will take targeting efforts into account):
  - Reduce the length of time program participants spend homeless. Households served by the program should move into permanent housing in an average of 30 days or less.
  - Maximize permanent housing success rates. Programs should ensure that at least 80% of households exit to a permanent housing setting.
  - Decrease the number of households returning to homelessness. Programs should ensure that at least 85% of households exiting the program do not become homeless again within one year of exit.

- 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.

## Coordinated Entry Written Standards

### Overview

The North Carolina Balance of State Continuum of Care (NC BoS CoC) has developed these written standards to give specific guidelines for how best to operate regional coordinated entry systems to achieve the goal of making homelessness rare, brief, and non-recurring. These guidelines create consistency across the CoC's regions, protect our mutual clients by putting their needs first, and provide a baseline for holding all of the CoC's coordinated entry systems to a specific standard of care.

The US Department of Housing and Urban Development (HUD) requires every CoC to evaluate outcomes of projects funded under the Emergency Solutions Grants (ESG) Program and the CoC 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 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 for rapid rehousing and permanent supportive housing programs.
- 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 Homelessness Management Information System (HMIS) or comparable database for victim service providers.

The NC BoS CoC has developed coordinated entry written standards to ensure:

- System accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- System compliance with HUD regulations and priorities
- Consistency across regional coordinated entry systems
- Adequate staff competence and training, specific to the target population served

## **COORDINATED ENTRY**

Coordinated entry systems allow CoCs to coordinate program participant intake, assessment, and provision of referrals. The system covers a set geographic area, can be easily accessed by individuals and families experiencing homelessness or at-risk of homelessness seeking housing and services, is well advertised, and includes a comprehensive and standardized assessment tool.<sup>26</sup>

Any community can implement a coordinated entry system regardless of geography, housing resources, service availability, or unique community makeup. Communities can successfully create and operate coordinated entry with patience, persistence, testing, and revisions.

Whether a CoC, community or region uses the terms “coordinated entry,” “coordinated access,” “centralized intake,” or “coordinated intake,” the substance behind the name remains the same: transitioning from a “first come, first served” mentality to one that prioritizes the most vulnerable individuals and families in a community for the available housing interventions and sets a course for housing and services that meets the needs of all individuals and families experiencing homelessness or at-risk of homelessness.

Coordinated entry, when implemented correctly, prioritizes individuals and families who need housing the most across communities. This type of system moves beyond programs to create a collaborative environment across all services and program types in the community that can provide an informed way to target housing and supportive services to:

- Divert people away from the system who have other safe options for housing
- Quickly move people from homelessness to permanent housing by connecting them to the most appropriate housing program available
- Create a more effective and defined role for emergency shelters and transitional housing providers
- Save time, effort, and alleviate frustration on the part of service providers through targeting and engagement efforts
- Focus on efforts to end homelessness as a community
- Reduce the length of time homeless by moving people quickly into the appropriate housing
- Increase the likelihood of housing stability by targeting the appropriate housing intervention to corresponding needs
- Provide a picture of current system gaps in the community that need to be filled to end homelessness for all households

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<sup>26</sup> <https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html>

- Be good stewards of limited resources

Traditionally, communities did not have an organized, transparent system for entry and referral to housing and supportive services. Individual programs served only people presenting themselves at their front doors, taking clients on a “first come, first served” basis. While many communities still operate in this manner, years of research, re-thinking, and commitment to moving away from this linear approach, has shifted communities towards a collaborative systematic approach. These changes include:

Historic Practice is Program-Centric	Coordinated entry is Client-Centric
Should we accept this person into our program?	What housing and service intervention is the best fit for each individual or family?
Clients must tell their information to every program that they enter for services	Standard forms, assessment, and intake processes across all programs in the community
Uneven knowledge about existing programs, eligibility, and purpose in communities	Accessible information about housing and service options in the CoC, community or region

Building a strong coordinated entry system builds on and enhances the strengths of the community’s programs. When communities come together to implement coordinated entry, each program realizes success in multiple ways:

- *Programs receive eligible clients:* Programs receive appropriate referrals for participants whose needs and eligibility have already been determined.
- *Case managers can do case management:* When every program does their own intake, case managers often share most of this burden. When communities use a common assessment to share this workload, staff can realize real efficiencies in housing placement and case management.
- *Communities understand the resources they need most:* When communities coordinate the front door of their system, they begin to see who is accessing homeless and housing services and what their needs are. With this understanding, communities can begin to right-size their system to ensure that programs are there to meet the needs of households accessing the system.
- *Time, red-tape, and barriers are significantly reduced:* When community programs follow the same process and understand one another’s roles, workload is reduced for everyone.

**NC BALANCE OF STATE COC COORDINATED ENTRY GUIDING PRINCIPLES**

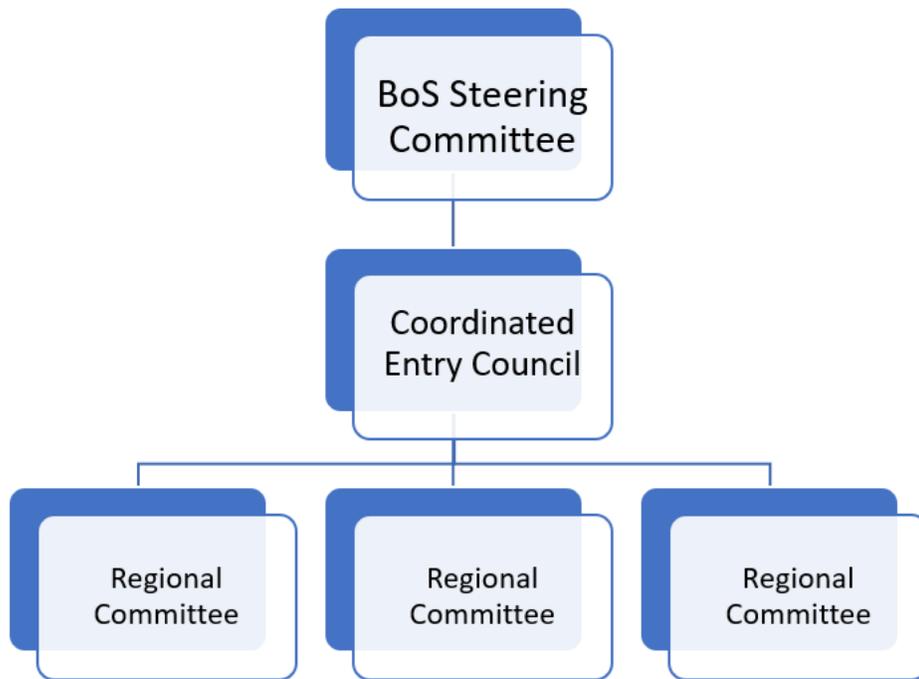
Across the NC BoS CoC, all regionally designed and operated coordinated entry systems will be:

- *Sustainable*: Regional Committees identify the resources required to operate a coordinated entry system now and for the foreseeable future.
- *Flexible*: Communities customize their coordinated entry system based on community needs, resources, and services available.
- *Transparent and accountable*: Participants understand what coordinated entry is doing and why. Agencies publish and make available their program rules and have a clear, fair grievance and appeals process for both participants and services agencies.
- *Housing-focused*: Individuals and families experiencing homelessness return to permanent housing within an average of 30 days, in compliance with HEARTH.
- *Client-focused*: The coordinated entry system is easily accessible, leaves no one behind, and accommodates participant choice and needs.
- *Collaboration-focused*: Regional Committees operate their systems with broad-based consensus and manage system responsibilities through strong partnerships where integrity is key and service providers hold one another accountable and exhibit a willingness to cooperate.
- *Easy-to-use*: System is well-advertised and known throughout the community. It does not inhibit providers from doing their job of ending homelessness.
- *Accessible*: The coordinated entry system is accessible to every individual and family experiencing homelessness or at-risk of homelessness, regardless of race, ethnicity, color, national origin, language, ancestry, religion, sex, age, familial status, , gender identity, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, etc.) status, marital status, interpersonal violence survivor status, or sensory, mental, or physical disability.

## **GOVERNANCE**

### **General Structure**

Local Regional Committees will design and administer coordinated entry in their communities with standards and governance provided by the NC BoS CoC Steering Committee. The Steering Committee will appoint a standing Coordinated Entry Council (CEC) to approve new Regional Committee coordinated entry plans and significant ongoing changes. The CEC will have representatives from each of the regional CE systems and other state-level experts.



### **Role of the Coordinated Entry Council (CEC)**

The NC BoS CoC Steering Committee defines membership of the Coordinated Entry Council through the CoC Governance Charter. The CEC provides oversight of the full CoC’s coordinated entry system to ensure regional coordinated entry plans meet the standards set forth in this document. The CEC approves significant plan changes and provides ongoing oversight of the full system to meet CoC and HUD priorities and mandates.

### **Role of Regional Committees**

Each Regional Committee will design and implement a local coordinated entry system within the parameters of the system standards provided. The standards give Regional Committees a supportive framework to use when implementing local systems as well as standardized assessment tools that will be uniform across the NC BoS CoC. These tools include: the Prevention and Diversion Screening Tool, the Homeless Assessment and Referral Tool (HART), and the Case Management Tool. This document describes these assessments in the definitions section and demonstrates their use throughout the document.

### **DEFINITIONS**

**Acuity:** When using the HART, acuity means the presence of a presenting issue based on the assessment score. Acuity on the assessment 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 to addressing these issues.

**Case Management Tool:** A standardized tool for case management to track participant progress in programs 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)

**Diversions:** Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate safe, 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, gender identity, 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 initial acuity and assist the CE system to prioritize households for permanent housing resources.

**Housing First:** A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.<sup>27</sup>

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<sup>27</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

**Prevention and Diversion Screening Tool (aka Emergency Response Screening):** 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 safe, 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. Like Housing First, 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.

### **ORDER OF PRIORITY FOR ESG and/or CoC Program Funded Permanent Housing**

#### **Benchmarks**

- *First Priority:* Individual or family with the most severe service needs (as found through the acuity score on HART).
- *Second Priority:* Individual or family with the highest HART acuity score AND experiencing unsheltered homelessness.
- *Third Priority:* Individual or family with highest HART acuity score AND longest length of time homeless.
- *Fourth Priority:* Individual or family with highest HART acuity score AND a disabling condition.
- *Fifth Priority:* Family with highest HART acuity score.

### **CLIENT INTAKE PROCESS THROUGH COORDINATED ENTRY**

**PROCESS:** Regional Committees determine whether their coordinated entry system will be *centralized* (designated agency or agencies within their community to handle intake and referrals) or *decentralized* (all agencies will employ the common assessment and referral system for intake). All programs will actively participate in their Regional

Committee's coordinated entry system. Programs will minimize their entry requirements to ensure that the most vulnerable individuals and families experiencing homelessness are served. CoC and ESG Program housing programs will not accept referrals for housing outside of their community's coordinated entry system. Communities will use the Prevention and Diversion Screening Tool prior to entry into shelter and emergency housing programs. Once entered into shelter or emergency housing, programs will administer the HART to determine the most appropriate housing intervention based on the individual's or family's specific needs and acuity.

#### **STEPS:**

1. The only reasons programs may disqualify an eligible individual or family from program entry are:
  - Ineligibility
  - All programs' 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).
2. Programs cannot disqualify an individual or family from program entry for lack of income or employment status.
3. Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
4. Programs cannot disqualify an individual due to the type or extent of disability-related services or supports that are needed or due to active or a history of substance use.
5. Programs explain available services and encourage each adult household member to participate in program services, but do not make service usage a requirement or the denial of services a reason for disqualification or eviction.
6. All client information should be entered in 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.

#### **TOOLS**

Having the standardized tools to operate a coordinated entry is necessary to successfully implement the system. The following list shows the necessary tools and the specific ones used by all Regional Committees in the NC Balance of State Continuum of Care.

Tool of Concept	Specific solution used by the NC BoS CoC
A common prevention tool at entry prior to entry in the homeless service system	<a href="#">Prevention and Diversion Screening Tool</a>
An equity-based assessment tool at entry to determine the most appropriate housing intervention	<a href="#">Homeless Assessment and Referral Tool</a>
A common process for prioritization for housing	NC BoS CoC CE Written Standards approved prioritization
A common referral mechanism across programs	Regional Committees determine the common mechanism used within their communities; including but not limited to the HMIS CE Event Data Element.
A common community-level process for housing placement	Regional Committees determine the community-level process which may include local prioritization meetings and shared prioritization lists
A common tool for case management and housing stabilization	<a href="#">Case Management Tool</a>
A monthly implementation call with NCCEH and regional CE staff	Monthly SSO-CE Check-in

**ASSESSMENT**

**PROCESS:** All programs will actively participate in their Regional Committee’s coordinated entry system by sharing responsibilities for implementing the system and closing side doors that circumvent the coordinated entry process. All Regional Committees will use the Prevention and Diversion Screening Tool as the initial triage assessment for coordinated entry. Whenever possible, Regional Committees should divert any individual or family from the homeless service system by providing problem-solving, mediation, and diversion financial assistance to presenting households. When diversion is not possible, programs administering the Prevention and Diversion Screening Tool should refer clients to appropriate emergency services to meet their needs. Once in the shelter or emergency housing system (for 12 – 15 days), communities will administer the HART. Programs should administer the HART immediately for unsheltered households. Programs should submit their HART assessment through HMIS or the agreed upon regional method for non-HMIS and/or DV agencies to ensure households are added to the by-name list, prioritized, and slated for the appropriate housing intervention.

**STEPS:**

1. All staff and/or volunteers administering the Prevention and Diversion Screening Tool, the HART, and the Case Management Tool should participate in training prior to direct work with individuals and families presenting for services.
  - a. The Prevention and Diversion Screening Tool can be found at: <https://prezi.com/3swi9bhxszd/prevention-and-diversion-screen-version-2/>
  - b. The HART can be found at: <https://youtu.be/h8Qa0Xvc7cw>
2. The coordinated entry system must not screen out anyone due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.
3. All Regional Committees will use the Prevention and Diversion Screening Tool as the initial triage assessment, diverting households as possible using problem-solving, mediation, and/or financial assistance. If a household cannot be assessed with the Prevention and Diversion Screening Tool immediately, they should not be prevented from entering shelter or receiving other emergency services.
4. Once individuals and families enter the homeless service system, programs should administer the HART to households in emergency shelter or emergency housing within 12 – 14 days and immediately for those living unsheltered. Once complete, the HART provides regions with the ability to determine, across dimensions, the acuity of an individual or family.
5. The HART expresses acuity of an individual or family through a numeric score, with a higher number representing more complex, co-occurring disorders likely to impact overall housing stability. In administering the HART, communities cannot require the disclosure of specific disabilities or diagnoses. The HART score shows the *presence* of these issues and indicates the potential best intervention for housing and services. The assessment tool bases the score on the following:
  - a. Housing and Homeless History
  - b. Risks
  - c. Health and Wellness
  - d. Family Unit
6. Regions will use the by-name list to prioritize households based on acuity (as determined through the HART). Within acuity, when participants have the same score, Regional Committees should follow the written prioritization schedule above: (a) residing in a place not meant for

habitation, (b) length of time homeless, (c) disability, and (d) families. Prioritization lists may not prioritize households based on a diagnosis or particular disability or another other protected status.

7. Scores on the HART populate the by-name list, allowing Regional Committee to determine who is referred to ESG and/or CoC-funded housing by acuity score.
8. Regional Committees may not use other factors that would discriminate based on race, ethnicity, color, national origin, language, ancestry, religion, sex, age, familial status, , gender identity, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, etc.) status, marital status, interpersonal violence survivor status, or sensory, mental, or physical disability.

### **ASSIGN WITH CLIENT CHOICE**

**PROCESS:** Programs will provide safe, affordable housing meeting participants' needs in accordance with the coordinated entry process and prioritization schedule, based on acuity and eligibility. Programs will provide rapid and successful entry into permanent housing for each eligible household, by acuity, with as few barriers as possible. The coordinated entry system will focus its attention on the ability of all clients in the community to access the appropriate housing intervention.

### **STEPS:**

1. In providing or arranging for housing, programs consider the specific household needs of the individual or family experiencing homelessness.
2. Programs assist households in finding suitable housing quickly and effectively and do so guided by client input and choice.
3. Programs agree to only accept referrals through the coordinated entry system, closing all side doors to permanent housing placement.

Client choice should remain at the center of any referral and placement, with the client being completely informed of the steps and processes necessary to move from homelessness to permanent housing. Regional Committees decide how the referral process will work in their communities. However, the process should include, whenever possible, a warm hand-off of the client to the referred agency, which could include either a phone call or email with a method for transmitting intake materials including the completed Prevention and Diversion Screening Tool and/or the HART. If a client rejects the program to which they are referred, they should maintain their place on the regional by-name list. Communities should take into consideration resources for transportation to get clients from screening site to referred agency.

## **FAIR HOUSING POLICY**

**STANDARD:** The coordinated entry system 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 staff conducting CE assessments 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 permanent housing are provided a similar range of housing choices in various geographic areas regardless of race, color, national origin, religion, sex (including actual or perceived gender identity and sexual orientation), 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.

## **FOLLOW-UP AND HOUSING STABILIZATION**

**PROCESS:** To reduce returns to homelessness, programs should provide a continuity of services to all participants following their exit from a program. These services may be provided directly by the program or through referrals to other service providers.

### **STEPS:**

1. Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, as desired.
2. 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.
3. 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.
4. Programs should attempt to follow up with participants through verbal or written contact at least once every 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 to prevent future episodes of homelessness.
5. For HUD CoC RRH and PSH grants, programs may provide services to formerly homeless individuals and families for up to six months after their exit from the program.

Housing programs will use the Case Management Tool, a standardized tool for case management, to track household progress in meeting key needs and determine ongoing acuity of the participant household. Programs begin administering the Case Management Tool at program entry, at housing entry, and every 6 months thereafter until program discharge. Programs should use this tool during the follow-up with participants 6 months after program exit to ensure that the household continues to thrive in permanent housing and can assist with service referral if the acuity score indicates ongoing needs.

Programs should train all staff members who will administer the Case Management Tool or who will supervise case management staff who administer the tool. An online video training can be found at: [https://prezi.com/adwfk2xzig\\_/case-management-tool-version-2/](https://prezi.com/adwfk2xzig_/case-management-tool-version-2/).

Regional Committees should use data from the Case Management Tool when considering an exit to another higher intensity permanent housing program or housing subsidy based on community resources, keeping in mind that some households may experience ongoing challenges at program exit.

### **ACCOUNTABILITY**

**PROCESS:** Programs should actively contribute to their local coordinated entry system and prioritization process. Both HUD and VA programs must participate and only accept referrals from the local system. When potential participants contact programs, according to their system, they should assess the household at a point of entry into the system or refer the

household to the designated coordinated entry agency in their community. All coordinated entry systems must have a grievance process for participants and agencies using the system to formally bring their concerns to the Regional Committee.

**STEPS:**

1. Regional Committees must ensure that all providers serving individuals and families experiencing homelessness or at-risk of homelessness have been invited to participate in the local coordinated entry system. For providers unwilling to play a role, Regional Committees must consistently outreach and engage these providers to reconsider their role with coordinated entry.
2. Regional Committees should ensure that all counties under their purview play a role in the coordinated entry system either through a central system for the entire area or individual county systems that coordinate with one another on participant referral and service/permanent housing access.
3. Programs should make every effort to take as many referrals from their local prioritization process as possible within federal and state eligibility criteria. If programs exhibit a consistent history of turning down referrals, the coordinated entry system should reach out to said programs to encourage them to lower barriers to entry. Communities are able to set a limit of the number of referrals that participating programs can deny.
4. Regional Committees must create a grievance process for participants and agencies using the system when they have a concern with decisions made by the coordinated entry system or agencies operating under said system. Local grievance procedures will handle the majority of issues. For issues that the local system cannot resolve, participants and/or agencies can appeal their concern to the NC BoS CoC Coordinated Entry Council for resolution. Documentation about the grievances filed and resolved should be kept by the community.
5. Regional Committees should evaluate the effectiveness of their coordinated entry systems on a regular basis, using their own data. Regional Committees should make changes to their system that can make them more effective. Some changes require CEC approval, which include:
  - a. Referral mechanism/process
  - b. By-name list mechanism/process
  - c. Stop/start using HMIS for coordinated entry
  - d. Changes to assessment tools

Regional Committees should request to make these changes through the following form: <http://bit.ly/29Ym8ID>

### **Privacy Protections**

All participants in coordinated entry must be informed of how information collected during the coordinated entry process would be shared and used and must provide consent before that information is shared.

Participants in coordinated entry must be allowed to refuse to have their information shared or refuse to disclose certain information. Regional Committees cannot deny services to participants if participants refuse to share or disclose information, unless federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

### **Safety Planning**

The coordinated entry system must ensure the safety of people fleeing or attempting to flee domestic violence, dating violence, stalking, sexual assault, and human trafficking.

People administering the Prevention and Diversion Screening Tool must always follow the interpersonal violence protocol, which directs agencies to refer clients directly to victim service providers immediately if they indicate they may be fleeing or attempting to flee domestic violence, dating violence, stalking, sexual assault, or human trafficking.

If victim service providers are participating in the Regional Committee's coordinated entry process, their clients must be tracked confidentially, without divulging any information that could put their safety at risk, including, but not limited to, personally identifying information.

Victim service providers may instead use an alternative coordinated entry system, as long as it meets all of HUD's minimum requirements. If victim service providers would like to use an alternative system, they should contact their regional coordinated entry lead as well as NCCEH staff to help design that system.

### **Non-Discrimination and Equal Access**

Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault, stalking, or human trafficking.

The coordinated entry process must be available to all eligible persons regardless of race, ethnicity, color, national origin, language, ancestry, religion, sex, age, familial status, gender identity, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, etc.) status, marital status, interpersonal violence survivor status, or sensory, mental, or physical disability.

All populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, Veterans, families with children, youth, and survivors of interpersonal violence, must have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.

Regional Committees should take reasonable steps to ensure effective communication with individuals with disabilities, including providing information in appropriate accessible formats as needed (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters).

Regional Committees should take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP).

Participants must be informed of the ability to file a nondiscrimination complaint. Agencies should follow procedures for help participants file a Fair Housing complaint per the CoC's Fair Housing Policy.

### **Annual Evaluation**

#### **Policy**

The NC BoS CoC conducts an annual evaluation of its coordinated entry system. The CoC evaluates the performance of the coordinated entry system, and the experience of clients and providers that participate in the system.

The annual evaluation will be conducted on a timeline determined by the NC BoS CoC Coordinated Entry Council.

The CoC uses a combination of surveys and data to conduct its evaluation. Data from the HMIS and from regional by-name lists are used to evaluate the performance of the system in placing people quickly into housing.

All programs funded through the CoC must actively participate in the annual CE evaluation process including providing evaluation materials to program participants and filling out required agency surveys. All other participating programs not funded through the CoC are encouraged to actively participate in the annual CE evaluation to ensure the evaluation captures the true scope and effectiveness of the CE system and comprehensive data is collected to guide & improve the system.

**Procedure**

The Coordinated Entry Council determines the process for the CoC's annual coordinated entry evaluation. At a minimum, the process will include feedback from (a) participating providers to understand their experience with the system, understanding of coordinated entry, and current participation in coordinated entry and (b) participants who have experienced the coordinated entry system through currently experiencing homelessness and/or who have been recently housed.

**State of Emergency**

During a state of emergency, the North Carolina Balance of State Continuum of Care (NC BoS CoC) will be permitted to quickly change Coordinated Entry (CE) access, prioritization, and referral policies and procedures to respond to emerging needs and funding. Local CE leads may make changes to their regional systems without approval from the Coordinated Entry Council (CEC) but will be required to report changes to the CEC at the next scheduled meeting. The Coordinated Entry Council will approve changes without needing the Steering Committee approval and will be required to publicly post any approved changes. Any changes to CE policies and procedures made during a state of emergency will only be effective until the state of emergency is rescinded unless the CEC proposes permanent changes to the Steering Committee and the Steering Committee approves said changes.

# Appendix B. NC Balance of State Continuum of Care Code of Conduct

Commitment and professionalism are vital to creating and maintaining an effective and efficient Continuum of Care (CoC) that will benefit each stakeholder in the CoC as well as the persons experiencing homelessness it serves in the 79 counties of the NC Balance of State CoC. CoC stakeholders should:

- Represent their clients, their agencies, and the CoC in a fair, honest, ethical, and respectful manner
- Understand the purpose of the CoC and its role in regional planning to end homelessness
- Strive to stay up-to-date on CoC strategies and planning
- Uphold professional standards of conduct, exhibiting respectfulness, fairness, and honesty
- Respect the confidentiality of sensitive information about the CoC, its stakeholders, program participants, and staff
- Clarify their professional roles and obligations, exercise reasonable judgment, and take precautions to ensure that any potential biases or conflicts of interest do not unjustly affect the CoC or people experiencing homelessness with whom they engage
- Attempt to resolve conflicts in a responsible fashion
- Consult with, refer to, and/or cooperate with other professionals and institutions to the extent needed to serve the best interests of people experiencing homelessness
- Abide by the governing documents and policies of the NC BoS CoC Governance Charter
- Abide by the NC BoS CoC Anti-Discrimination Policy

## **Grievances**

### **I. Purpose**

The purpose of the NC BoS CoC Grievance Policy is twofold:

- A. To ensure a fair and accessible process exists for stakeholders to file a grievance with the CoC regarding when an agency or other CoC stakeholder is disregarding the CoC's Code of Conduct Policy.
- B. To ensure there is a fair and accessible process for a household served in the CoC who is dissatisfied with the outcome of a grievance filed with a NC BoS CoC provider and wishes to appeal this grievance with the CoC.

### **II. Filing a Grievance**

Interested parties may submit a grievance in writing to NCCEH, the NC BoS collaborative applicant, via e-mail ([bos@ncceh.org](mailto:bos@ncceh.org)) or regular mail to NCCEH, RE: CoC Grievance, P.O. Box 27692, Raleigh, NC 27611.

### **III. Grievance Policy for CoC Stakeholders**

This policy should be used when a CoC stakeholder wishes to file a grievance related to inappropriate behavior including, but not limited to, bullying, harassment, & conflicts of interest.

#### **A. Resolution of a Grievance**

Stakeholders should first attempt to solve grievances locally either through individual conversations or through the Regional Committee structure.

- Regional Committees should use their elected leadership team to consider and resolve local grievances whenever possible. The Regional Committee leadership team should meet and review any grievance within 30 days of receipt and issue a written decision, specifying the reasons for the decision and any actions that need to be taken. The written decision will be emailed (or mailed) to the people and/or entities involved in the grievance. When a conflict involves a member or members of the Regional Leadership team, those members should be excluded from conversations and decision-making regarding grievances.
- When neither individual conversations nor the Regional Committee can solve a grievance, it may be elevated to the Steering Committee through the above submission instructions. Grievances will be reviewed by the Steering Committee within 45 days of receipt. The Steering Committee will form an ad hoc Grievance Review Committee to review the grievance and issue a written decision, specifying the reasons for the decision and any actions that need to be taken. The written decision will be emailed (or mailed) to the people and/or entities involved in the grievance.

#### **B. Limitations on Grievances for Providers and Steering Committee Members**

The Steering Committee will become involved in grievances related to the prescribed Code of Conduct. This does not apply to the annual funding competitions or the coordinated entry system. Funding competitions and the coordinated entry system have grievance and appeals procedures outlined in other policies.

### **IV. Grievance Policy for People with Lived Experience**

People with lived experience may use this policy to file a grievance related to a NC BoS CoC-funded project with a provider agency and who remain dissatisfied with the outcome. If the person has a grievance with an ESG or CoC-funded project, they must first complete any grievance process available to them through the relevant NC BoS CoC-funded agency prior to filing a grievance with the CoC. If the person has Issues with the coordinated entry process, then the grievance will be forwarded to the relevant regional CE Lead and handled through the CoC's CE Written Standards Grievance Process.

People with lived experience may file a grievance with the CoC based on the above Code of Conduct or non-adherence to the CoC's Client Bill of Rights. People with lived experience who would like assistance determining which grievance processes are available to them may contact a staff member at the agency at which they receive services or NCCEH staff via e-mail ([bos@ncceh.org](mailto:bos@ncceh.org)) or by phone at (919)-755-4393.

#### **A. Grievance Committee Hearing Process for People with Lived Experience**

When a person with lived experience submits a grievance to the NC BoS CoC, a hearing shall be held in person or via video conference within 45 working days of the receipt of the grievance. A notice regarding the hearing shall be mailed to the person by mail and email, if applicable, not less than 10 days before the scheduled hearing. The notice shall include the date, time, and logistics of the hearing and a clear statement of the issues to be considered. The person filing the grievance must have the opportunity to be present during the hearing and to hear all oral information and review all written information that is being considered. They also may bring a person of their choice to assist them during the hearing. People who would like help identifying someone who can assist them may contact a staff member at the agency at which they receive services or NCCEH staff via e-mail ([bos@ncceh.org](mailto:bos@ncceh.org)) or by phone at (919)-755-4393.

CoC staff shall keep minutes of the hearing, including who attended, a list of the documents presented, and the specific actions taken. If the person opts not to attend the hearing, the committee may, in lieu of convening a hearing, opt to review the grievance and gather all pertinent information via email, phone, or video conference. Such a review must be completed within 45 days of receipt of the grievance. Within 10 working days of a hearing or other review process, CoC staff shall issue a written decision specifying the reasons for the decision and any actions that need to be taken.

#### **V. Public Posting of this Policy**

All NC BoS CoC-funded projects must post a physical copy of this policy in an area visible to staff working with people experiencing homelessness who receive services from the project.

## Appendix C. Conflict of Interest Policy

### Policy

The standard of behavior at the North Carolina Balance of State Continuum of Care (NC BoS CoC) is that all staff and Steering Committee members carefully avoid any conflict between their personal, professional, and business interests and the interests of NC BoS CoC. This includes avoiding actual conflicts of interest as well as perceptions of conflicts of interest.

The purposes of this policy are to:

- Comply with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and the Continuum of Care Program, Interim Final Rule (24 CFR Part 578),
- Protect the integrity of NC BoS CoC Steering Committee's decision-making process,
- Enable our constituencies to have confidence in our integrity, and
- Safeguard the integrity and reputation of Steering Committee members.

Upon election to the NC BoS CoC Steering Committee, members are required to submit a full written disclosure of their interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and updated annually.

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 requires NC BoS CoC Steering Committee members to disclose any conflicts of interests that arise in the course of meetings or activities. These include transactions, discussions, or decisions in which members (or their business or other nonprofit affiliations), their families and/or significant others, employers, or close associates will receive a benefit or gain. Members also must disclose any familial relationship, either by consanguinity or marriage, between themselves and an agent or employee of NC BoS CoC who will be directly affected by a transaction or decision. After disclosure, members must recuse themselves from participating in the transaction, discussion, and/or decision.

This policy is meant to be a supplement to good judgment – Steering Committee members will respect its spirit as well as its wording.

## Appendix D. Anti-Discrimination Policies and Procedures

### Overview

The North Carolina Balance of State Continuum of Care (NC BoS CoC) is committed to providing housing and services in an environment in which all individuals are treated with respect and dignity and have equal treatment and opportunity. The NC BoS CoC's Anti-Discrimination Policies and Procedures ensure all people experiencing homelessness in the CoC have equal access to the housing and services necessary to end homelessness.

The NC BoS CoC's Anti-Discrimination Policies and Procedures apply to staff, volunteers, and contractors at all partner agencies, including agencies that receive CoC and Emergency Solutions Grant (ESG) Program funding and the North Carolina Coalition to End Homelessness (NCCEH). We strongly encourage all NC BoS CoC partners, regardless of funding source, to adopt these Anti-Discrimination policies and procedures. Agencies applying for ESG or CoC Program funding are required to have an anti-discrimination policy in their Policies and Procedures that mirrors or includes all the components of this policy.

The NC BoS CoC's Anti-Discrimination Policies and Procedures adhere to the Department of Housing and Urban Development (HUD) guidance Equal Access Rule. The NC BoS CoC and all providers in the CoC are committed to complying with all non-discrimination and privacy laws.

These policies and procedures aim to ensure the safety, dignity, and well-being of all individuals and families served by the NC BoS CoC. This document has four sections and two appendices:

- Section 1. Equal Access Policy and Procedures
- Section 2. Family Separation Policy
- Section 3. Faith-Based Inclusion Policy
- Section 4. Grievance and Anti-Retaliation Policy and Procedures
- Section 5. Racial Equity Policy
- Appendix I: References
- Appendix II: Agency Anti-Discrimination Policy Checklist

### Equal Access Policy:

Partner agencies in the NC BoS CoC shall not discriminate on the basis of any federally protected characteristic, including race, ethnicity, color, national origin, language, ancestry, religion, sex, familial status, age, sexual orientation, marital status, interpersonal violence survivor status, or physical disability. Definitions of the protected characteristics can be found in Appendix I.

The NC BoS CoC and all partner agencies are committed to complying with all applicable federal, state, and local civil rights law, including the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, Titles II and III of the Americans with Disabilities Act, and the Violence Against Women Act. Projects funded by the CoC Program agree to follow all applicable provisions of the relative Notice of Funding Opportunity.

This means that the NC BoS CoC and partner agencies and their staffs, volunteers, and contractors will not:

- Deny any person facilities, services, financial aid, or other benefits
- Provide services that are different, or are provided in a different format, from those provided to others under the program or activity, unless doing so provides an accommodation based on one of the protected classes or characteristics listed above to preserve the safety, dignity, and well-being of the individual or family being served
- Subject any person or household to segregated or separate treatment in any facility or in any matter or process related to receipt of any service or benefit under the program or activity
- Restrict in any way access to, or the enjoyment of any advantage or privilege enjoyed by others in connection with, facilities, services, financial aid, or other benefits under the program or activity
- Treat any person differently from others in determining whether the person satisfies any admission, enrollment, eligibility, membership, or other requirement or condition, which individuals must meet to be provided shelter, housing, services, or other benefits provided under the program or activity (i.e. engage in racial preferences or illegal discrimination before, during, or after the provision of services).
- Deny meaningful access to persons with limited English proficiency, to include translated documents, notice of participant's rights, grievance forms, and other materials vital for program access or fail to work with language services or interpreter to assist persons who speak a different primary language than staff persons and need assistance communicating
- Deny any person(s) access to services, or public benefits based on their preferred faith or religion, in accordance with Executive Order 14202.

NC BoS CoC partner agencies shall make shelter and housing available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, or marital status. Agencies will ensure equal access to programs for all individuals and their families; provide housing, services, and/or accommodations in accordance with a participant's biological sex;

and determine eligibility without regard to actual or perceived sexual orientation, or marital status.

All partner agencies must manage a responsible and sound operation in accordance with federal and local nondiscrimination and equal opportunity provisions, as codified in the [Fair Housing Act](#), Section 504 of the [Rehabilitation Act](#), Title VI of the Civil Rights Act , Titles II & III of the [Americans with Disabilities Act](#), and [HUD's Equal Access Rule](#). This includes establishing an Agency Anti-Discrimination Policy and grievance procedure and training all participants, staff, volunteers, and contractors on the policy.

## Anti-Discrimination Procedures

	NC BoS CoC	Agencies	Staff, Volunteers, and Contractors
<b>Anti-Discrimination</b>	Maintain policies and procedures prohibiting discrimination based on protected classes and characteristics.	Affirm commitment to serving all eligible participants by adhering to these Anti-Discrimination policies and procedures and incorporating language into their agency policies  Create or revise agency policies and procedures to reflect efforts to eradicate religious discrimination, regardless of agency mission or values	Provide access to facilities, services, financial aid, or other benefits provided under the program or activity for all current and potential individuals and families  Provide services to everyone and treat them with dignity and respect
<b>Training &amp; Education</b>	Provide annual and as needed training to NC BoS CoC agencies and agency staff, volunteers, and contractors regarding the NC BoS CoC's Anti-Discrimination policies and procedures, the Equal Access Rule, and related policies and procedures  Partner with the Housing Finance Agency and NC Legal Aid to provide additional Fair Housing trainings.	Ensure staff, volunteers, and contractors are trained on CoC and agency Anti-Discrimination policies and procedures  Provide continuing education annually on Anti-Discrimination policies and procedures, with follow up from their supervisor, to ensure they follow CoC and agency policies.	Participate fully in all trainings and adhere fully to CoC and agency Anti-Discrimination policies and procedures  Request assistance from agency leadership when the need arises to understand how to apply Anti-Discrimination policies and procedures
<b>Language</b>	Use appropriate, inclusive language in communications, publications, trainings, personnel handbooks, and other policy documents that affirms the NC BoS CoC's commitment to serving all	Use appropriate, language with all communication, including taking reasonable steps to ensure meaningful access to programs and activities	Use appropriate, inclusive language in all communication with people experiencing homelessness served by agency programs

	eligible participants in adherence with the HUD Equal Access Rule	by Limited English Proficient (LEP) people	<p>Ensure meaningful access to persons with Limited English Proficiency, to include translated documents, notice of participants' rights, grievance forms, and other materials vital for program access</p> <p>Work with language services or interpreters to assist persons who speak a different primary language than the staff person and need assistance communicating</p>
<b>Privacy Rights</b>	Support all participants to understand their privacy rights and the implication of releasing information	<p>Provide clear and transparent information about privacy rights at intake</p> <p>Read CoC privacy rights to each participant</p> <p>Follow the HMIS Policies and Procedures for Privacy and Security</p> <p>Train staff, volunteers, and contractors on the CoC's and agency's confidentiality and privacy policies and practices on an annual basis</p>	<p>Honor the request of an individual for a private space to complete intake and data collection</p> <p>Adhere to any CoC and/or agency confidentiality and privacy policies</p> <p>Never share participant information with people outside agency staff without permission and only share with agency staff on a 'need to know' basis</p>
<b>Equal Access and Grievances</b>	Develop and maintain a grievance procedure that can be accessed by participants, staff, volunteers, contractors, and partner agencies	Mediate and resolve conflicts between participants in a way that respects participants and treats them fairly and equally	Inform participants at intake of the Equal Access grievance process and Client Bill of Rights grievance process

	<p>Post the grievance procedure on the agency website and provide printed copies in a public space</p> <p>Develop and maintain a Client Bill of Rights that can be accessed by all individuals seeking services in the NC BoS CoC</p>	<p>Take immediate action to resolve inappropriate behavior, treatment, harassment, or equal access issues by any person (staff, volunteers, contractors, or participants) with appropriate consequences</p> <p>Include a Client Bill of Rights in the agency's and/or program's policies and procedures that adheres to the CoC's Client Bill of Rights</p> <p>Provide all participants with a copy of the grievance policy and Client Bill of Rights at intake and share the policy with all participants with a grievance</p>	<p>Support participants to proceed through the grievance process</p> <p>Communicate with administrators if any issues arise</p>
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## **Family Separation Policy**

In compliance with CoC Program Interim Rule 24 CFR 578.93(e), involuntary separation is prohibited in projects funded through CoC and ESG Program dollars. CoC and ESG Program-funded projects may not deny admission to any household on the basis of:

- Age and gender sex of a child under 18, or
- Gender or Sex or marital status of a parent or parents

The NC BoS CoC will work with providers to ensure placement efforts are coordinated to avoid involuntary family separation. Any person who believes that they or a family member has experienced involuntary family separation may report the issue to CoC staff at [bos@ncceh.org](mailto:bos@ncceh.org). The CoC will investigate the claim and take remedial action when appropriate.

## **Faith-Based Activities Policy**

CoC agencies and staff, volunteers, or contractors shall not, in providing program assistance, discriminate against a program participant or prospective participant on the basis of religion or religious belief. In providing services supported in whole or part with federal financial assistance and in outreach activities related to such services, programs shall not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

## **Grievance and Anti-Retaliation Policy**

Anyone participating in the CoC has the right to file a grievance if they have a complaint about the provision of housing and services or believe their rights as established by the NC BoS CoC Client Bill of Rights have been violated.

The NC BoS CoC affirms that people who wish to file a grievance have the right to do so without retaliation from the party accused or any associated representative. Retaliation includes, but is not limited to, harassment, intimidation, violence, program dismissal, refusal to provide services, use of profane or derogatory language to or in reference to the complainant, or breach of contract.

### *Grievance Procedures:*

At intake, orientation or employment, all participants, staff, volunteers, and contractors should be provided the program's Anti-Discrimination Policy and should be informed of the program's grievance process. Additionally, at intake, all participants should be given a copy of the NC BoS CoC Client Bill of Rights and informed of their rights and the grievance process established therein.

1. Anyone can submit a complaint form initially to program administration.
2. Program administration will address the grievance with the provider and the participant, staff, volunteer, or contractor. If the grievance is against a program administrator, the agency should have an objective representative body, such as a Board Executive Committee, to hear and make decisions about the grievance.
3. If a participant is not satisfied with the outcome or if a participant fears retaliation at the program level, a complaint can be filed with the CoC at [bos@ncceh.org](mailto:bos@ncceh.org).

**Anti-Discrimination Policies and Procedures Review**

The NC BoS CoC reserves the right to review and revise the Anti-Discrimination Policies and Procedures, considered a “living” document, on continued basis in an effort to adhere to federal policy changes, revisions, and updates, which may affect service provision at the state and local level.

Updates to this policy require approval by the CoC Steering Committee, with immediate notification and communication to partner agencies of approved changes. Partner agencies will be required to update their agency Anti-Discrimination policies and procedures within a 60-day period, to mirror or adhere to the NC BoS CoC Anti-Discrimination policy.

**Appendix I. Resources**

- Get a notice of rights at: <https://www.hudexchange.info/resources/documents/Notice-on-Equal-Access-Rights.pdf>
- HUD Equal Access Final Rule: <https://www.hudexchange.info/news/hud-publishes-final-rule-equal-access-in-accordance-with-an-individuals-gender-identity/>
- NC Balance of State CoC Client Bill of Rights: <https://ncceh.org/wp-content/uploads/2026/01/NC-BoS-Client-Bill-of-Rights.docx>

**Appendix II. Checklist for Agency Anti-Discrimination Policies**

This checklist can be used by agencies to develop Anti-Discrimination Policies that align with the NC BoS CoC’s Anti-Discrimination Policies.

YES	NO	Checklist Questions:	Notes
		Does your agency have an Anti-Discrimination policy?	
		Is there a stated plan to train new staff and clearly communicate this policy during the onboarding process? Is annual training provided for staff, volunteers, and contractors?	

	Does the intake process include a copy of the agency’s Anti-Discrimination policies and the NC BoS CoC Client Bill of Rights to participants or people presenting for services.	
	Does the Policy Refer to Department of Housing Urban and Development (HUD) Equal Access Rule, anti-discrimination and privacy laws, and all other federal, state, and local non-discrimination and privacy law?	
	Is there a clear statement about non-discrimination because of protected classes and characteristics? race, ethnicity, color, national origin, language, ancestry, religion, sex, familial status, age, gender identity, LGBTQ+ status, marital status, domestic or sexual violence victim status, or sensory, mental, or physical disability?	
	Is there an equal access policy?	
	If there is an equal access policy: Does it include specific procedures for working with transgender and gender nonconforming persons?	
	Is there a family separation policy?	
	Is there a faith-based activities policy?	
	Are procedures spelled out that demonstrate how the participants, agency, staff, volunteers, and contractors will carry out the agency’s anti-discrimination policies?	
	Are there grievance and anti-retaliation policies and procedures? If so, are they shared with each person presenting for services?	

# Appendix E. HMIS Lead Agency MOU

To be added.

## Appendix F. CoC Collaborative Applicant MOU

To be added.

# Appendix G. Emergency Transfer Plan for Survivors of Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

## Section 1. Emergency Transfers

**The NC Balance of State Continuum of Care (NC BoS CoC)** is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. In accordance with the Violence Against Women Act (VAWA)<sup>28</sup>, all housing providers in the NC BoS CoC must allow tenants who are victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>29</sup> The ability of a housing provider in the NC Bos CoC to honor such requests for tenants currently receiving assistance may depend upon whether the NC BoS CoC has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the information needed to request an emergency transfer, confidentiality protection, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the NC BoS CoC and all participating housing providers comply with the VAWA Act.

**Internal transfer:** An internal transfer is a transfer within the same single or scattered site property on which the tenant requesting the transfer resides. The transfer can be performed without the tenant reapplying for housing assistance.

**External transfer:** An external emergency transfer refers to a tenant's physical move out of the property in which he or she resides or out of a form of assistance, where the tenant would be categorized as a new applicant. For example, a move from Property A to Property B is an

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<sup>28</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>29</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

external transfer – this also means that the household goes from being a tenant at Property A to an applicant at Property B.

Safe unit: A victim determines whether the unit is safe.

## **Section 2. Eligibility for Emergency Transfers**

A tenant who is a survivor of domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined in HUD’s regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if the tenant reasonably believes that there is a threat of imminent harm (including physical, sexual, emotional, and/or economic harm) from further violence if the tenant remains within the same unit. The tenant does not need to provide any evidence to verify reasonable belief.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

A request does not guarantee continued assistance or an external transfer to other HUD housing.

## **Section 3. Notice of occupancy rights under VAWA and certification form**

All housing providers in the NC BoS CoC must provide all tenants with the Notice of Occupancy Rights Under VAWA (see Appendix IV) and the VAWA Certification Form (see Appendix III) to document an incident of domestic violence, dating violence, sexual assault, stalking, or human trafficking.

The Notice of Occupancy Rights Under VAWA must be provided to applicants by housing providers:

1. At the time they are denied assistance or admission to the housing program; or
2. At the time they are admitted into or provided assistance by the housing program.

The Notice of Occupancy Rights Under VAWA must be provided to current tenants by housing providers:

1. Immediately to all current tenants if they have not already received the Notice of Occupancy Rights Under VAWA; and
2. With any notification of eviction or termination of assistance.

## **Section 4. Emergency Transfer Request Documentation**

**Every housing provider in the NC BoS CoC must have a procedure that complies with the requirements in this plan to request an emergency transfer. Housing providers' emergency transfer procedures must be written into their policies and procedures, and housing providers must inform all tenants of their ability to request an emergency transfer and the documentation that is required. A model procedure is in Appendix VI.**

Housing providers should not require third-party documentation of incidents of domestic violence, dating violence, sexual assault, stalking, or human trafficking to approve an emergency transfer. To request an emergency transfer, the tenant shall notify their housing provider's management office and submit a written self-certification and request for a transfer. All housing providers will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing program, OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

If a housing provider should not require written third-party documentation to approve an emergency transfer. However, they can accept third-party documentation in lieu of a self-certification to begin the process of emergency transfer. Tenants can use any of the following forms of documentation to certify their need for an emergency transfer:

- A complete VAWA certification form from Appendix III of this document.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, stalking, or human trafficking.
- A statement, signed by the tenant, along with the signature of an employee, agent, advocate, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom the tenant sought assistance in addressing domestic violence, dating violence, sexual assault, stalking, or human trafficking or the effects of abuse, and with the professional attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, stalking, or human trafficking are grounds for protection; or
- Housing providers may also accept other forms of documentation, as long as they also accept the three forms of documentation above.

Housing providers cannot require tenants to submit more than one form of documentation.

If a housing provider receives documentation that contains conflicting information (including certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the perpetrator), the housing provider may (a) obtain verbal verification from a domestic violence advocate or (b) require an applicant or tenant to submit third-party documentation, as described above, within 30 calendar days of the date of the request for the third-party documentation.

### **Section 5. Confidentiality**

Any housing provider that receives a request for an emergency transfer will keep confidential any information that the tenant submits in requesting an emergency transfer and information about the emergency transfer. The housing provider may only release information about the emergency transfer if:

- The tenant signs an additional release of information for a specific timeframe.
- Disclosure of the information is required by written law; or
- Disclosure of the information is required by a court or official court documents signed by a judge for use in an eviction proceeding or required by federal, state, or local law or regulation for hearings regarding termination of assistance from the covered program.

If a tenant gives written permission to share information on a time-limited basis with one or more agencies in the NC BoS CoC and/or Victim Service Providers, those agencies will also keep all information regarding the transfer strictly confidential.

See the Notice of Occupancy Rights under the Violence Against Women Act (Appendix IV of this document) for more information about housing providers' responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, stalking, or human trafficking.

### **Section 6. Emergency Transfer Timing and Availability**

The NC BoS CoC cannot guarantee how long it will take to process a transfer request. All housing providers will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, stalking, or human trafficking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. Nothing may preclude a tenant from seeking an internal emergency transfer and an external emergency

transfer concurrently if a safe unit is not immediately available. It is recommended that this policy be clearly stated in the plan. A housing provider may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the tenant's current housing provider has no safe and available units for which a tenant who needs an emergency transfer is eligible, their housing provider, the regional Coordinated Entry Lead, the Regional Lead, and NC BoS CoC staff will assist the tenant in identifying safe interim housing and/or other housing providers who may have safe and available units to which the tenant could move. The original housing provider is responsible for ensuring the emergency transfer is completed quickly and safely.

Tenants who qualify for an emergency transfer but a safe unit is not immediately available for an emergency transfer with their current agency, shall have priority over all other applicants for rapid rehousing, transitional housing, permanent supportive housing, and other rental assistance projects in the CoC provided that: the individual or family meets all eligibility criteria required by Federal law or regulation or HUD NOFO; and the individual or family meets any additional criteria or preferences established in accordance with § 578.93(b)(1), (4), (6), or (7). The individual or family shall not be required to meet any other eligibility criteria or preferences for the project. The individual or family shall retain their original homeless or chronic homelessness status for the purposes of the transfer.

With the tenant's approval, the housing provider, regional Coordinated Entry Lead, Regional Lead, and/or NC BoS CoC staff will also assist tenants in contacting the local organizations offering assistance to survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking.

If a tenant receives tenant-based rental assistance and is approved for an emergency transfer as outlined in this policy, they may move out of the CoC's catchment area using their current assistance, as long as the housing provider can still meet all statutory requirements, including participating in HMIS, ensuring the housing meets quality standards, and ensuring the educational needs of children are met. As outlined in [HUD's mobility amendment](#) to the CoC interim rule, regulatory requirements would be waived.

## **Section 7. Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). Tenants can find a listing of local shelters and

other resources at <https://nccadv.org/get-help>. Or tenants can contact NCCEH at [bos@ncceh.org](mailto:bos@ncceh.org) for assistance in locating resources in NC BoS CoC.

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE or visit the online hotline at <https://ohl.rainn.org/online/>. Or tenants may find a listing of local rape crisis centers at <https://nccasa.coalitionmanager.org/contactmanager/contact/publicdirectory>

Tenants who are or have been victims of stalking seeking help may visit the Stalking Prevention and Awareness Resource Center at <https://www.stalkingawareness.org/>

Tenants who are or have been victims of human trafficking may visit the National Human Trafficking Hotline at <https://humantraffickinghotline.org/en/safety-planning-information> or may call 1-888-373-7888 or text 233733.

### **Section 8. Prohibited basis for denial or termination of assistance or eviction**

An [applicant](#) for assistance or [tenant](#) assisted by a housing program in the NC BoS CoC may not be denied admission to, denied assistance under, terminated from participation in, or evicted from housing on the basis or as a direct result of the fact that the [applicant](#) or [tenant](#) is or has been a survivor of [domestic violence](#), [dating violence](#), [sexual assault](#), [stalking](#), or human trafficking, if the [applicant](#) or [tenant](#) otherwise qualifies for admission, assistance, participation, or occupancy.

A [tenant](#), or an [affiliated individual](#) of the [tenant](#), who is a survivor or threatened victim of [domestic violence](#), [dating violence](#), [sexual assault](#), [stalking](#), or human trafficking, and resides in a housing program in the NC BoS CoC, may not be denied tenancy or occupancy rights solely on the basis of criminal activity directly relating to [domestic violence](#), [dating violence](#), [sexual assault](#), [stalking](#), or [human trafficking](#) if that criminal activity is engaged in by a member of the [household](#) of the [tenant](#) or any [guest](#) or other person under the control of the [tenant](#).

An incident of actual or threatened [domestic violence](#), [dating violence](#), [sexual assault](#), [stalking](#), or [human trafficking](#) shall not be construed as:

- A violation or cause for termination by a landlord and/or housing provider; or
- A serious or repeated violation of a lease executed under a [covered housing program](#) by the victim or threatened victim of such incident; or
- Good cause for terminating the assistance, tenancy, or occupancy rights under a [covered housing program](#) of the victim or threatened victim of such incident.

### **Section 9. Lease bifurcation**

In order to effect an emergency transfer, households may bifurcate a lease to remove a household member from a lease in order to evict, remove, terminate occupancy rights, or terminate assistance to such member who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, stalking, or human trafficking against an affiliated individual or other individual, without evicting or terminating assistance to, or otherwise penalizing a survivor of such criminal activity who is also a tenant or lawful occupant.

If a housing provider exercises the option to bifurcate a lease and the individual who was evicted or for whom assistance was terminated was the eligible tenant under the covered housing program, the housing provider shall provide to any remaining tenant or tenants that were not already eligible a period of 90 calendar days from the date of bifurcation of the lease to:

- a) Establish eligibility for the same covered housing program under which the evicted or terminated tenant was the recipient of assistance at the time of bifurcation of the lease; or
- b) Establish eligibility under another covered housing program; or
- c) Find alternative housing.

The covered housing provider may extend the 90-calendar-day period up to an additional 60 calendar days, unless prohibited from doing so by statutory requirements of the program or unless the time period would extend beyond expiration of the lease.

If the survivor of domestic violence, dating violence, sexual assault, stalking, or human trafficking receives tenant-based rental assistance and chooses to move to a new unit in order to effect an emergency transfer, the remaining family members may remain in the original unit as long as they had not violated the terms of the lease by engaging in criminal activity directly relating to domestic violence, dating violence, sexual assault, stalking, or human trafficking against an affiliated individual or other individual. Household members remaining in the unit may continue to receive assistance if they were eligible for assistance prior to moving into the unit. Household members may have 90 days to establish this eligibility.

#### **Section 10. Leases, sub-leases, and occupancy agreements**

Any lease, sub-lease, or other occupancy agreement between a tenant and a housing provider in the NC BoS CoC must permit the program participant to terminate the lease, sublease, or occupancy agreement without penalty if the housing provider determines that the program participant qualifies for an emergency transfer under this emergency transfer plan.

Housing providers that operate tenant-based rental assistance must enter into a contract with the owner or landlord of the housing that requires the owner or landlord of the housing to

comply with all provisions of VAWA regulations under 24 CFR part 5, subpart L and requires the owner or landlord of the housing to include a lease provision that:

- Includes the prohibited bases for eviction under Section 8 of this plan; and
- If the tenant is approved for an emergency transfer by the housing provider, allows the tenant to bifurcate the lease under Section 9 of this plan or terminate the lease under Section 10 without penalty if either action is necessary to affect the emergency transfer.
- Landlords may use HUD's VAWA Lease Addendum if their current lease does not comply with VAWA regulations. HUD's VAWA Lease Addendum is in [Appendix V](#).

The lease may specify that the protections under 24 CFR part 5, subpart L and above, only apply while the program participant receives tenant-based rental assistance under the Continuum of Care or Emergency Solutions Grant Programs.

All NC BoS CoC providers must keep confidential records of all emergency transfers requested and are required to inform the CoC of an emergency transfer request. The information should be provided using a [Smartsheet link](#). The agency should inform the CoC of the outcomes of such requests and must retain these records for three years.

## **Section 11. Record-keeping**

### **Appendix I: Local organizations offering assistance to survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking.**

For a list of local organizations offering assistance to survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking by county in North Carolina, visit <https://nccadv.org/get-help>. For a list of local rape crisis centers in North Carolina, visit <https://nccasa.coalitionmanager.org/contactmanager/contact/publicdirectory>

### **Appendix II: Covered Housing Programs**

The following programs are subject to the requirements of the VAWA 2013 and 24 CFR Part 5, Subpart L – Protection for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking. Covered housing programs consist of the following HUD programs:

1. Section 202 Supportive Housing for the Elderly (12 U.S.C. 1701q), with implementing regulations at 24 CFR part 891.
2. Section 811 Supportive Housing for Persons with Disabilities (42 U.S.C. 8013), with implementing regulations at 24 CFR part 891.
3. Housing Opportunities for Persons with AIDS (HOPWA) program (42 U.S.C. 12901et seq.), with implementing regulations at 24 CFR part 574.

4. HOME Investment Partnerships (HOME) program (42 U.S.C. 12741et seq.), with implementing regulations at 24 CFR part 92.
5. Homeless programs under title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360et seq.), including the Emergency Solutions Grants program (with implementing regulations at 24 CFR part 576), the Continuum of Care program (with implementing regulations at 24 CFR part 578), and the Rural Housing Stability Assistance program (with regulations forthcoming).
6. Multifamily rental housing under section 221(d)(3) of the National Housing Act (12 U.S.C. 17151(d)) with a below-market interest rate (BMIR) pursuant to section 221(d)(5), with implementing regulations at 24 CFR part 221.
7. Multifamily rental housing under section 236 of the National Housing Act (12 U.S.C. 1715z-1), with implementing regulations at 24 CFR part 236.
8. HUD programs assisted under the United States Housing Act of 1937 ( 42 U.S.C. 1437et seq.); specifically, public housing under section 6 of the 1937 Act ( 42 U.S.C. 1437d) (with regulations at 24 CFR Chapter IX), tenant-based and project-based rental assistance under section 8 of the 1937 Act ( 42 U.S.C. 1437f) (with regulations at 24 CFR chapters VIII and IX), and the Section 8 Moderate Rehabilitation Single Room Occupancy (with implementing regulations at 24 CFR part 882, subpart H).
9. The Housing Trust Fund (12 U.S.C. 4568) (with implementing regulations at 24 CFR part 93).

#### **Appendix III: HUD-Approved certification form**

Agencies must provide this form to tenants to help them certify eligibility for an emergency transfer: <https://www.hud.gov/sites/documents/5382.docx>. See Section 4 of this document for more information about documentation.

#### **Appendix IV: Notice of occupancy rights under VAWA**

All housing providers must provide this notice to all tenants and potential tenants: <http://www.hud.gov/sites/default/files/OCHCO/documents/5380.pdf> See Section 3 of this document for more information about when to provide this notice to tenants.

#### **Appendix V: HUD-Approved VAWA Lease Addendum**

All landlords receiving HUD funds must comply with all provisions of VAWA regulations under 24 CFR part 5, subpart L. The VAWA Lease Addendum adds the required regulations to the landlords current lease if they do not have the language in their standard lease: <https://www.hud.gov/sites/documents/91067.doc>

#### **Appendix VI: Model housing provider emergency transfer plan**

All housing providers in the NC BoS CoC must complete the following emergency transfer plan, include it in their written policies and procedures, and alert all tenants of their ability to receive an emergency transfer.

### *Emergency Transfers*

**[Insert name of housing provider]** is concerned about the safety of its tenants, and such concern extends to tenants who are survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking. In accordance with the Violence Against Women Act (VAWA),<sup>30</sup> **[insert housing provider]** allows tenants who are survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>31</sup> The ability of **[housing provider]** to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the **[housing provider]** or its partners have another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that **[housing provider]** is in compliance with VAWA.

### *Verbal explanation*

**[insert appropriate staff title]** will explain the contents of this emergency transfer plan and any associated documents, including the HUD-approved Notice of Occupancy Rights under VAWA and the VAWA certification form, to all tenants and potential tenants:

1. At the time they are denied assistance or admission to the **[housing program]**;
2. At the time they are admitted into or provided assistance by the **[housing program]**;

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<sup>30</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking, regardless of sex, gender identity, or sexual orientation.

<sup>31</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

3. Immediately to all current tenants if they have not already received the Notice of Occupancy Rights Under VAWA; and
4. With any notification of eviction or termination of assistance.

#### *Eligibility for Emergency Transfers*

A tenant who is a survivor of domestic violence, dating violence, sexual assault, stalking, or human trafficking as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a survivor of sexual assault, the tenant is also eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

#### *Notice of occupancy rights under VAWA and certification form*

**[Housing provider]** will provide all tenants with the HUD-approved Notice of Occupancy Rights Under VAWA. The Notice of Occupancy Rights Under VAWA will be provided to applicants:

1. At the time they are denied assistance or admission to the **[housing program]**, or
2. At the time they are admitted into or provided assistance by the **[housing program]**.

The Notice of Occupancy Rights Under VAWA will be provided to current tenants:

1. Immediately to all current tenants if they have not already received the Notice of Occupancy Rights Under VAWA, and
2. With any notification of eviction or termination of assistance.

#### *Emergency Transfer Request Documentation*

To request an emergency transfer, the tenant shall notify **[housing provider]'s** management office at **[insert address, phone number, and email for management office]** or notify their case manager or other appropriate staff person and submit a written self-certification and request for a transfer. **[Insert appropriate staff title]** will assist submitting documentation.

**[Housing provider]** will provide reasonable accommodations to this policy for individuals with disabilities.

If required, the tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing program, OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Tenants may also submit other documentation but are not required to do so. Other forms of written documentation accepted by **[housing provider]** include:

- A complete HUD-approved VAWA Certification Form that was provided to the tenant;
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking;
- A statement, signed by the tenant, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom the tenant sought assistance in addressing domestic violence, dating violence, sexual assault, stalking or human trafficking, or the effects of abuse, and with the professional attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, stalking, or human trafficking are grounds for protection; or **[Insert any other forms of documentation you will accept. Any documentation is acceptable, or housing providers may choose not to require third-party documentation at all.]**

Tenants need to only submit one form of documentation.

**[Insert appropriate staff member title here]** will provide all tenants and potential tenants with the HUD-approved VAWA Certification Form and **[insert any other forms you create as documentation for emergency transfers]**.

If **[housing provider]** receives documentation that contains conflicting information (including certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the perpetrator), **[housing provider]** may require an applicant or tenant to submit third-party documentation, as described above, within 30 calendar days of the date of the request for the third-party documentation.

*Confidentiality*

**[Housing provider]** will keep confidential any information that a tenant submits in requesting an emergency transfer and information about the emergency transfer. **[Housing provider]** only release information about the emergency transfer if:

- The tenant gives written permission to release the information on a time limited basis;
- Disclosure of the information is required by law; or
- Disclosure of the information is required by a court or official court documents for use in an eviction proceeding or required by federal, state, or local law or regulation for hearings regarding termination of assistance from the covered program.

**[Housing provider]** will pay special attention to keeping confidential the new location of the dwelling unit of the tenant.

See the Notice of Occupancy Rights under the Violence Against Women Act (Appendix IV of this document) for more information about housing providers' responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, stalking, or human trafficking.

#### *Emergency Transfer Timing and Availability*

**[Housing provider]** cannot guarantee how long it will take to process a transfer request. **[Housing provider]** will, however, act as quickly as possible to move a tenant who is a survivor of domestic violence, dating violence, sexual assault, stalking, or human trafficking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. Nothing may preclude a tenant from seeking an internal emergency transfer and an external emergency transfer concurrently if a safe unit is not immediately available. It is recommended that this policy be clearly stated in the plan. **[Housing provider]** may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

*\*\*only complete if you operate a RRH or PSH program with tenant-based rental assistance\*\* If a tenant receives tenant-based rental assistance and moving with that rental assistance would be safe for the tenant, **[housing provider]** will provide the same housing search assistance it provides to new tenants. **[housing provider]** will:*

***[insert housing search procedures for here]***

*If a tenant is approved for an emergency transfer as outlined in this policy, they may move out of the NC BoS CoC's catchment area and out of **[housing provider's]** catchment area using their current assistance, as long as **[housing provider]** can still meet all statutory requirements,*

*including participating in HMIS, ensuring the housing meets quality standards, and ensuring the educational needs of children are met.\*\**

If **[housing provider]** has no safe and available units for which a tenant who needs an emergency transfer is eligible, **[housing provider]** will work with the regional Coordinated Entry Lead, the Regional Lead, NC BoS CoC staff, and **[insert other housing providers in the region that will help facilitate emergency transfers]** to assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move.

Tenants who qualify for an emergency transfer, but a safe unit is not immediately available for an internal emergency transfer, shall have priority over all other applicants to **[housing program]** provided that: the individual or family meets all eligibility criteria required by Federal law or regulation or HUD NOFO; and the individual or family **[insert any program preferences]**. The individual or family shall not be required to meet any other eligibility criteria or preferences for the project.

**[Housing provider]** will also give priority to applicants that need emergency transfers from other programs, subject to the same requirements in the paragraph above.

At the tenant's request, **[housing provider]** will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking, including **[insert local victim service agencies here. For a list of local victim service providers by county visit <https://nccadv.org/get-help>. For a list of local rape crisis centers in North Carolina, visit <https://nccasa.coalitionmanager.org/contactmanager/contact/publicdirectory>]**

#### *Safety and Security of Tenants*

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or **[insert local domestic violence shelters and other local victim service providers here]** for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). **[Insert appropriate staff title]** will assist tenants to contact any safety resources if requested.

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline

at <https://ohl.rainn.org/online/>. Or tenants may find a listing of local rape crisis centers at <https://nccasa.coalitionmanager.org/contactmanager/contact/publicdirectory>

Tenants who are or have been victims of stalking seeking help may visit the Stalking Prevention and Awareness Resource Center at <https://www.stalkingawareness.org/>

Tenants who are or have been victims of human trafficking may visit the National Human Trafficking Hotline at <https://humantraffickinghotline.org/en/safety-planning-information> or may call 1-888-373-7888 or text 233733.

#### *Prohibited basis for denial or termination of assistance or eviction*

An applicant for assistance or tenant assisted by **[housing program]** will not be denied admission to, denied assistance under, terminated from participation in, or evicted from housing on the basis or as a direct result of the fact that the applicant or tenant is or has been a survivor of domestic violence, dating violence, sexual assault, stalking, or human trafficking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy.

A tenant, or an affiliated individual of the tenant, in **[housing program]** who is a survivor or threatened victim of domestic violence, dating violence, sexual assault, stalking or human trafficking, will not be denied tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault, stalking, or human trafficking if the criminal activity is engaged in by a member of the household of the tenant or any guest or other person under the control of the tenant.

An incident of actual or threatened domestic violence, dating violence, sexual assault, stalking, or human trafficking shall not be construed as:

- A serious or repeated violation of a lease executed under a covered housing program by the survivor or threatened victim of such incident; or
- Good cause for terminating the assistance, tenancy, or occupancy rights under a covered housing program of the survivor or threatened victim of such

#### *Lease bifurcation*

In order to effect an emergency transfer, households may bifurcate a lease to remove a household member from a lease in order to evict, remove, terminate occupancy rights, or terminate assistance to such member who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, stalking, or human trafficking against an affiliated individual or other individual, without evicting terminating assistance to, or otherwise penalizing a victim of such criminal activity who is also a tenant or lawful occupant.

If a **[housing provider]** exercises the option to bifurcate a lease and the individual who was evicted or for whom assistance was terminated was the eligible tenant under the covered housing program, the covered housing provider shall provide to any remaining tenant or tenants that were not already eligible a period of 90 calendar days from the date of bifurcation of the lease to:

- a) Establish eligibility for the same covered housing program under which the evicted or terminated tenant was the recipient of assistance at the time of bifurcation of the lease; or
- b) Establish eligibility under another covered housing program; or
- c) Find alternative housing.

**[Housing provider]** may extend the 90-calendar-day period of this section up to an additional 60 calendar days, unless prohibited from doing so by statutory requirements of the covered program or unless the time period would extend beyond expiration of the lease.

If the survivor of domestic violence, dating violence, sexual assault, stalking, or human trafficking receives tenant-based rental assistance and chooses to move to a new unit in order to effect an emergency transfer, the remaining family members may remain in the original unit as long as they had not violated the terms of the lease by engaging in criminal activity directly relating to domestic violence, dating violence, sexual assault, stalking, or human trafficking against an affiliated individual or other individual. Household members remaining in the unit may continue to receive assistance if they were eligible for assistance prior to moving into the unit. Household members may have 90 days to establish this eligibility.

#### *Leases, sub-leases, and occupancy agreements*

Any lease, sub-lease, or other occupancy agreement between a tenant and **[housing provider]** **will** permit the program participant to terminate the lease, sublease, or occupancy agreement without penalty if the housing provider determines that the program participant qualifies for an emergency transfer under this emergency transfer plan.

***\*\*Only complete if you operate tenant based rental assistance\*\**** For tenants with tenant-based rental assistance, **[housing provider]** will enter into a contract with the tenant's owner or landlord that requires the owner or landlord to comply with all provisions of VAWA regulations under 24 CFR part 5, subpart L and requires the owner or landlord of the housing to include a lease provision that:

- *Includes the prohibited bases for eviction under Section 8 of this plan; and*
- *If the tenant is approved for an emergency transfer by the housing provider, allows the tenant to bifurcate the lease under Section 9 of the NC BoS CoC's Emergency Transfer*

*Plan or terminate the lease under Section 10 of the NC BoS CoC's Emergency Transfer Plan without penalty if either action is necessary to effect the emergency transfer.*

*The lease may specify that the protections under 24 CFR part 5, subpart L and above, only apply while the program participant receives tenant-based rental assistance under the Continuum of Care Program.\*\**

*Record-keeping*

**[Housing provider]** will keep confidential records of all emergency transfers requested and the outcomes of such requests for three years.