Central Oregon
Homeless Leadership Coalition

Policies and Procedures
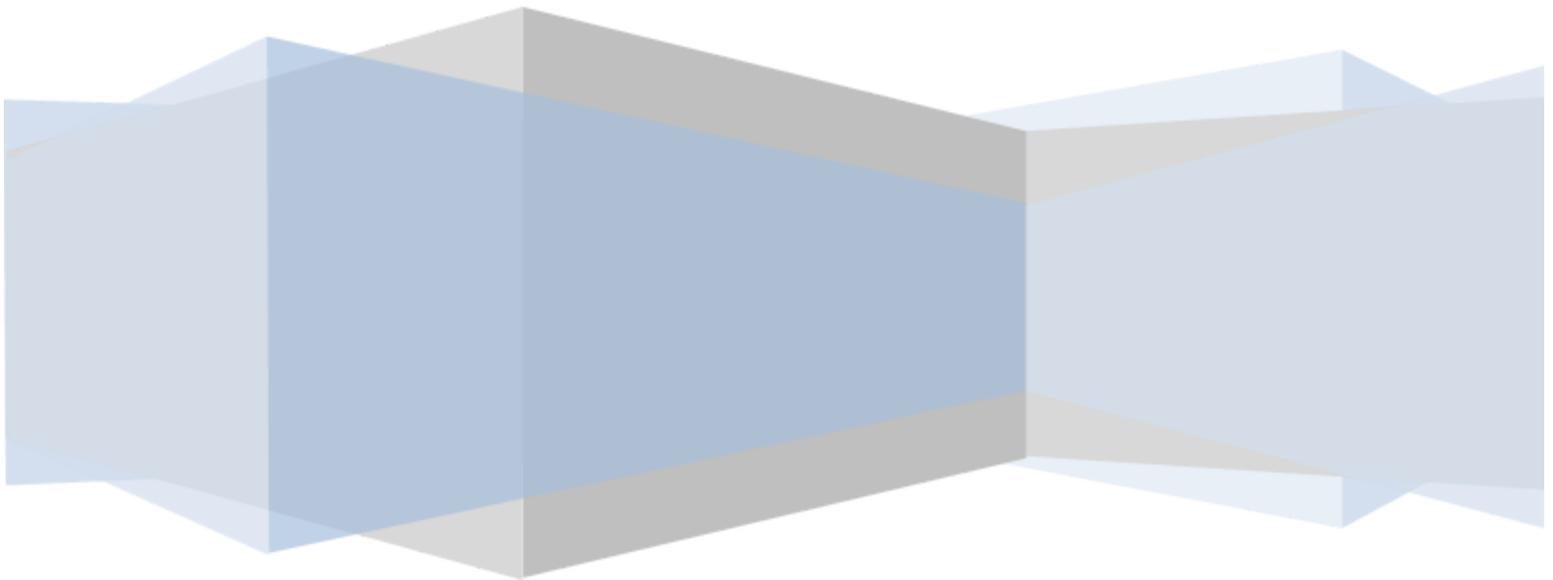
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Introduction and Purpose

This document outlines key operational components of the CoC, including policies and procedures for the CoC. It complements the Homeless Leadership Coalition's CoC Governance Charter.

Background

A Continuum of Care is a collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing along with other service resources to address the various needs of persons experiencing homelessness. HUD also refers to the group of service providers involved in the decision-making processes as the "Continuum of Care."

The Central Oregon Homeless Leadership Coalition Continuum of Care ("HLC," "CoC") serves the area encompassed within Deschutes, Crook and Jefferson counties in Central Oregon.

The CoC's Policies and Procedures and Governance Charter will:
1. Be reviewed and updated annually by the CoC board in consultation with the HMIS lead and collaborative applicant
2. Specify policies and procedures needed to comply with requirements associated with establishing and operating a CoC and HMIS requirements prescribed by HUD

Structure and Governance

Membership

1. Membership in the CoC is open to agencies or organizations that work within Crook, Deschutes, and Jefferson counties to provide, facilitate or support homeless services.
2. The CoC will maintain an official list of members.
3. The CoC will be established by representatives from relevant organizations within the tri-county geographic area. Relevant organizations include nonprofit homeless assistance 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 veterans, and homeless or formerly homeless individuals.
4. Membership in the CoC is open to all stakeholders in Crook, Deschutes, and Jefferson counties. Annually, the CoC will issue a public invitation for any interested person within the three counties in Central Oregon to become a CoC member. The invitation will be sent to relevant organizations in Central Oregon and published via website, email ListServe, or newspaper with wide circulation in the region.

<u>Voting Membership (Board of Directors)</u>

1. Each agency or organization will propose a representative as a voting member of the CoC. Voting members must be approved by a simple majority vote of current CoC members. Voting members will constitute the CoC's Board.
2. The CoC Board will maintain an official CoC list of voting representatives.
3. The CoC Board will be responsible for evaluating proposed governance structures, completing a community assessment, and voting new policy into place.

Continuum of Care Leadership

The CoC Board will consist of individuals who represent relevant organizations and projects that serve homeless subpopulations and will include at least one homeless or formerly homeless individual.

To serve on the CoC Board, individuals must meet the following minimum requirements:
1. Must attend a minimum of 75% of the CoC regular meetings in a calendar year.
2. Must attend a minimum of 75% of the meetings of their assigned Standing Committee in a calendar year.
3. Must be current with membership fees each year.
4. Must disclose potential conflicts of interest and sign a conflict of interest statement annually.
5. Must recuse oneself when voting on a matter that is a conflict of interest.
6. Must have the authority to act on behalf of the organization they represent.
7. Minimum attendance requirements can be met with the use of a written proxy for no more than two (2) meetings in a calendar year.

The voting membership will elect an Executive Committee that will consist of four voting directors. When a member resigns, the Executive Committee will appoint an interim member to the position until the next annual member meeting is conducted and a formal vote and approval process can take place. This process will be reviewed, updated, and approved by the CoC annually. The Executive Committee has oversight for governance, performance, creating CoC policy, and submitting CoC-applicant reviews to the prioritization committee; however, the Executive Committee is responsible to the Board and general membership.

The CoC membership will review, update, and approve the Board selection process at least once every five years.

Terms
Board and Executive Committee members are elected to two-year terms by a simple majority of the voting membership. Board and Executive Committee membership is limited to three terms. Each director shall hold office until her/his successor is duly elected or recognized. In the case of the absence or disability of any director and of any person hereby authorized to act in his/her place during his/her absence or disability, the Board may, by resolution, delegate the powers and duties of such director, to any other director, or to any other person whom it may

select.

Lead Agency Designation
The CoC has designated NeighborImpact as the collaborative applicant and lead agency for the HLC.

HMIS Governance
The CoC has designated NeighborImpact as the lead agency for implementing and operating a homeless management information system (HMIS) within HLC's jurisdiction. Per HUD policy, the CoC is responsible for HMIS project oversight and implementation, which encompasses
   a.) Planning
   b.) Administration
   c.) HMIS budget approval and oversight
   d.) Grant monitoring and work plan submission approval
   e.) Software selection
   f.) Ensuring compliance with HMIS data standards
   g.) Reviewing and approving all policies, procedures and data management plans contributing to HMIS Organizations
   h.) Review, revise, and approve privacy, security and data quality plans
   i.) Ensure HMIS administration in compliance with HUD requirements
   j.) Ensure consistent participation of providers

The CoC's HMIS oversight and governance responsibilities are carried out by its HMIS Support Committee. The general decision making process is as follows:
   a.) Draft policies, procedures, data management plans and other work will be reviewed, amended, and preliminarily approved by the HMIS Support Committee.
   b.) The CoC representatives on the HMIS Support Committee are responsible for sharing draft policies, procedures, data management plans and other work with the CoC for feedback and approval.
   c.) The HMIS Support Committee may give final approval of policies, procedures, data management plans and other work after receiving feedback and approval from the CoC.

No policy procedure, data management plan or other work may be approved by the HMIS Support Committee without confirmation and approval by the CoC's Executive Committee.

Committees
The CoC will establish standing committees as well as sub-committees and workgroups or taskforces, with the chairs of each appointed by the CoC Chair.

Internal Committees
Local Homeless Coordinating Committees are key to the success of the CoC. The CoC relies upon the agencies and committees to oversee strategic planning efforts, review performance, and communicate to CoC leadership. The CoC's membership and committees will:
   ● Collaborate with consolidated planning efforts
   ● Complete and submit the CoC's project priority ranking results

- Submit Point-in-Time Count (PIT), Housing Inventory Chart (HIC), Grant Inventory Worksheet (GIW) and gaps analysis data to officials in jurisdictions that prepare Consolidated Plans
- Draft, update and disseminate the Ten Year Plan to End Homelessness

HMIS Support Committee

Members: HLC's HMIS Support Committee includes representatives from Crook, Deschutes, and Jefferson counties, one large agency, one medium-sized agency and one small agency. The HMIS Specialist leads the committee.

Responsibilities: The primary role of this committee is to guide policy decisions for the HMIS program. This committee will be responsible for providing input into the overall HMIS structure and assist in reviewing existing policies and procedures as well as recommending additional items as needed based HUD's HMIS Data Standards, local needs to include both HUD-funded and non-HUD-funded agencies. The HMIS Support Committee will convene subcommittees as needed which will report back to the HMIS Support Committee recommendations for action.

Meetings: The HMIS Support Committee meets monthly. Members are asked to attend each meeting as the meeting dates for the year are set at the final meeting held in December. The HMIS Specialist will e-mail committee members the agenda for each meeting. In addition, the HMIS Specialist will e-mail additional HMIS updates released by HUD as they become available.

Final Approval: HLC will have final authority for the HMIS structure as well as policies and procedures.

Point-in-Time Count Workgroup

The Point-in-Time Count Workgroup will oversee the work of the annual unsheltered point-in-time count and quarterly sheltered point-in-time counts. The committee is made up of a PIT lead and a member of each agency. The PIT Committee and the HMIS Support Committee will coordinate to assure HUD regulations for the count are adhered to and adequate support is available locally.

Coordinated Entry Workgroup

The Coordinated Entry Workgroup will perform outreach and educate local agencies about coordinated assessment. This workgroup also will develop and implement an assessment tool. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, the CoC will establish and operate a coordinated entry system that will provide initial, comprehensive assessment of needs and can be easily accessed.

The CoC's specific coordinated entry system will document the plan for addressing the needs of individuals or families who are fleeing domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

The system will document a plan to coordinate the implementation of a housing and service system within the CoC's geographic area to meet the needs of homeless individuals (including unaccompanied youth) and families.

The system will encompass outreach, engagement and assessment; encompass shelter, housing and supportive services, and prevention strategies.

CoC Funding and Competition Subcommittees
- **The CoC Grantee Subcommittee** will support the HUD NOFA process and drive training and technical assistance needs for CoC grantees. The committee will consist of voting representatives of member agencies who work closely within the Continuum of Care process and who may or may not be recipients of CoC funding. The committee will have an appointed Chair and Co-Chair under the direction of the CoC's Executive Committee. It will address issues of performance and goal setting as they pertain to CoC grantees. Committee members will meet for training a minimum of once per quarter with additional meetings held as needed surrounding NOFA/application training and debriefing.

- **The CoC Grant Prioritization Subcommittee** will consist of individuals in the community who have interest in the Continuum of Care process but whose agencies are not applicants for the HUD CoC funding cycle. This committee will review community unmet needs, solicit proposals, establish funding priorities, conduct a thorough review of applications to assure accurate and strong applications, organize and facilitate the grant application review and scoring process, and rank the applications according to the results of those reviews.

  The CoC's Lead Agency will consult with ESG sub-recipients about the prioritization and allocation of ESG funding. The CoC's Leady Agency also will evaluate and report on the performance of ESG recipients and sub-recipients. The CoC Lead Agency will meet with ESG applicants individually, in one-on-one meetings, to discuss their allocations. The CoC Lead Agency will propose the allocations to the CoC membership for approval. The CoC Lead Agency will compile monthly performance reports, using data from the HMIS and expenditure reports, for each sub-recipient, and will present that information to the general membership in monthly meetings.

  Annually, during the CoC grant renewal process, the CoC Lead Agency will ask the CoC to set and approve funding priorities. Currently, those priorities are:
  1) Permanent Supportive Housing
  2) Rapid Re-housing

Communication

Between CoC meetings, the leadership and committees will keep members informed through some or all of the following methods:
- Maintaining a directory of CoC members, as well as updating and distributing it regularly

- Facilitating localized discussion and planning through committees
- Establishing working groups to move the work of the CoC forward between meetings
- Encouraging partners with similar interests to join forces, either by sharing information/best practices or working on strategies to collaborate and support each other's efforts
- Coordinating peer monitoring among CoC and ESG grantees.
- Sharing information regularly to maintain a focus on ending homelessness in general and the continuum in particular

Methods of sharing information between CoC meetings will include:
- Information sent out via email
- Training via webinar and conference call
- Technical assistance via webinar, in person and phone communication
- Information added to the CoC website (http://www.cohomeless.org) including:
    o Information on the work of the CoC
    o Resources
    o Plans and Implementation
    o Research and data
    o Funding availability, grant application and awards
    o Written agendas and minutes from meetings
    o Policies

<u>Meetings</u>

- Generally, a minimum of 11 monthly meetings will be held each year, from January through November.
- All meetings of the members of the CoC shall be open to the public. Meetings other than member meetings, including meetings of the CoC Board and Executive Committee, are not open to the public.
- Open Membership and New Members
  Membership in the HLC CoC is open to all stakeholders in Crook, Deschutes, and Jefferson counties in Central Oregon, including nonprofit homeless assistance 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 veterans and homeless or formerly homeless individuals.
- Annually, the HLC CoC will issue a public invitation for any interested person within the tri-county area to become a member of the CoC. The invitation will be sent to relevant organizations in Central Oregon and published via website, email ListServe, or newspaper with wide circulation in the region a minimum of three days prior to the meeting.
- The CoC Board or Executive Committee may call special member meetings by providing an agenda to call the members at least three days prior to such meeting.
- A quorum of the membership will exist if a majority of the total members are present in person or participating electronically.

- The CoC chair or her/his designees will take reasonable steps to insure that all members are notified of the time and place of all member meetings.
- A reasonable period of time will be set aside for members to address the CoC at the member meetings.
- All CoC members will be permitted to propose "new business" for the next member meeting of the CoC.
- The annual member meeting and strategic planning meeting of the CoC will be set by the Executive Committee, who also will set the time and location of the meeting.
- It is recommended that one annual half-day strategic planning session be held in the fall of each year.

Training and Technical Assistance
The CoC's Lead Agency will conduct trainings and provide technical assistance for sub-recipients and general members relative to HMIS and other CoC-related activities as they are identified throughout the year.

Code of Conduct

The CoC is responsible to its stakeholders, which include affiliates, members, the Board, and others who have faith in our mission, support our goals and work on behalf and with people who are experiencing homelessness throughout Central Oregon. To uphold this trust we will:
- Promote good stewardship of resources;
- Refrain from using organizational resources for non-CoC purposes;
- Observe and comply with all laws and regulations affecting the CoC, staff, officers and board members;
- Insure open and transparent reporting and fiscal accountability;

We will disclose fully the state of our organization, recognizing that power comes from a healthy evaluation of both our strengths and weaknesses, and uphold the highest standards of accountability.

Conflict of Interest

The CoC will ensure that the CoC Membership, its Board, its Executive Committee, and any persons acting on behalf of the CoC comply will conflict-of-interest requirements and recusal processes.
- We will avoid any conflict of interest or appearance of a conflict of interest
- We will avoid any activity with vendors, grantees, or others that would compromise decisions or the ability to effectively carry out the duties for which we are responsible or that would conflict with the best interest of the CoC.
- All gifts, favors, and fees will be declared except for promotional items or items of nominal value.
- We will avoid influencing the selection of staff, consultants and vendors solely on the basis of a personal relationship.
- Violation of standards by officers, employees or agents of the CoC may result in

disciplinary action up to and including termination or removal from the CoC's membership and leadership.

Recusal

No director will cast a vote, nor take part in the final deliberation in any matter in which he or she, members of his or her immediate family or any organization to which such director has allegiance, has a personal interest that may be seen as competing with the interest of the Corporation. Any director who believes he or she may have such a conflict of interest will so notify the Board prior to deliberation on the matter in question, and the Board will make the final determination as to whether any director has a conflict of interest in any matter. The minutes of the Board meeting will reflect disclosure of any conflict of interest and the recusal of the interested director.

Non-Discrimination

The Continuum of Care is a non-discriminatory organization and does not discriminate on the basis of age, sex, race, ethnicity, religion, creed, disability, sexual orientation, familial status, or natural original in accordance with all state and federal regulations.

Grievance

Disputes and problems should be resolved between parties on a one-to-one basis. The issues should be clearly stated and understood by both parties. If this process does not resolve the matter, the aggrieved party may seek resolution through the process outlined below, which can lead to binding arbitration or alternative means such as mediation or facilitation.

Formal Complaint Process

Member notifies his/her immediate supervisor/Executive Director to discuss complaint, put complaint in writing, and discuss possible solutions.	If dispute is not resolved, then…	Supervisor/Executive Director discusses matter with CoC Executive Committee member who replies in writing to member's complaint within 10 working days.
Member appeals to CoC within 5 working days. CoC must meet with parties within 5 working days of receiving appeal.	If dispute is not resolved, then…	CoC Board will discuss grievance with Executive Committee and parties and within 5 working days, make a decision on the grievance and take any necessary action.
If decision is unfavorable to member, then member may submit to binding arbitration before an independent and qualified arbitrator.	If dispute is not resolved, then…	Arbitrator will make decision with a timeframe to be determined. Arbitrator will determine how the costs of arbitration are to be divided.

HEARTH Act Goals

The CoC has adopted goals related to the evaluation of program and system performance in

accordance with the HEARTH Act.
- Reducing the Length of Time Homeless (Goal of 30 days or less)
- Reducing the Number of Homeless People
- Reducing the Number of Newly Homeless
- Reducing Returns to Homelessness
- Increasing Exits to Permanent Housing
- Increasing Income and Employment
- Increasing access to and utilization of mainstream benefits

Program Admittance of Households with Minors

The CoC is committed to keeping children under the age of 18 with their families: Specifically, emergency shelters, transitional housing and permanent housing programs with ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing.

Veterans

It is the policy of the CoC that eligible veterans are first referred to VA services, but in the case that a veteran is unable to access VA services or is ineligible, they will be prioritized for CoC and ESG services based first on vulnerability and secondly on veteran status.

Point-In-Time Count

The CoC will conduct at least one annual unsheltered point-in-time count of homeless persons and quarterly sheltered point-in-time counts of homeless persons per year. This count collects data on where homeless households are sleeping, household size, disability, chronic homelessness, and all other subpopulation information required to be reported into HDX for the annual point-in-time count.

HUD requires that all federally-funded homeless services participate in the PIT during the last part of January of each year. The PIT count is a physical count or census of all homeless persons living in emergency shelters, transitional housing, and on the streets on a single night. The HLC has a single HMIS that collects information on homeless persons served, such as their characteristics and circumstances and the services they receive. The CoC utilizes the HMIS as the primary source of sheltered point-in-time count data. To count unsheltered homeless, the CoC will conduct an annual street count.

Housing Inventory Chart

Every year the CoC will collect data to complete a housing inventory. This inventory will occur at a single point-in-time in the last ten days in January and each subsequent quarter throughout the year. The January housing inventory information will be gathered on the same date as the point-in-time sheltered and unsheltered counts.

For each program that houses persons experiencing homelessness, the CoC will collect data on:
- The number of beds and units currently serving individuals and families

- The number of beds and units created in the past year ("new inventory")
- The number of beds and units that are fully funded but not yet serving homeless people ("under development")

Housing inventory data for the January count must be obtained from all emergency shelters, transitional housing, and permanent supportive housing programs in the CoC, including those programs that do not receive HUD funding. Data collected from permanent supportive housing programs will be focused only on the beds and units that are dedicated to housing persons who are formerly homeless. The number of vacant emergency shelter, transitional housing, and permanent supportive housing units must be collected for the unmet need determination.

To collect Housing Inventory data, the CoC will annually:
- Use HMIS data to complete the Housing Inventory Chart

  Or, if HMIS data are unreliable

- Conduct a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless providers, which will include the previous year's Housing Inventory Chart and instruct providers to review and update housing inventory information on the specified night of the housing inventory. If the CoC decides to collect housing inventory information via a survey, the CoC will:
  - Provide written instructions to all homeless providers on how to report an accurate bed inventory
  - Systematically train provider-level staff on how to obtain an accurate bed inventory
  - Include definitions of key terms used in the inventory chart
  - Follow-up with providers (e.g. via telephone, email, or in-person) to ensure the maximum possible response rate and accuracy of the housing inventory information
  - After receiving the inventory information, confirm the information with CoC leadership and each provider to verify the accuracy of the data

Unmet need
Annually, the CoC reviews the data collected as a result of the homeless counts and housing/services inventories and determines what housing and services are needed in each area of our homeless populations. The methods to undertake this review include:
- Determining Housing Needs
- Calculating Unmet Needs
- Prioritizing Gaps

Each year the CoC reports to HUD housing for homeless people needed in our community, including the need for families and individuals for Emergency Shelter beds, Transitional Housing beds, and Permanent Supportive Housing beds. This information is also necessary for the long-term programming and strategic planning performed as a community. HUD's standardized methodology for calculating unmet need uses point-in-time data and local provider expertise to

calculate an initial estimate of unmet needs.

Determining Housing Needs

Unmet need reflects the difference between a CoC's bed capacity and number of homeless persons in the CoC at one point-in-time. Thus, most information for the unmet need calculation is collected as part of the point-in-time homeless count and housing inventory process, except for housing needs perceived by the community. To determine the housing needs of homeless persons who are residing in emergency shelter, transitional housing, and persons who are unsheltered, the CoC will solicit expert opinions of homeless assistance providers.

The CoC will obtain the housing needs of sheltered homeless persons by asking each emergency shelter and transitional housing provider listed in the Housing Inventory Charts to estimate the percentage of their clients that need emergency shelter, transitional housing, and permanent housing to resolve their homeless situation.

The CoC will obtain the housing needs of unsheltered homeless persons in one of two ways:
- Individually surveying outreach workers or teams, then averaging the estimated percentages, and applying the average to the total unsheltered population; or
- Convening a group of outreach workers to discuss and arrive at a consensus on the percentage of unsheltered persons in need of each type of housing

When determining housing needs, the CoC will remember that:
- Each person or family should be placed in the one program type that will best assist the household in resolving homelessness
- The calculation of unmet need for each program type (emergency shelter, transitional housing, or permanent supportive housing) should be done separately for unaccompanied individuals and person in families with children. This is necessary to accurately reflect the bed capacity need for each group.

Calculating Unmet Need

The CoC will begin by using the following standardized formulas for calculating unmet need by program type (emergency shelter, transitional housing, and permanent supportive housing):
- Unmet need for Emergency Shelter (ES) = (the number of unsheltered homeless persons who need ES + the number of persons currently in ES who will only need ES) – (Total number of ES beds + ES beds under development)
- Unmet need for Transitional Housing (TH) = (The number of unsheltered homeless persons who need TH + the number of persons in ES who need TH + the number of persons in TH who will only need TH) – (Total number of TH beds + TH beds under development)
- Unmet need for Permanent Supportive Housing (PSH) = (The number of unsheltered homeless person who need PSH + the number of persons in ES who need PSH + the number of persons in TH who need PSH) – (Total number of vacant PSH beds + PSH beds underdevelopment)

Prioritization for CoC Assistance

The CoC Board will adopt written standards for establishing eligibility and prioritization of clients for assistance. These standards will
- be specific and detailed,
- address any unique eligibility requirements for assistance (e.g., disability or subpopulation)
- reflect the homeless population and subpopulations within the CoC as reported by the Collaborative Applicant
- reflect the housing and service resources available within the CoC
- reflect local and national targeting priorities.

These written standards will be in compliance with HUD Notice CPD-14-012 issued on July 28, 2014.

a. Priorities for Permanent Supportive Housing

CoC Goals of prioritization written standards are to establish an order of priority for dedicated and prioritized PSH beds (a) to ensure that those persons with the most severe service needs are given first priority; and (b) to inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness, thus prioritizing persons who do not yet meet the definition of chronic homelessness but who are most at risk of becoming chronically homeless. The CoC will also develop uniform recordkeeping requirements for all recipients of CoC Program funded PSH for documenting chronically homeless status of program participants when required to do so. The CoC will provide guidance on recommended documentation standards that are required of PSH grant recipients and that are required before assigning CoC-funded PSH Beds.

Key Terms and Definitions for Prioritization

Housing First. Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. All recipients of CoC Program-funded PSH should follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the CoC Project Application must do so; the CoC's overall score for CoC Program Competition is affected by the extent to which project applications indicated that they would follow the Housing First model, and this requirement will be incorporated into the recipient's grant agreement.

Chronically Homeless. The definition of "chronically homeless" currently in effect for the CoC Program is defined in the CoC Program interim rule (24 CFR 578.3) which states that a chronically homeless person is:
An individual who

- Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
- Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- Has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility;

or

A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

Severity of Service Needs. For the purposes of prioritization, severity of service needs means an individual for whom at least one of the following is true:
- History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined above should be identified and verified through data-driven methods such as an administrative data match between the HMIS and institutional providers or through the use of a standardized assessment tool. The CoC Collaborative Applicant will select and implement assessment tools for the purpose of prioritization in consultation with homeless service providers, stakeholders and established CoC Board Committees charged with review of the Coordinated Assessment Process. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

    i.   **Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons**

> There are two significant ways in which the CoCs can increase progress towards ending chronic homelessness using existing CoC Program-funded PSH:

    a) **Increase the number of CoC Program-funded PSH beds that are dedicated to**

persons experiencing chronic homelessness.

Dedicated PSH beds are required through the project's grant agreement with HUD to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority in these written standards. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area as documented through the HMIS and the Coordinated Assessment System. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC) maintained by the Collaborative Applicant. A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

b) **Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.**

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. HUD scores CoCs on the extent to which they are willing to prioritize chronically homeless persons in a percentage of their non-dedicated PSH beds, with the highest points going to CoCs that prioritized the chronically homeless in 85% or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH must indicate the number of non-dedicated beds that they will prioritize for use by persons experiencing chronic homelessness. These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds, since the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable.

CoC-wide performance will be expected to meet or exceed the goals established in the CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the

extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

ii. **Order of Priority in CoC Program-funded Permanent Supportive Housing Beds dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the CoC's written standards in accordance with Notice CPD-14-012 and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority will be documented and implemented through the Coordinated Entry System Documentation of Priority Status managed by the Collaborative Applicant.

a) **Priority One: Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

   i)   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 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;

   ii) The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

b) **Priority Two: Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless** individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

   i.)   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 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,

     ii.) The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

c) **Priority Three: Chronically Homeless Individuals and Families with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

     i.) The chronically homeless individual or head of household of a family has been homeless and living or residing 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 total length of those separate occasions equals less than one year; and

     ii.) The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

d)   **Priority Four: All Other Chronically Homeless Individuals and Families.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

     i.) 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 for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and

ii.)   The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in PSH beds not dedicated or prioritized for persons experiencing chronic homeless below (2.) may be followed.

Recipients of CoC Program-funded PSH should follow the order of priority above (1.) while also considering the goals and any identified target populations served by the

project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under the definition of *Priority One* to the extent in which persons with serious mental illness meet the criteria.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this policy. The CoC recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients *are not required* to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the CoC Project Application that they would follow a Housing First approach will be required to do so. The CoC's overall score for CoC Program Competition is affected by the extent to which project applications indicated that they would follow the Housing First model, and this requirement will be incorporated into the recipient's grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

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

Recipients of CoC Program-funded PSH beds that are not dedicated or prioritized for persons experiencing chronic homelessness are required to follow the order of priority when selecting participants for housing in accordance with these written standards and in a manner consistent with their current grant agreement with HUD. This policy will allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those *most at risk of becoming chronically homeless*. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, *any household member with a disability* may qualify the family for PSH.

a) Priority One: Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or

in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

b) **Priority Two: Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

c) **Priority Three: Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.** An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

d) **Priority Four: 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 coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under *Priority One* to the extent in which persons with serious mental illness meet the criteria.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as

adopted by the CoC. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

b. Prioritization of Services for Families with Children: Prevention, Rapid Rehousing, Transitional Housing

For homeless households with children, agencies will initially engage the family to determine if there are **diversion** resources to a stay in emergency shelter. Agency staff will have support from the Coordinated Entry System Homeless Helpline in determining options to mediate or prevent homelessness whenever possible through ESG funded homeless prevention programs, Supportive Services for Veterans Families programs (SSVF) or the Direct Client Services Fund for transportation back to a location where there are existing social supports.

If an extended stay in emergency shelter is in order, agencies will conduct the HMIS based "**Housing Assessment Form**" (or the Domestic Violence shelter equivalent assessment) no later than the **14th night** of shelter to determine housing options and severity of housing barriers.

If, during the HAF assessment and case management interview, staff determine that the family presents with documentable disabling conditions and episodic homelessness, the agency will pursue the DOPS and severity of service needs process for prioritization for permanent supportive housing protocol described above.

If the HAF assessment and case management interview determine that the family presents with barriers and service needs that are manageable with resources provided by the CoC's Rapid Rehousing Programs, they will be referred or placed on the prioritization list for those resources.

If the HAF assessment and interview with the family determines that the family presents with more substantial barriers and service needs that are better managed with resources provided by the CoC's Transitional Housing Programs, they will be referred or placed on the periodization list for those resources.

Prioritization Lists for Rapid Rehousing and Transitional Housing will be managed by the Coordinated Entry Office. The Prioritization Lists and client status will be reviewed and updated at least every 90 days.

c. Prioritization of Services for Individuals Unaccompanied by children for Homeless Prevention, Rapid Rehousing, and Transitional Housing

For homeless individuals unaccompanied by children, agencies initially engage the individual to determine if there are **diversion** resources to a stay in emergency shelter. Agency staff will have support from the Coordinated Entry System Homeless Helpline to determine options to mediate or prevent homelessness whenever possible through ESG funded homeless prevention programs, Supportive Services for Veterans Families programs (SSVF) or the other agencies' clients services' funds for transportation back to a location where there are existing social supports.

If an extended stay in emergency shelter is indicated, agencies will conduct the HMIS based "**Housing Assessment Form**" (or the Domestic Violence shelter equivalent assessment) no later than the **30th night** of shelter to determine housing options and severity of housing barriers.

If during the HAF assessment and case management interview, it is determined that the individual presents with documentable disabling conditions and episodic homelessness, the agency will pursue the DOPS and severity of service needs process for prioritization for permanent supportive housing protocol described above.

If the HAF assessment and case management interview determines that the individual presents with barriers and service needs that are manageable with resources provided by the CoC's Rapid Rehousing Programs, they will be referred or placed on the prioritization list for those resources.

If the HAF assessment and case management interview determines that the individual presents with more substantial barriers and service needs that are better managed with resources provided by the CoC's Transitional Housing Programs, they will be referred or placed on the periodization list for those resources.

Prioritization Lists for Rapid Rehousing and Transitional Housing will be managed by Coordinated Entry staff. The Prioritization Lists and client status will be reviewed and updated at least every 90 days.

d. Prioritization of Housing for Subpopulations: Domestic Violence and Transition-Aged Youth

i) Victims of domestic violence, dating violence, sexual assault, or stalking

Persons who present through the Coordinated Entry System or at emergency shelters who are victims of domestic violence, dating violence, sexual assault, or stalking will be immediately referred to the Domestic Violence Hotline for

assessment. If the assessment results in the household not being referred to the domestic violence shelter, the Coordinated Entry System or agency will proceed with the standard methods of assessment and prioritization and the victimization experience will be considered in the assessment and service needs evaluation.

ii) Transition–aged youth

Persons who present through the Coordinated Entry System or at emergency shelters who are transition–aged youth (between the ages of 18 and 24) will be immediately referred to the Cascade Youth & Family Center and other organizations that serve homeless youth for assessment. If the assessment results in the household not being referred to services provided by these agencies, the Coordinated Entry System or agency will proceed with the standard methods of assessment and prioritization and the age of the youth will be will be considered in the assessment and service needs evaluation.

AHAR Participation

The Annual Homeless Assessment Report (AHAR) is a report by HUD to the U.S. Congress on the extent and nature of homelessness in America. It is based on data from Homeless Management Information Systems and on information from CoC Collaborative Applications. The AHAR provides estimates of the number of homeless persons nationally, a descriptive profile of homeless persons, and an analysis of service use patterns.

The CoC's HMIS team completes the AHAR. Client level data for the AHAR will be collected through the HMIS based on HUD's universal data elements which all communities receiving HUD Homeless Assistance funding are required to collect and maintain and which are the same data elements used to generate HUD's Annual Performance Reports (APRs).

Unduplicated data will be collected for the six standard AHAR report categories: Emergency Shelter-Individuals, Emergency Shelter-Families, Transitional Housing-Individuals and Transitional Housing-Families, Permanent Supportive Housing-Individuals and Permanent Supportive Housing-Families. Data will also be collected for any supplemental reporting categories established by HUD.

In order to participate in the AHAR, the CoC's HMIS must be capable of:
- Producing a one day point-in-time count, average day count, and longitudinal counts.
- Identifying clients with multiple program use – e.g., how many people in ES-IND were also served in TH-IND or PSH-IND.
- Counting persons by household type – e.g., individual adult male, adult in household with children, or unaccompanied youth.
- Generating frequencies by basic demographic characteristics.
- Cross-tabulating total length of stays within each program-household type, by gender and age.
- Totaling the number of households with children by program type.

The CoC's HMIS lead agency has established continuum-wide data quality control procedures to ensure the accuracy and completeness of AHAR data collected and reported. On an annual basis (according to HUD's designated data collection schedule), the HMIS lead agency will de-duplicate and aggregate the client information collected to produce and submit the AHAR data report.

- The AHAR data collection period is October 1st to September 30th of each year.
- The HMIS lead agency will submit the AHAR report electronically through the AHAR Exchange to the HUD-designated private research firm, responsible for compiling the national AHAR.
- A draft AHAR report will be submitted by the HUD-designated date.
- The HMIS lead agency will work with the AHAR Research team to correct any data problems and submit a final AHAR report by the HUD-designated date.

HMIS

The Homeless Management Information System (HMIS) is a collaborative project among the CoC and our member agencies. HMIS is a computerized data collection application designed to capture information about homeless people and homeless programs, with the exception of domestic violence service providers. HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) under the HEARTH Act for all communities and agencies receiving HUD Continuum of Care (CoC) and Emergency Solutions Grant (ESG) homeless assistance funds. It is also mandated for all agencies receiving State Unified Funding. HMIS is essential to efforts to streamline client services and inform public policy. Through HMIS, homeless people benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to preparing a periodic accounting of homelessness in Central Oregon and within the CoC. The data allow us to measure the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs. Such an unduplicated accounting of homelessness is key to service and systems planning, effective resource allocation, and advocacy. The CoC and the HMIS lead agency enter into an agreement, under a Memorandum of Understanding (MOU) to implement and operate the HMIS in Central Oregon.

A fully-functioning HMIS supports the CoC's goal to provide an effective range of homeless housing and services that reduce instances and lengths of homelessness. The CoC system components include prevention, emergency shelter, transitional housing, permanent housing and permanent supportive housing. Outreach efforts and specialized supportive services actively identify and support homeless providers to collect uniform client information over time. To supply useful data to the CoC and the community, data from these components must be recorded in the HMIS.

Per the MOU and HMIS Governance Agreement with the CoC, the HMIS Lead Agency will:
● Review, revise, and approve privacy, security and data quality plans
● Ensure HMIS administration in compliance with HUD requirements

● Ensure consistent participation of providers

Continuum of Care Funding

The CoC or its Collaborative Applicant is responsible for facilitating the community response to the annual Continuum of Care (CoC) Notice of Funding Availability (NOFA) issued by the federal department of Housing and Urban Development (HUD)

Project Prioritization Policies and Procedures

Eligible proposals will be prioritized for inclusion in the CoC's consolidated application by the CoC's Executive Committee acting as the project ranking group.

The CoC Board appoints an Independent Review Team Coordinator and recruits Independent Review Team (IRT) members, prioritizing individuals who have served as IRT members in the past or who have experience relevant to homelessness, community needs, or grant application processes. The IRT will be composed of representatives from a cross-section of groups which might include: Faith-based and non-profit providers of homeless services and housing; public officials; educators or school administrative staff; mental health or substance abuse treatment providers; veteran's services providers; law enforcement; and consumers.

- IRT members must declare that they have no conflict of interest with grant applicants
- Members must be appointed every year and their eligibility verified
- Members must be able to dedicate time for application review and committee meetings
- Members are given an orientation by the IRT Coordinator, to include:
    o Information regarding homeless activities, needs, services, definitions and other issues that are pertinent to the CoC
    o A background of McKinney Vento and the local process
    o The role of the IRT
    o Review of the scoring tools, applications, and resources
- IRT members receive eligible application proposals and scoring materials
- IRT members review all applications, score them, and note any questions or comments
- If CoC Board members have knowledge that could lead HUD to deny granting funds to an applicant, they will share that information with the IRT. The Board will discuss this information with applicants as part of technical assistance provided to assist project development.
- The IRT Coordinator scores each project to set baselines, finalizes individual project scores and submits scores to the CoC's Executive Committee.
- The CoC's Executive Committee meets to review and discuss the IRT scores as well as their comments or recommendations for applicants.
    o The Executive Committee considers adjustments for such issues as HUD incentives or requirements
    o The Executive Committee considers proposal changes or project budget adjustments that may be required to meet community needs
    o The Executive Committee determines the ranking and funding levels of all projects after considering all available information

o   During deliberation, the IRT Coordinator will provide assistance by answering questions or reminding the Executive Committee of their responsibilities should they step outside their purview

- The CoC will deliver scoring results to applicants with a reminder about the appellate process.

    o   Each applicant receives a denial letter or recommendation for award letter noting recommendation conditions and application adjustments or technical edits that need to be made. Applicants are asked to submit an acknowledgement of conditions with a deadline for addressing conditions and for correcting their applications. Applicants return their applications to the Executive Committee before the deadline.
    o   If, based on the grantee's written acknowledgement of conditions and deadline for addressing conditions, the Executive Committee has unresolved concerns, the Executive Committee will draft recommendations to address those concerns. Deadlines for corrections and follow-up visits are anticipated to be ten (10) days or less, but will be defined on a case-by-case basis and included with the list of recommendations.
    o   Applications that do not meet the threshold requirements will not be included in the Priority Listing in the Consolidated Application, and therefore will not be forwarded to HUD for consideration.
    o   If more applications are submitted than the CoC has money to fund, the lowest-scoring applications will not be included in the Priority List in the Collaborative Application and will not be forwarded to HUD for consideration.

Policy for Appeals of Rating/Ranking Eligible Appeals
- The application of any applicant agency which a) is unranked, or b) receives decreased funding (e.g. projects with funds reallocated to other projects) may appeal.
- Applicants that have been found not to meet the threshold requirements are not eligible for an appeal.

Applicants may appeal if they can:
- Prove their score does not reflect the application information provided; or
- Describe bias or unfairness in the process, which warrants the appeal.

All notices of appeal must be based on information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed.

Per 24 CFR 578.35(b). Project applicants who believe they were not allowed to participate in a fair and open process and that were rejected by the CoC may appeal the rejection directly to HUD by submitting as a Solo Application prior to the application deadline.

Annual Performance Report (APR)

Annual Performance Reports (APRs), formally called Annual Progress Reports, are required by HUD on an annual basis to track the progress and accomplishments of HUD's Continuum of Care Homeless Assistance Programs.

The APR gathers information on how programs assist homeless persons to obtain and remain in permanent housing, increase skills, and income, and attain greater self-determination. This information is used by HUD and Congress to assess outcomes from federal funding. The APR is also useful to CoCs and CoC grantees as a planning and management tool to analyze client demographics and service needs; to evaluate project outcomes; to make improvements; and to set future goals for their projects.

To ensure accurate reporting and local accountability, the CoC requires that agencies submit a pdf draft copy of their eSnaps APR submission to the HMIS designated staff person 60 days before the APR is due to HUD. Following that review, agencies will submit a draft copy to the CoC no later than 30 days before the APR is due to HUD. Once the HMIS and CoC leads have reviewed the reports and any corrections have been incorporated, the agency may then submit their APR to HUD.

Monitoring

The CoC Grantee Subcommittee will make an annual site visit to CoC funded projects. In order to avoid conflicts of interest, the individuals conducting the site visit will not serve on the boards or staffs of the agency being monitored.

At a minimum, the Monitoring Visit will consist of the following activities and components:

- Tour units and facility, if applicable. Unit visits are conducted to evaluate the physical adequacy of the housing provided.
- Review and discuss most recently submitted APR and most recent correspondence from the IRT, including goals and progress.
- Review random sample of program files: Comprehensive file review will be completed on at least one file, with other files reviewed if necessary.
- Review results of client satisfaction survey or conduct client interviews. Arrangements for client interview will be made in advance of the visit.
- Identify technical assistance needs (from Continuum of Care or other source).

After the monitoring visit, a written summary of the visit will be provided to the grantee.

The grantee will then have fourteen (14) days to respond in writing to the visit summary report.

The CoC Grantee Subcommittee will review the summary and any written responses from the grantee.

If, based on project performance and the grantee's written explanation, the CoC Grantee Subcommittee has no further response or performance recommendations, the Monitoring Visit Summary and the grantee's written response(s) will be presented to the CoC on an

informational basis.

If, based on project performance and the grantee's written explanation, the CoC Grantee Subcommittee has continued performance concerns, the CoC Grantee Subcommittee will draft recommendations to address identified concerns. Timelines for corrections and follow-up visits are anticipated to be sixty (60) days or less, but will be defined on a case-by-case basis in the approved recommendations. Correspondence will be made available to the CoC.

The process of Follow-up Visits, summaries, and reports to the CoC will follow the same process as the initial Monitoring Visit. However, follow-up visits will specifically address grantee's fulfillment of the recommendations of the CoC Grantee Subcommittee.

In addition to an annual Site Visit, the CoC Grantee Subcommittee will conduct desk monitoring reviews of agency audits, drawdown requests, APRs and other documentation as necessary, including for the prioritization process and response to the NOFA.

Following annual site visits, the CoC's Collaborative Applicant issues monitoring review reports for each grantee. Monitoring review reports will include any findings as well as required corrective action. Sub-recipients have 60 days to implement corrective action. Per their contract, sub-recipients could have funds de-obligated for failure to correct findings.

The Collaborative Applicant conducts an initial on-site monitoring visit after the first quarter to identify potential concerns. Should the Collaborative Applicant identify a concern that the grantee cannot overcome and that will result in a violation of the contract, the Collaborative Applicant will recommend to the CoC's Executive Committee that the funds be diverted to other agencies.

ESG Recipient Monitoring
The CoC will work with ESG funders to coordinate the monitoring of outcomes of recipients of ESG funding. The Collaborative Applicant will monitor ESG grantees' activities to assure compliance with applicable Federal requirements and to determine whether or not performance goals are being achieved.

Written Standards
In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, the CoC must establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
1. Policies and procedures for evaluating overall eligibility for CoC assistance and eligibility
2. Policies and procedures for evaluating eligibility for Transitional Housing assistance and for prioritizing which eligible individuals or families will receive TH
3. Policies and procedures for evaluating eligibility for Rapid Re-Housing assistance and for prioritizing which eligible individuals or families will receive RRH
4. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance

5. Policies and procedures for determining and prioritizing which eligible individuals or families
   will receive Permanent Supportive Housing assistance

The CoC defines our procedures for prioritizing CoC assistance in a prior section; those priorities apply here as well. The CoC has developed the following standards, policies, and procedures for providing assistance with Emergency Solutions Grant (ESG) funds as required by 24 CFR 576.400 (e). These standards represent goals for providing services for the community and the entire continuum. These standards are in accordance with the interim rule for the Emergency Solutions Grant program released by the U.S. Department of Housing and Urban Development on December 4, 2011 and the final rule for the definition of homelessness also released by the U.S. Department of Housing and Urban Development on December 4, 2011.

I. EVALUATING PARTICIPANT ELIGIBILITY
Case managers will utilize intake assessment forms to review client situation, understand eligibility and begin the process of determining length of assistance. Any client assessed for potential assistance with ESG funds must meet the criteria to become eligible for homelessness prevention or rapid re-housing assistance. Any new client entering into shelter must also undergo an assessment to understand client needs and barriers and match the client to the most appropriate services provider. The following outlines the individual characteristics of clients qualifying for homeless prevention or rapid re-housing.

Homeless Prevention
Any client receiving assistance must have proof of residence within the Central Oregon.

Total household income must be below 30 percent of Median Family Income (MFI) at initial assessment. Clients must provide documentation of household income, including documentation of unemployment and a zero income affidavit for clients without income; AND Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place not meant for human habitation. Additionally, all clients must meet one of the following HUD criteria for defining at risk of homelessness for individuals or families:
• Has moved because of economic reasons 2 or more times during the 60 days immediately preceding application for assistance; OR
• Is living in the home of another because of economic hardship; OR
• Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
• Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
• Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
• Is exiting a publicly funded institution or system of care.

Rapid Re-Housing
Any client receiving rapid re-housing assistance must meet the HUD criteria for determining homelessness as either literally homeless or fleeing/attempting to flee domestic violence.

Category 1 – Literally Homeless is an individual or family who lacks a fixes, regular, and adequate nighttime residence, meaning:
• Has a primary nighttime residence that is a public or private place not meant for human habitation; OR
• Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state and local government programs); OR
• Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for immediately before entering that institution.

Category 2 – An individual or family is at Imminent Risk of Homelessness if they will imminently lose their primary nighttime residence, provided that:
• Residence will be lost within 14 days of the date of application for homeless assistance; AND
• No subsequent residence has been identified; AND
• The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Category 3 – Persons may be defined as homeless under other federal statutes if they are unaccompanied youth under 25 years of age, or families with children and youth who do not otherwise qualify as homeless under this definition, but who:
• Are defined as homeless under the other listed federal statutes; AND
• Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; AND
• Have experienced persistent instability as measured by two moves or more during the preceding 60 days; AND
• Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Category 4 – Any individual or family who:
• Is fleeing, or is attempting to flee, domestic violence; AND
• Has no other residence; AND
• Lacks the resources or support networks to obtain other permanent housing.

Shelter Clients
Homeless clients entering into the shelter system must meet the HUD criteria for homelessness as either literally homeless, at imminent risk of homelessness, homeless under another federal statute, or fleeing/attempting to flee domestic violence.

II. ADMISSION, DIVERSION, REFERRAL AND DISCHARGE BY EMERGENCY SHELTERS
Shelter stays should be avoided, if possible, and when not possible, limited to the shortest time necessary to help participants regain permanent housing. ESG sub-recipients must conduct an initial evaluation of all individuals or families to determine if they should be admitted to an emergency shelter, diverted to a provider of other ESG-funded components, such as rapid re-housing or homeless prevention assistance, or referred for other mainstream resources.

ESG sub-recipients must also reassess emergency shelter participants on an ongoing basis to determine the earliest possible time that they can be discharged to permanent housing. All persons discharged from emergency shelters will have their exit status entered into HMIS and will be provided discharge paperwork as applicable or upon request.

III. ASSESSING, PRIORITIZING AND REASSESSING PARTICIPANTS NEEDS FOR ESSENTIAL SERVICES RELATED TO EMERGENCY SHELTER

Currently, the CoC is working with ESG providers through the Coordinated Entry process to develop common intake and assessment tools and protocols to be used by all agencies that receive ESG, CoC and other homeless program funding within the Continuum. The tools and protocols will create consistency in client intake and assessment and will provide the basis for appropriate agency referral.

ESG funding may be used to provide essential services to individuals and families who are in an emergency shelter. Essential services for participants of emergency shelter assistance can include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

ESG sub-recipients are responsible for assessing an individual's or family's initial need for emergency shelter and must reassess their need on an ongoing basis. Shelters that serve families must serve all eligible families and may not refuse services based on the age of children or the size of the family. Client reassessment will take place at the participant level and at the service provider level. Clients meet with case managers throughout their participation in the program and have regular progress evaluations. Clients have opportunity to provide feedback and assessment about programs and services as well.

IV. COORDINATION AMONG EMERGENCY SHELTER PROVIDERS, ESSENTIAL SERVICE PROVIDERS, HOMELESS PREVENTION AND RAPID RE-HOUSING PROVIDERS, OTHER HOMELESS ASSISTANCE PROVIDERS, MAINSTREAM SERVICES, AND HOUSING PROVIDERS

Coordination around implementing the ESG program will begin with the CoC. The CoC meets monthly and has a diverse membership of housing service providers, support service providers, government agencies, and private/public organizations. The CoC also discusses new initiatives and concerns raised by members as well as program participants. The CoC established sub-committees to spearhead special initiatives such as drafting policies, forms and evaluation tools for review by the membership. The CoC is consulted to identify annual ESG funding priorities, recommend programs that meet funding priorities, and participate in monitoring to help evaluate ESG agency performance.

ESG sub-recipients will coordinate with referral agencies such as 2-1-1 to link clients in need of housing assistance to other services and shelter. Sub-recipients must have a strong knowledge and working relationship with local social service agencies, employment centers, shelter providers and supportive service programs (i.e. food pantries, transportation, health care,

daycare, medical, legal, credit counseling, etc.).

Additionally, ESG sub-recipients must have a strong knowledge and working relationship with other agencies targeting housing services for homeless and low-income families including but not limited to Shelter Plus Care, Supportive Housing Program, Veterans Assistance Supportive Housing,
Supportive Services for Veteran Families, Community Housing Development Organizations, and Section 8 Housing Choice Voucher.

V. CLIENT PRIORITIZATION FOR HOMELESS PREVENTION AND RAPID RE-HOUSING

The CoC prioritizes clients who are currently in their own housing, especially families with young children who have limited housing options but high needs for homelessness prevention funding. The CoC anticipates targeting families with children as the most likely recipients for rapid re-housing assistance in line with the priorities of Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. Individuals will not be excluded from receiving homeless prevention or rapid re-housing assistance.

VI. TARGETING AND PROVIDING ESSENTIAL SERVICES RELATED TO OUTREACH

ESG funding may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless households who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. For the purposes of this section, the term, "unsheltered homeless people" means individuals and families who qualify as homeless under paragraph (1)(i) of the "homeless" definition under 24 CFR Part 576.2. As outlined in 24 CFR Part 576.101, essential services consist of:
i. Engagement;
ii. Case management;
iii. Emergency health services – only when other appropriate health services are inaccessible or unavailable within the area;
iv. Emergency mental health services – only when other appropriate mental health services are inaccessible or unavailable within the area;
v. Transportation; and
vi. Services for special populations.

ESG sub-recipients must determine an individual's or family's vulnerability and unwillingness or inability to access emergency shelter, housing, or an appropriate health facility, prior to providing essential services under this component to ensure that ESG funding is used to assist those with the greatest need for street outreach assistance.

VII. LENGTH OF STAY, SAFEGUARDS TO MEET SAFETY AND SHELTER NEEDS OF SPECIAL POPULATIONS, PARTICIPANTS WITH HIGH BARRIERS TO HOUSING

Program participants will be discharged from Emergency Shelter services when they choose to leave or when they have successfully obtained safe, permanent housing. Any Length of Stay limitations will be determined by the individual service provider's policies and clearly communicated to program participants.

Safety and Shelter Safeguards will be determined by the individual Special Population service provider's policies and clearly communicated to program participants.

Homeless households that are determined to have the highest barriers to housing due to a myriad of factors, such as a history of chronic homelessness, will be prioritized for existing housing resources and paired with existing supportive services to increase the likelihood of staying successfully housed.

VIII. DETERMINING PERCENTAGE OR AMOUNT OF RENT PARTICIPANTS MUST PAY WHILE RECEIVING HOMELESS PREVENTION OR RAPID RE-HOUSING ASSISTANCE

Each ESG-funded agency will be responsible for determining income as a basis of eligibility for services. As part of this income determination, the relevant staff person will ascertain the amount that the household is able to contribute towards rental payments. Factors to consider may include: potential upcoming increases or decreases, family size, availability of cash and non-cash resources to meet costs and other factors as determined by the agency staff in consultation with the household.

Each individual agency will decide internally if they will charge participants a set percentage of income, a set percentage of actual rent, or a set dollar amount while receiving ESG services, or if they will provide a phased payment plan based on individual household circumstances. Individual agencies may also decide not to have participants pay any rental costs while receiving services. Each participant and landlord will receive written verification of the amount and duration of assistance provided by the agency and rent to be paid by the participant.

Because the primary goal of ESG funding is to ensure that households are able to maintain housing independently, it is important that each agency properly assess potential households to ensure that they are a good match for the program, and to refer them to more extensive supports as available if the household is not able to maintain housing costs independently.

IX. DETERMINING TYPE, AMOUNT, AND DURATION OF HOUSING STABILIZATION OR RELOCATION SERVICES

Each agency will perform initial screening to determine the number of months that a client will initially receive a commitment of assistance, including direct assistance payments and stabilization services. This initial commitment will be in writing and verified by the agency representative and the participant. Factors to take into consideration during the initial commitment are the participant's ability to pay rent or obtain housing in the immediate month and subsequent months. Those factors may include anticipated changes in income, time necessary to recover from unexpected expenses, etc.

As the program participant nears the end of their initial commitment of assistance, the caseworker will contact the household to assess their need for continued assistance. After a review of the participant's continued eligibility, the caseworker will make a recommendation regarding the receipt of additional rental assistance; this recommendation will be forwarded to the supervisor for review and approval. In addition to this analysis of additional assistance

requirements, each participant will need to recertify each three month period by providing the required completed sections of the application forms and back-up verification documents.

X. TERMINATING ASSISTANCE

In general, if a program participant violates program requirements, the sub-recipient may terminate the assistance in accordance with a formal process established by the recipient or sub-recipient that recognizes the rights of individuals affected. The sub-recipient must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated in only the most severe cases. For example:

• A client will only be terminated if the client or household members have threatened property or staff; or

• If the client has met the maximum number of months of assistance per ESG guidelines, or if the client has stated in writing they no longer want ESG financial assistance or case management; or

• Refusing to participate in the once-a-month case management requirement

In each case, the reason for termination must be well documented and approved by a supervisor. To the extent possible, the ESG sub-recipient must identify a subsequent living arrangement for the household with the goal of preventing shelter stays. In most cases, it is expected that termination would only be completed after the ESG sub-recipient had exhausted all opportunities to increase service plans, revise goals, and identify more suitable housing options. When the client is terminated, he or she should also be given a comprehensive service summary from ESG and list of contact information for financial and social service assistance.

Program participants receiving rental assistance or housing relocation and stabilization services.
To terminate rental assistance or housing relocation and stabilization services to a program participant, the required formal process, at a minimum must consist of:

1) Written notice to the program participant containing a clear statement of the reasons for termination;

2) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and

3) Prompt written notice of the final decision to the program participant.

Termination under this section does not bar the sub-recipient from providing further assistance at a later date to the same family or individual.