

HOWARD COUNTY CONTINUUM OF CARE

GOVERNANCE CHARTER

October 2018

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Article I. Definitions

Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

Collaborative Applicant means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum.

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals. A CoC should be 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.

The new *Purpose and Activities* of the CoC are to:

- Promote community-wide goals to end homelessness;
- Provide funding to quickly rehouse homeless persons;
- Promote access to mainstream resources; and
- Improve self-sufficiency among people experiencing homelessness.

Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.

Continuum of Care Board. The Continuum of Care must establish a board to act on behalf of the Continuum using the process established as a requirement by (the Interim Rule) and must comply with the conflict-of-interest requirements. The board must: (1) Be representative of the relevant organizations and projects serving homeless subpopulations; and (2) Include at least one homeless or formerly homeless individual. (Interim Rule)

Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

HMIS Lead means the entity designated by the Continuum of Care in accordance with the Interim Rule to operate the Continuum's HMIS on its behalf.

Article II. Overview of the Continuum of Care

Section 2.01 Background

Under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act all communities receiving Continuum of Care (CoC) funding through the United States Department of Housing and Urban Development (HUD) are required communities to establish a local CoC planning body and a governing board. This broadly includes overseeing policies, programming and funding related to eradicating homelessness. The CoC Board's will serve as the Howard County CoC's governing body. This document will serve as the Howard County CoC governance charter and outlines roles and responsibilities in compliance with HUD requirements. The geographic area covered by the CoC Board is Howard County Maryland.

Section 2.02 Purpose of the CoC

The Program is designed to:

1. Promote community-wide commitment to the goal of ending homelessness;
2. Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
4. Optimize self-sufficiency among individuals and families experiencing homelessness.

Section 2.03 Responsibilities of the CoC

The following are the Program responsibilities that must be met for CoC's, as determined by HUD.

(a) Operating the CoC

- Conduct semi-annual meetings of the full membership.
- Issue a public invitation for new members, at least annually.
- Adopt and follow a written process to select a board.
- Appoint additional committees, subcommittees, or work groups.
- Develop and follow a governance charter detailing the responsibilities of all parties.
- Consult with Recipients and Subrecipients to establish performance targets appropriate for population and program type, monitor the performance of Recipients and Subrecipients, evaluate outcomes, and take action against poor performers.
- Evaluate and report to HUD outcomes of ESG and CoC projects.
- Establish and operate a centralized or coordinated assessment system.
- Establish and follow written standards for providing CoC assistance.

(b) Designating and Operating an HMIS

- Designate a single HMIS.
- Select an eligible applicant to manage the CoC's HMIS.
- Monitor Recipient and Subrecipient participation in the HMIS.
- Review and approve privacy, security, and data quality plans.

(c) CoC Planning

- Coordinate the implementation of a housing and service system within its geographic area.
- Conduct a Point-in-Time count of homeless persons.
- Conduct an annual gaps analysis.

- Provide information required to complete the Consolidated Plan.
- Consult with ESG Recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG Recipients and Subrecipients.

Section 2.04 CoC and HMIS Designees

The Department of Community Resources and Services (DCRS) Office of Community Partnerships is the Collaborative Applicant for the Howard County CoC and the HMIS Lead Agency. DCRS receives CoC funding and works with partner agencies and the CoC Board to further the goals of HUD and meet the needs of the community. DCRS prepares and submits the CoC Collaborative Application to HUD, and is the direct Recipient of all HUD CoC Funds, except the Shelter Plus Care (S+C) Project. DCRS is the Grantee of Emergency Solutions Grant (ESG) through the State of Maryland. This Governance Charter continues the designation of DCRS as the Collaborative Applicant and HMIS Lead Agencies.

Section 2.05 Collaborative Applicant Lead Agency Responsibilities:

The following are the activities and responsibilities of DCRS, the designated CoC's Collaborative Applicant Lead Agency:

- Supporting the planning and operations of the CoC.
- Coordinating, collaborating with agencies to develop, write and submit the HUD CoC Notice of Funding Availability (NOFA) on behalf of the CoC, including approving/rejecting applications submitted within the overall NOFA.
- Applying for CoC Planning Funds.
- Overseeing the implementation of the CoC's, plan to end homelessness including annual action plans and annual reports.
- Overseeing the CoC coordinated assessment system.
- Coordinating and conducting the annual Point in Time (PIT) count.
- Coordinating and completing the Housing Inventory Count (HIC).
- Providing information required to complete the Consolidated Plan for the entitlement jurisdiction entity.
- Providing staff support to the CoC Board, Committees and host the Planning, Coordinated Entry and HMIS Committees.
- Prepare for and host the bi-annual CoC General Meeting.

Section 2.06 HMIS Lead Agency Responsibilities:

- Designate a single HMIS system in the CoC jurisdiction.
- Review, revise, and approve privacy, security, and data quality plans.
- Ensure consistent participation of recipients/subrecipients in HMIS.
- Ensure that the HMIS is administered in compliance with HUD.

Article III. Governance

Section 3.01 Coalition to End Homelessness

(a) Purpose of the Coalition to End Homelessness (Coalition)

The CoC is a collaborative community-based planning and advocacy body that seeks to ensure the needs of persons who are homeless or at-risk of homelessness within the County are being met. The CoC works to ensure diverse population input to decision-making, including consumers and community members, as well as gender, ethnic, cultural and geographical representation. The CoC at large will be named the “Coalition to End Homelessness,” and is for all members to be convened as the public planning body of the homeless service and housing system. The governing board of this group is the CoC Board, a 19-25-member Board, who are elected by the Coalition’s General Membership every three years.

Meetings will include presenting progress of work from the CoC Board and all Committees in place. Members will have the opportunity to provide input into the homeless system, voice concerns, receive updates on progress, share resources/information, and be encouraged to participate in committees and workgroups. Meetings will be hosted by the Collaborative Applicant.

(b) Composition of the Coalition General Meeting

The CoC is broadly representative of the public and private homeless service sectors. There is no limit to the number of members that may be represented.

(c) Membership

(i) Qualifications for Coalition General Membership.

All interested Agency/Organizations and individuals, including persons who are currently or formally homeless, are eligible for Coalition General Membership.

(ii) Becoming a Coalition General Member:

An application is required for all interested Agency/Organizations or Individuals to be Coalition General Members. There is no fee associated with membership. All Coalition General Members are provided one vote, within the parameters outlined below.

1) Agency/Organization:

- Only one person may be designated to vote on behalf of the Agency/Organization on matters in Coalition General meeting (Voting Member).
- More than one person may represent the Agency/Organization and attend meetings.
- The Agency/Organization Voting Member must sign and submit a Conflict of Interest statement with the Membership Application.

2) Individual:

- An Individual Member holds only one vote.
- An Individual must not be a formal staff or Board member with an Agency/Organization that is also a member Agency/Organization.
- Individuals must sign and submit a Conflict of Interest statement with the Membership Application.

(iii) Terms of Membership.

Not applicable

(iv) Officers, Terms of Officers, Responsibilities of Officers.

Not Applicable. Meetings will be hosted by the Collaborative Applicant for the CoC.

(v) Elections.

- Coalition General Members do not need to be voted on by the Coalition General membership – Membership application is sufficient.
- The Coalition General Members will vote on CoC Board Members in accordance with the Voting protocol of this section (3.01 (d)(viii)).
 - Nominations for CoC Board Members may be made by notifying the CoC Board Chair and the Collaborative Applicant, and/or through an ad-hoc Nominating Committee.
 - New CoC Board Member voting will take place annually at the CoC General April meeting, to begin Board Membership by July of the same year.

(vi) Member Responsibilities.

- Commit to being an active participant in the Continuum of Care and work towards the overall goal of ending homelessness in Howard County.
- Appoint/list one individual to serve as the Voting Member Representative at the Coalition General Meeting in the Membership Application.
 - If a Voting Member Representative is unable to attend a scheduled Coalition General Meeting an alternative representative should be appointed to attend in the member representatives' absence and listed in the Membership Application.
- Select, if desired, additional individuals to represent the applicable agency/organization to attend semi-annual Howard County Coalition General meetings as Non-Voting Members to speak on behalf of the Agency/Organization.
- Voting as defined in (e) under Coalition General Meeting Responsibility.
- Join/participate in at least 60 percent of subcommittees/workgroups of the CoC Board (Decision making board for the Howard County CoC).
- Representatives should come to each meeting prepared to actively participate.
- Follow through with all commitments, or assignments they agree to as part of or on behalf of the Coalition.
- Notify the CoC Collaborative Applicant of any changes in contact information for their Agency/Organization, of their Representative, or their contact information.
- Participate in surveys, education opportunities and outreach efforts, including the annual count of homeless persons through the federally mandated Point-in-Time and Housing Inventory Count, held at the time specified by the U. S. Department of Housing and Urban Development.

(vii) Resignation/Removal.

- A member of the Coalition General Meeting who wishes to resign shall submit a letter of resignation to the Collaborative Applicant, at least 10 business days prior to the effective date.

(d) Meetings

(i) Communication – Between meetings, the Collaborative Applicant will keep members involved by the following methods.

- Maintaining a directory of general membership;
- Encouraging partners with similar interests to combine efforts, either by sharing information/best practices or working on strategies to collaborate and support efforts; and
- Sharing information regularly to maintain a focus on homelessness in general and the Coalition in particular.

(ii) Frequency.

At a minimum, the Coalition meetings will be held twice per year in April and October.

(iii) Open Meetings Law.

Meetings are subject to the Open Meetings Act. This requires that 1) meetings must be open to the public; 2) notice of meetings must be provided, and 3) written minutes of meetings must be prepared, and maintained for a minimum of one year.

(iv) Open to the Public.

All meetings of the Board are open to the public, except when funding decisions are being made or when a meeting is closed as authorized under federal, state, or local law.

(v) Minutes.

Minutes of all Board meetings will be recorded and distributed to all members.

(vi) Protocol.

Meetings shall be conducted according to the latest edition of Roberts Rules of Order, Newly Revised.

(vii) Voting.

- All attendees have voice.
- All Voting Members can vote, according to the Membership Agreement on file.
- A representative for the designated person for Agency/Organization attending a meeting on behalf of the designated Voting Member has voice and vote if designated in the Membership Agreement as authorized.
- A simple majority of the current members shall constitute a quorum.
- Action may be taken by the Board upon a vote of the simple majority of the members present at a meeting at which there is a quorum.

(e) Coalition General Meeting Responsibilities:

- Conduct at least semi-annual meetings of the full membership.
- Publicly invite new members annually.
- Develop this Governance Charter which outlines responsibilities of all parties, and ensure it is updated annually. Vote will be required.
- Adopt and follow a written process to select a board, and review/update at least once every five years. Vote will be required.
- Vote on new CoC Board Members as applicable to terms and qualifications of the CoC Board Qualifications, in accordance with this Governance Charter.
- Provide input into the homeless system, voice concerns, receive updates on progress and share resources/information.

Section 3.02 Howard County Continuum of Care (CoC) Board

(a) Purpose of the CoC Board

The Purpose of the CoC Board is to act as a governing body on behalf of the Continuum of Care (*the local planning body that coordinates housing and support services funding for homeless families and individuals*). The CoC Board will seek to promote community-wide goals to end homelessness; support funding outcomes to quickly rehouse homeless persons; promote access to mainstream resources; and improve self-sufficiency among people experiencing homelessness. The CoC Board will be presented with progress of work from all Committees in place, and will review and approve initiatives developed by the Coalition. Annually, the CoC Board will develop and review existing performance targets to end homelessness by population type, and intervention needed.

(b) Composition of the CoC Board

The Board shall consist of a minimum of 19 and a maximum of 25 members. The Department of Community Resources and Services shall designate a staff person to serve as support to the Board.

(c) Membership

(i) Qualifications of CoC Board Members.

- 1) All members should either reside or work in Howard County.
- 2) Have a vested interest in ending homelessness.
- 3) As practical, the Board shall reflect the gender, geographic, ethnic, and racial makeup of the county.
- 4) Board Members must be a Member of the Coalition.
- 5) Represent one or more of the following:
 - a) Advocates for the homeless
 - b) Affordable housing developers
 - c) Business community
 - d) CDBG/HOME Entitlement jurisdiction
 - e) Domestic violence organizations
 - f) ESG Recipients
 - g) Faith-based organizations
 - h) Government agencies
 - i) Health care related organizations
 - j) Law enforcement
 - k) Local Public-School System
 - l) Mainstream benefit agencies
 - m) Organizations serving the homeless population
 - n) Persons who are currently or formerly homeless
 - o) Public Housing Authorities/Housing Commissions
 - p) Veteran Service Organization

(ii) Mandated and Term-Limited Seats.

(iii) Becoming a Board Member.

Interested representatives of Agency/Organizations already Coalition General Members are eligible for Board representation, within the parameters of “*Qualifications of CoC Board Members.*” Interested representatives of the Coalition General Meeting may seek Board Membership by self-nomination or an existing CoC Board Member may nominate, by notifying the CoC Board Chair and the Collaborative Applicant prior to the April Coalition General Meeting. Voting protocols will be followed in accordance with the Coalition’s General Meeting’s process.

(iv) Terms of Membership.

CoC Board Membership begin July of the year voted into membership. Members of the CoC Board shall serve a term of one to three years. Board members may serve two consecutive terms. Terms will be staggered for “Term-Limited” seats on the CoC Board.

(v) Officers.

1) Electing Officers.

Elected Officers include Chair, Vice Chair and any applicable Committee needing representation by a Board member. An Ad-hoc Nominating Committee shall be appointed by the Chair at least one month prior to the July Board meeting. The Nominating Committee shall consist of three members, and shall include both public and private representatives. The Nominating Committee shall present its recommendations for Chair and Vice-Chair and any Committee Chair(s), as applicable, at the July Board meeting for a vote. Members of the Board may also make nominations from the floor. If a vacancy occurs in the position of either Officer, the Board will hold a special election to fill the vacancy.

2) Terms of Officers.

The term of Officers shall be one year, from July 1 through June 30. A Board member may serve no more than two consecutive terms in an Officer position. For the first year in operation, the Officers will serve a year and a half first term.

3) Responsibilities of Officers.

Officers of the Board shall consist of a Chair and Vice-Chair. The Chair shall:

- Preside over all meetings of the Board;
- Call additional meetings, as needed;
- Serve as the Board's representative to the County Executive and County Council, including in person and any other communication made on behalf of the Board; and
- Ensure that the Board is acting in such a manner that supports its mission and conforms to this Governance Charter.

The Vice-Chair shall carry out the duties of the Chair in the Chair's absence, and perform such other duties as the Chair or Board may require.

(vi) Elections.

- The Coalition General Members will vote on CoC Board Members in accordance with the Voting protocol of section (3.01 (d)(viii)).
 - Nominations for CoC Board Members may be made through self-nomination or by an existing CoC Board Member by notifying the CoC Board Chair and the Collaborative Applicant.
 - New CoC Board Member voting will take place annually at the Coalition General April meeting, to begin Board Membership by July of the same year.

(vii) Member Responsibility.

- Board members are responsible to attend all meetings, or notify the Chair or staff in advance if they will be absent.
- Arrive at meetings on time prepared for discussion, bringing printed copies of any material distributed in advance of the meeting.
- Board members may delegate their membership to another person in their agency/organization.

(viii) Resignation/Removal.

- A member of the Board who wishes to resign shall submit a letter of resignation to the Director of the Department of Community Resources and Services, at least 10 business days prior to the effective date.
- A member of the Board may be removed if found to be acting outside of the Conflict of Interest and/or CoC Board Membership Agreement. This will be enforced by the Chair, Vice-Chair, Director of the Department of Community Resources and Services, or by majority vote of the CoC Board.

(d) Meetings

(i) Frequency.

At a minimum, the CoC Board will meet twice per year in July and January. The Board may meet more often at the call of the Chairperson within 10 business days' notice to members.

(ii) Open Meetings Law.

Meetings are subject to the Open Meetings Act. This requires that 1) meetings must be open to the public; 2) notice of meetings must be provided, and 3) written minutes of meetings must be prepared, and maintained for a minimum of one year.

(iii) Open to the Public.

All meetings of the Board are open to the public, except when funding decisions are being made or when a meeting is closed as authorized under federal, state, or local law.

(iv) Minutes.

Minutes of all Board meetings will be recorded and distributed to all members.

(v) Protocol.

Meetings shall be conducted according to the latest edition of Roberts Rules of Order, Newly Revised.

(vi) Voting.

- All Board members are Voting Members, and have voice.
- The support staff to the Board has voice but not vote.
- A representative attending a Board meeting on behalf of an absent Voting Member has voice but not vote.
- Coalition General Members, who are not members of the Board, have voice only.
- Members of the public shall have voice at the discretion of the Chair.
- The Chair will vote only in the case of a tie.
- A simple majority of the current members shall constitute a quorum.
- Action may be taken by the Board upon a vote of the simple majority of the members present at a meeting at which there is a quorum.

(e) Conflict of Interest

(i) Applicability.

Conflict of Interest shall apply to the CoC Board Members, and must comply with the requirements outlined in 24 CFR part 578.95, and the following policies and procedures to avoid conflicts of interest and promote public confidence in the integrity of the CoC and its processes. All processes will comply with the requirements of 24 CFR Part 578.95(b). Failure to honor these will be grounds for removal from the CoC Board.

(ii) Conflict of Interest Policy.

- No Member of the CoC Board shall participate in, influence discussions, or vote concerning the award of a grant or any other financial decision which shall have a direct financial impact on the Agency/Organization that the Member represents. This includes decisions with respect to funding, awarding contracts, and implementing corrective actions. This includes any actual or perceived conflicts of interest as they arise.
- Members may not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to:
 - Any organization that they or a member of their immediate family represents; or
 - Any organization from which they or a member of their immediate family derives income, financial interest, or receives anything of value.

(iii) Conflict of Interest Procedure.

- CoC Board Members must exercise care when acting on behalf of the CoC.
- CoC Board Members must sign a Conflict of Interest form upon membership and annually thereafter affirming that they have reviewed the policy and they have disclosed/will disclose any conflicts of interest they face or are likely to face in fulfilling their ascribed duties.
- Whenever members disclose any conflict of interest they must:
 - Fully disclose the nature of the interest; and
 - Withdraw from discussing, lobbying and voting on the matter.
- Disclosure should occur at the earliest possible time and, if possible, prior to discussion of any issue. The disclosure shall be duly recorded in the applicable meeting minutes.

(f) CoC Board Responsibilities

- Follow the written process for Board Member selection as adopted and updated by the Coalition (to be updated at least every five years).
- Follow the Governance Charter as annually adopted and updated by the Coalition.
- Appoint committees, subcommittees, or work groups to carry out the work of the CoC.
- Review and approve initiatives developed by the CoC.
- Develop and review performance targets for sub-populations by program type.
- Promote partnerships with private organizations, businesses, the philanthropic community, and any public agency to improve the CoC in coordination with the CoC's plan to end homelessness.
- Receive reports from the Committees of the Board.
- Recommend to the County Executive or County Council any improvements to the CoC including process changes and resources needed to reduce homelessness.

Section 3.03 CoC Board Committees

(a) Planning Committee

(i) Purpose.

Act in a planning capacity for mandatory functions of the Collaborative Applicant as relevant to ensure the CoC is high functioning.

(ii) Composition of Planning Committee.

Not Applicable.

(iii) Membership.

1) Qualification of Planning Committee Members/ Becoming a Member

Coalition Members (Agency/Organization or Individual), including persons who are currently or formally homeless, are eligible to attend the Planning Committee.

See Section "Coalition General" on becoming a Coalition General Member. Must represent an Agency/Organization or be an Individual Member.

2) Terms of Membership.

Not Applicable.

3) Officers.

a) Electing Officers.

The Planning Committee Chair must be approved by the CoC Board, and must be a Voting Member of the CoC Board.

b) Terms of Officers.

The term of Committee Chair shall be two years, beginning on July 1 and ending two years later on June 30.

c) Responsibility of Officers.

The Chair shall:

- Preside over all Committee Meetings;
- Call additional meetings, as needed;
- Serve as the Committee's representative to the CoC Board; and
- Ensure that the Committee is acting in such a manner that supports the goals and missions of:
 - The CoC Program;
 - The CoC Board and General Meeting;
 - The funding sources under the purview of the Committee; and
 - This Governance Charter.

4) Elections.

Not Applicable at the Committee level.

5) Committee Member Responsibility.

- Arrive at meetings on time prepared for discussion, bringing printed copies of any material distributed in advance of the meeting.
- Follow through with all commitments, or assignments they agree to as part of or on behalf of the Committee.

6) Resignation/Removal.

Not Applicable.

(iv) Meetings.

1) Frequency.

At a minimum, the Planning Committee will meet 9-10 months out of the year, generally on February, March, April, May, June, August, September, October, November and December. These are the off months from the CoC Board Meetings.

2) Open Meetings Law.

Meetings are subject to the Open Meetings Act. This requires that 1) meetings must be open to the public; 2) notice of meetings must be provided, and 3) written minutes of meetings must be prepared, and maintained for a minimum of one year.

3) Open to the Public.

All meetings of the Committee are open to the public, except when funding decisions are being made or when a meeting is closed as authorized under federal, state, or local law.

4) Minutes.

Minutes of all Committee meetings will be recorded and distributed to all members.

5) Protocol.

Meetings shall be conducted according to the latest edition of Roberts Rules of Order, Newly Revised.

6) Voting.

Not Applicable.

(v) Planning Committee Responsibilities:

- Support/guide the planning efforts of the Collaborative Applicant.
- Provide input to the CoC application through each NOFA competition.

- Research best practices and use data to inform what best practices and program activities are needed.
- Establish/maintain written standards for providing assistance in accordance with best practices for all interventions to end homelessness.
- Update plan to end homelessness (ie: complete Annual Action Plans/Annual Reports).
- Ensure plan to end homelessness' goals and concepts are reflected in all CoC activities.
- Review and revise policies and procedures related to the CoC and ESG programs.
- Review/monitor system-wide and program-specific performance.
- Conduct an annual gaps analysis of the needs of the homeless population, as compared to available housing and services within the geographic area.
- Provide recommendations to the CoC Board and Review and Ranking Committee.
- Subcommittees may include: Subpopulations, Unmet Need.

(b) Review and Ranking Committee

(i) Purpose.

Act as the decision/recommendation making arm of the CoC Board when considering the rating and ranking of the applicable funding sources of the Continuum of Care. Seek to ensure that funding for efforts by nonprofit providers, States, and local governments quickly rehouses homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness.

(ii) Composition.

The Committee shall consist of a minimum of five and a maximum of nine members. A staff member of the Collaborative Applicant of the CoC shall staff the Committee.

(iii) Membership

1) Qualifications of Committee Members/Becoming a Committee Member.

Rating and Ranking Committee Members must be Coalition Members or CoC Board Voting Members who do not receive or intend to receive grant funding as described in the "Rating and Ranking Committee Responsibilities." Members must not have any real or perceived Conflict of Interest regarding any funded Agency/Organization of any of the following funding sources: CoC, ESG, State homeless assistance grants, or Plan to End Homelessness County grants.

2) Terms of Membership.

Members of the Rating and Ranking Committee shall serve a term of three years. Committee Members may serve two consecutive terms, but must be off the Committee for one year before being elected again for a third term.

3) Officers.

a) Electing Officers.

The Rating and Ranking Committee Chair must be voted on by the CoC Board, and must be a Voting Member of the CoC Board.

b) Terms of Officers.

The term of Committee Chair shall be two years, beginning on July 1 and ending two years later on June 30.

c) Responsibility of Officers.

The Chair shall:

- Preside over all Committee Meetings;
- Call additional meetings, as needed;

- Serve as the Committee’s representative to the CoC Board; and
- Ensure that the Committee is acting in such a manner that supports the goals and missions of:
 - The CoC Program;
 - The CoC Board and General Meeting;
 - The funding sources under the purview of the Committee; and
 - This Governance Charter.
- Ensure priorities are established in making funding decisions/recommendations.

4) Elections.

Not Applicable at the Committee level.

5) Committee Member Responsibilities.

- Committee members are responsible to attend all meetings, or notify the Chair or staff in advance if they will be absent.
- Arrive at meetings on time prepared for discussion, bringing printed copies of any material distributed in advance of the meeting.
- Committee members may *not* delegate their membership to another person in their Agency/Organization or others in the community.
- Committee members will sign a Conflict of Interest statement at the onset of serving on the Committee, and then annually thereafter, in accordance with the expectations and duties included in this Governance Charter.
- Committee members will sign a Confidentiality Statement regarding reviewing and allocating grant funding.

6) Resignation/Removal.

- A member of the Committee who wishes to resign shall submit a letter of resignation to the Committee Chair, or if the member is the Committee Chair, to the CoC Board Chair and Collaborative Applicant, at least 10 business days prior to the effective date.
- A member of the Committee may be removed if found to be acting outside of the Conflict of Interest, Confidentiality Statement, and/or CoC Board Membership Agreement. This will be enforced by the Committee Chair, or if the member is the Chair, by the CoC Board Chair, Director of the Department of Community Resources and Services, or by majority vote of the CoC Board.

(iv) Meetings.

1) Frequency.

At a minimum, the Review and Ranking Committee will meet approximately four times out of the year, related to grant timelines and due dates.

2) Open Meetings Law.

Meetings are subject to the Open Meetings Act. This requires that 1) meetings must be open to the public; 2) notice of meetings must be provided, and 3) written minutes of meetings must be prepared, and maintained for a minimum of one year.

3) Open to the Public.

All meetings of the Committee are open to the public, except when funding decisions are being made or when a meeting is closed as authorized under federal, state, or local law.

4) Minutes.

Minutes of all Committee meetings will be recorded and distributed to all members.

5) Protocol.

Meetings shall be conducted according to the latest edition of Roberts Rules of Order, Newly Revised.

6) Voting.

- All Committee members are voting members.
- The Collaborative Applicant designated staff to the Committee has voice not vote.
- Coalition members, who are not members of the Board, have voice only.
- Members of the public shall have voice at the discretion of the Chair.
- A simple majority of the current members shall constitute a quorum.
- Action may be taken by the Committee upon a vote of the simple majority of the members present at a meeting at which there is a quorum.

(v) Conflict of Interest.

1) Applicability.

Conflict of Interest shall apply to the Rating and Ranking Committee Members. Both must comply with the Conflict of Interest requirements outlined in 24 CFR part 578.95, and the following policies and procedures to avoid conflicts of interest and promote public confidence in the integrity of the CoC and its processes. All processes will comply with the requirements of 24 CFR Part 578.95(b). Failure to honor these will be grounds for removal from the CoC Board and/or Rating and Ranking Committee.

2) Conflict of Interest Policy.

- No Member of the Ranking Committee shall participate in, influence discussions, or vote concerning the award of a grant or any other financial decision which shall have a direct financial impact on the Agency/Organization that the Member represents. This includes decisions with respect to funding, awarding contracts, and implementing corrective actions. This includes any actual or perceived conflicts of interest as they arise.
- Members may not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to:
 - Any organization that they or a member of their immediate family represents; or
 - Any organization from which they or a member of their immediate family derives income, financial interest, or receives anything of value.

3) Conflict of Interest Procedure.

- Ranking Committee Members must exercise care when acting on behalf of the CoC and when prioritizing grant funds.
- Rating and Ranking Committee Members must sign a Conflict of Interest form upon membership and annually thereafter affirming that they have reviewed the policy and they have disclosed/will disclose any conflicts of interest they face or are likely to face in fulfilling their ascribed duties.
- At the beginning of the Rating and Ranking Committee meeting, the Chair will ask Committee Members to disclose any potential or actual conflicts of interest unknown to the Committee that need to be disclosed before the business for the meeting's is discussed.
- Whenever members disclose any conflict of interest they must:
 - Fully disclose the nature of the interest; and
 - Withdraw from discussing, lobbying and voting on the matter.
- Disclosure should occur at the earliest possible time and, if possible, prior to discussion of any issue. The disclosure shall be duly recorded in the applicable meeting minutes.

(vi) Rating and Ranking Committee Responsibilities.

- Act as the decision-making arm of the CoC Board when considering the rating and ranking of the applicable funding sources of the Continuum of Care.
 - Evaluate performance of CoC/ESG/State homeless assistance programs/PEH programs.

- Rate/rank funding proposals CoC/ESG/State homeless assistance programs/PEH programs.
- Reallocate project funds as necessary to meet needs of CoC.
- Communicate Committee findings to CoC Board, and provide decisions made at the Committee to the Collaborative Applicant as funding recommendations on behalf of the CoC Board.
- Make decisions on behalf of the CoC Board in a timely manner that will enable the CoC Board to have fruitful discussion.

(c) Coordinated Entry Committee

(i) Purpose.

Act in a coordinating capacity for the Howard County CoC’s coordinated entry system, Coordinated System (of Homeless Services). Specifically, coordinate efforts and engage partners in building and maintaining a robust Coordinated Entry system.

(ii) Composition of Coordinated System Committee.

Not Applicable.

(iii) Membership.

1) Qualification of Coordinated System Committee Members/Becoming a Member

Coalition Members (Agency/Organization or Individual), including persons who are currently or formally homeless, are eligible to attend the Coordinated System Committee.

2) Terms of Membership.

Not Applicable.

3) Officers.

a) Electing Officers.

The Coordinated Entry Committee Chair must be approved by the CoC Board, and must be a Voting Member of the CoC Board.

b) Terms of Officers.

The term of Committee Chair shall be two years, beginning on July 1 and ending two years later on June 30.

c) Responsibility of Officers.

The Chair shall:

- Preside over all Committee Meetings;
- Call additional meetings, as needed;
- Serve as the Committee’s representative to the CoC Board; and
- Ensure that the Committee is acting in such a manner that supports the goals and missions of:
 - The CoC Program;
 - The CoC Board and General Meeting;
 - The funding sources under the purview of the Committee; and
 - This Governance Charter.

4) Elections.

Not Applicable at the Committee level.

5) Committee Member Responsibility.

- Arrive at meetings on time prepared for discussion, bringing printed copies of any material distributed in advance of the meeting.
- Follow through with all commitments, or assignments they agree to as part of or on behalf of the Committee.

(iv) Resignation/Removal.

Not Applicable.

(v) Meetings.

1) Frequency.

At a minimum, the Coordinated System Committee will meet 9-10 months out of the year, generally on February, March, April, May, June, August, September, October, November and December. These are the off months from the CoC Board Meetings.

2) Open Meetings Law.

Meetings are subject to the Open Meetings Act. This requires that 1) meetings must be open to the public; 2) notice of meetings must be provided, and 3) written minutes of meetings must be prepared, and maintained for a minimum of one year.

3) Open to the Public.

All meetings of the Committee are open to the public, except when funding decisions are being made or when a meeting is closed as authorized under federal, state, or local law.

4) Minutes.

Minutes of all Committee meetings will be recorded and distributed to all members.

5) Protocol.

Meetings shall be conducted according to the latest edition of Roberts Rules of Order, Newly Revised.

6) Voting.

Not Applicable.

(vi) Coordinated System Committee Responsibilities.

- Develop and guide Coordinated Entry implementation, operations, and processes.
- Set CoC-wide goals for Coordinated Entry.
- Examine strengths/weaknesses and monitor goals.
- Review and revise policies related to Coordinated Entry and partner connections.
- Develop a recruitment plan for broadening the partners engaged in Coordinated Entry.
- Review/monitor system performance.
- Communicate progress to CoC Board.
- Subcommittees may include: By-Name List, Subpopulations, Case Management.

(d) HMIS Committee

(i) Purpose.

Act in an oversight and recommendation capacity for the Howard County CoC's Homeless Management Information System(HMIS).

(ii) Composition of HMIS Committee.

Not Applicable.

(iii) Membership.

1) Qualification of HMIS Committee Members/Becoming a Member.

Coalition Members (Agency/Organization or Individual), including persons who are currently or formally homeless, are eligible to attend the HMIS Committee. Additionally, agency representatives who are designated HMIS Point Persons, HMIS end-users, and others interested in the ongoing management and implementation of the HMIS system may attend.

2) Terms of Membership.

Not Applicable.

3) Officers.

a) Electing Officers.

The HMIS Committee Chair must be approved by the CoC Board, and must be a Voting Member of the CoC Board.

b) Terms of Officers.

The term of Committee Chair shall be two years, beginning on July 1 and ending two years later on June 30.

c) Responsibility of Officers.

The Chair shall:

- Preside over all Committee Meetings;
- Call additional meetings, as needed;
- Serve as the Committee's representative to the CoC Board; and
- Ensure that the Committee is acting in such a manner that supports the goals and missions of:
 - The CoC Program;
 - The CoC Board and General Meeting;
 - The funding sources under the purview of the Committee; and
 - This Governance Charter.

4) Elections.

Not Applicable at the Committee level.

5) Committee Member Responsibility.

- Arrive at meetings on time prepared for discussion, bringing printed copies of any material distributed in advance of the meeting.
- Follow through with all commitments, or assignments they agree to as part of or on behalf of the Committee.

6) Resignation/Removal.

Not Applicable.

(iv) Meetings.

1) Frequency.

At a minimum, the HMIS Committee will meet four months out of the year, generally on January, April, July and October. These are the months of both the Coalition Meeting and CoC Board Meetings.

2) Open Meetings Law.

Meetings are subject to the Open Meetings Act. This requires that 1) meetings must be open to the public; 2) notice of meetings must be provided, and 3) written minutes of meetings must be prepared, and maintained for a minimum of one year.

3) Open to the Public.

All meetings of the Committee are open to the public, except when funding decisions are being made or when a meeting is closed as authorized under federal, state, or local law.

4) Minutes.

Minutes of all Committee meetings will be recorded and distributed to all members.

5) Protocol.

Meetings shall be conducted according to the latest edition of Roberts Rules of Order, Newly Revised.

6) Voting.

Not Applicable.

(v) HMIS Committee Responsibilities.

- Review and revise policies related to HMIS data privacy, security, standards, quality, timeliness
- Review reports submitted to HUD
- Analyze data on homelessness from HMIS
- Perform the annual Point-in-Time survey and Housing Inventory Count
- Review/monitor system performance
- Communicate progress to CoC Board

Subcommittees may include: Quality Assurance Committee, Data Management

(e) Ad-Hoc Committees

- The CoC Board may appoint committees to address special initiatives, events, nominations, statewide activities
- Committees may appoint sub-committees to accomplish specific goals aligned with the purpose of the Committee.

Article IV. Amendments to the Operating Procedures

- Any proposed amendments to these Operating Procedures must be presented in writing at the CoC Board meeting.
- The vote on the proposed amendment will be taken at the following CoC Board meeting.
- A 2/3 vote is required to pass the amendment.
- The proposed amendment to the Governance Charter will become effective immediately after the close of the meeting at which the amendment is adopted.

This Governance Charter has been voted on with:

_____ Votes "in-favor" and _____ Votes "not in favor."

This Governance Charter has been adopted by the Howard County CoC on the following date:

Date

Date to be Reviewed – 5 years from Date Approved

Article V. Attachments

Section 5.01 Continuum of Care Policies and Procedures

Section 5.02 HMIS Governance Charter

Section 5.03 Coordinated Entry Policies and Procedures

Section 5.01 Continuum of Care Policies and Procedures

Howard County Government

Continuum of Care Policies & Procedures

Effective August 2019

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INTRODUCTION TO THE CONTINUUM OF CARE (COC)

In 1987, the McKinney Act was signed into federal legislation. This Act provided a definition of homelessness and grant funding administered by United States Department of Housing and Urban Development (HUD) to address the needs of the homeless. The McKinney-Vento Act originally consisted of fifteen programs providing a range of services for homeless people, including emergency shelter, transitional housing, job training, primary health care, education, and some permanent housing. The McKinney Act has been amended many times, but continues to provide funding for eligible homeless services across the country.

In 1995, HUD began requiring communities to submit one application for McKinney-Vento Homeless Assistance Grants. This streamlined the application process, and encouraged the coordination of housing and support services for agencies providing direct homeless services, and placed emphasis on the development of local CoCs. The Continuum of Care (CoC) is defined as *“the local planning body that coordinates housing and support services funding for homeless families and individuals.”*

In 2009, President Obama introduced the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. This Act amended and reauthorized the McKinney-Vento Homelessness Assistance Act with substantial changes. In August 2012, HUD issued the Interim Rule which provided regulations for how the HEARTH Act of 2009 would be managed and administered.

The new *Purpose and Activities* of the CoC under the Interim Rule are to:

- Promote community-wide goals to end homelessness;
- Provide funding to quickly rehouse homeless persons;
- Promote access to mainstream resources; and
- Improve self-sufficiency among people experiencing homelessness.

A few *Key Changes* under the Interim Rule included:

- Regulations on the streamlining of three programs (Supportive Housing Program, Shelter Plus Care, and Moderate Rehabilitation/Single Room Occupancy) into one program, the CoC Program;
- Renaming the Emergency Shelter Grant to the Emergency Solutions Grant and broadening existing emergency shelter and homelessness prevention activities to add rapid rehousing activities;
- Guidance for the change of the definition of homelessness and chronic homelessness; and
- Codifying the CoC Planning Process to emphasize coordination of activities in response to needs of the homeless.

New Program Components of the CoC Program under the Interim Rule are:

1. Permanent Housing
 - a. Permanent Supportive Housing
 - b. Rapid Rehousing
2. Transitional Housing
3. Support Services Only (SSO)
4. Homeless Management and Information System (HMIS)
5. Homelessness Prevention

The CoC's Primary Responsibilities under Interim Rule:

1. Operating the CoC

- Conduct semi-annual meetings of the full membership
- Issue a public invitation for new members, at least annually
- Adopt and follow a written process to select a board
- Appoint additional committees, subcommittees, or work groups
- Develop and follow a governance charter detailing the responsibilities of all parties
- Consult with Recipients and Subrecipients to establish performance targets appropriate for population and program type, monitor the performance of Recipients and Subrecipients, evaluate outcomes, and take action against poor performers
- Evaluate and report to HUD outcomes of ESG and CoC projects
- Establish and operate a centralized or coordinated assessment system
- Establish and follow written standards for providing CoC assistance

2. Designating and Operating an HMIS

- Designate a single HMIS
- Select an eligible applicant to manage the CoC's HMIS
- Monitor Recipient and Subrecipient participation in the HMIS
- Review and approve privacy, security, and data quality plans

3. CoC Planning

- Coordinate the implementation of a housing and service system within its geographic area
- Conduct a Point-in-Time count of homeless persons
- Conduct an annual gaps analysis
- Provide information required to complete the Consolidated Plan
- Consult with ESG Recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG Recipients and Subrecipients

GOVERNANCE OF THE COC

Purpose

The HEARTH Act requires CoCs to have written policies and procedures that govern the provision of assistance to individuals and families under the CoC programs, and the overall administration and operations of the CoC. These policies and procedures provide guidance to local providers and other partners, but this document is not intended to be in lieu of or in place of the Interim Rule for the HEARTH Act. The Purpose of this document is to clarify local decisions and governance; for more specific information on Governance of the COC,

Geographic Area

The area covered by the Howard County Continuum of Care (CoC) is the geographic boundaries of Howard County Maryland.

Continuum of Care (CoC) Board

In fall 2017, the former CoC Board (Board to Promote Self-Sufficiency, BPSS) through a strategic planning process, decided to separate its efforts from that of the CoC. Since then, the Collaborative Applicant in partnership with the Coalition to End Homelessness developed a CoC Board independent of the former BPSS. In December 2017, the Collaborative Applicant drafted a CoC Governance Charter to best reflect the new configuration of the CoC Board and Coalition to End Homelessness. In October 2018, the Governance Charter for the operations of the new CoC Board were approved by the CoC Board and adopted by the Coalition to End Homelessness. For more information on the CoC Board, please see *CoC Governance Charter*.

DCRS Lead Agency – Collaborative Applicant and HMIS Lead Agency

The Department of Community Resources and Services (DCRS) Office of Community Partnerships is the Collaborative Applicant for the Howard County CoC and the HMIS Lead Agency. DCRS receives CoC funding and works with partner agencies and the CoC Board to further the goals of HUD and meet the needs of the community. DCRS prepares and submits the CoC Collaborative Application to HUD, and is the direct Recipient of HUD CoC Funds, except the Shelter Plus Care (S+C) Project. DCRS is the Grantee of Emergency Solutions Grant (ESG) through the State of Maryland, named Homeless Solutions Program (HSP). For more information on the Lead Agencies, please see *CoC Governance Charter*.

Howard County Coordinated System of Homeless Services (CSHS), Coordinated Entry System

CSHS is a network of community services and supports coordinating efforts to end homelessness in Howard County. The goals of the system are to efficiently use community resources to reduce the number of homeless families and individuals, reduce the number of newly homeless, shorten the length of homeless episodes, and reduce the number of returns to homelessness. For full details on the policies and processes that guide the CSHS, please see the *CSHS Policies and Procedures*. The CSHS serves as the CoC's coordinated entry system, as required per the Interim Rule, at 24 CFR 578. 7(a)(8):

Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment 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 basic minimum requirements for the Continuum's centralized or coordinated assessment system.

Coalition to End Homelessness

The CoC is a collaborative community-based planning and advocacy body that seeks to ensure the needs of persons who are homeless or at-risk of homelessness within the County are being met. The CoC works to ensure diverse population input to decision-making, including consumers and community members, as well as gender, ethnic, cultural and geographical representation. The CoC is named the "Coalition to End Homelessness," and is for all members to be convened as the public planning body of the homeless service and housing system. The governing board of this group is the CoC Board, a 19-25-member Board, who are elected by the Coalition's General Membership. For more information on the Coalition to End Homelessness, please see *CoC Governance Charter*.

Communication

Methods of sharing information to Coalition members (and any interested persons/agencies) are:

1. Information sent out via email blasts
2. Information added to the CoC website, including:
 - a) Information on the work of the Continuum including project ranking for annual competitions
 - b) Plans and implementation
 - c) Data
 - d) Funding availability

COC APPLICATION PROCESS

General Procedure

HUD CoC funds are granted based on a national competition following annual Notice of Funding Availability (NOFA) releases. The Howard County CoC (DCRS Lead Agency) coordinates the process upon receipt of the federal NOFA. Information regarding the NOFA, the application process and requirements are disseminated to all interested parties (all homeless services and housing providers in the CoC) via the following open solicitation methods:

- Letters/emails
- Responses to public inquiries
- Announcements at meetings
- Postings on the DCRS Lead Agency website

Procedures for Application Submissions

Proposals must be submitted to the DCRS Lead Agency by the designated method, noted in the solicitation, by established due date. Submissions (Letters of Interest, Applications, Proposals, etc.) will always be due by 5:00 pm on the due date. Specifics regarding due dates, submission requirements, and other requirements will be posted on DCRS Lead Agency website, <https://www.howardcountymd.gov/Departments/Community-Resources-and-Services/Office-of-Community-Partnerships/Continuum-of-Care-COC>. Once the DCRS Lead Agency issues a call for LOIs, and receives applications from eligible entities, all applications that pass the Threshold Criteria and Project Requirements before being sent to the Rating and Ranking Committee (RNR) of the Coalition to End Homelessness Board. The RNR Committee acts as the decision/recommendation making arm of the Coalition to End Homelessness Board when considering the rating and ranking of the applicable funding sources of the Continuum of Care.

Threshold Criteria and Project Requirements

Projects must pass a threshold requirement review before being submitted to the RNR Committee of the CoC Board. Late or incomplete applications will not pass threshold requirements for the RNR Committee. These threshold requirements are:

- Project Applicant
 - Must be eligible to apply for CoC funding: Nonprofit organizations, State, or local government
 - Must not require participation in religious services for CoC-funded programs
 - Must be an eligible contractor for federal funds per <https://www.sam.gov/>

- Must have a current tax-exempt status as verified by the IRS
 - Must not owe any overdue tax debts, as documented on IRS 990 submissions to the IRS
 - Must have financial and management capacity to carry out the project(s)
 - Must provide evidence of a homeless or formerly homeless person is on the Board of Directors or in a role in the policy-making process within the Agency
 - Must be able to evidence Agency policies and procedures for the administration of CoC funds
 - Must participate in Homeless Management Information Systems (HMIS)
 - Must administer programs or activities in the most integrated setting appropriate to the needs of homeless persons with disabilities
 - Must identify matching funds in the Budget and Budget Narrative
 - Must not discriminate against households with a registered sex offender and/or person with a criminal record, including a violent crime, for acceptance into the program even if a child is in the household. It is a CoC goal to eliminate as many barriers for the “hardest-to-house” populations.
 - Must provide all required information listed in Required Attachments and be capable of fulfilling all required Work Effort.
- Eligible Project & Activity Type
 - Completeness of the application

Project Review and Ranking

HUD requires all Continuum of Cares (CoC) have an evaluation process for ranking all renewal and new projects. In each competition, HUD will state the percentage of renewal amounts that are required to be in either Tier 1 or Tier 2. The DCRS Lead Agency uses the HUD-issued Project Rating and Ranking Tool (issued/updated annually) to determine where projects will rank in the Tiers. The RNR will oversee the final project review and ranking based on the Tool’s outcomes.

Project Rating and Ranking Tool

The Project Rating and Ranking Tool is a scoring-based tool issued by HUD each year that includes measures that are based on the Annual Performance Report (APR) (required to be submitted annually to HUD). The Project Rating and Ranking Tool reviews project-specific outcomes including the project’s ability to reduce length of homelessness, reduce returns to homelessness and increasing household income.

Renewal Project Thresholds Requirements:

1. Coordinated Entry Participation
2. Housing First and/or Low Barrier Implementation
3. Documented, secured minimum match
4. Project has reasonable costs per permanent housing exit, as defined locally
5. Project is financially feasible
6. Applicant is active CoC participant
7. Application is complete and data are consistent
8. Data quality at or above 90%
9. Bed/unit utilization rate at or above 90%
10. Acceptable organizational audit/financial review
11. Documented organizational financial stability

12. Whether projects operate as “Housing First”

Renewal Project Rating Criteria:

1. Performance from Annual Performance Reports/HMIS:
 - Length of stay
 - Exits to Permanent Housing
 - Returns to Homelessness (if available)
 - New or Increased Income and Earned Income
2. Serving High Need Populations
3. Project Effectiveness
4. Other and Local Criteria – CoC Monitoring Outcomes

New Project Rating Criteria:

1. Experience
2. Design of Housing & Supportive Services
3. Timeliness
4. Financial
5. Project Effectiveness
6. Other and Local Criteria

Project Reallocation

The DCRS Lead Agency must ensure projects submitted in the CoC Consolidated Application best align with HUD priorities and contribute to a competitive application that secures these dollars in our community. The DCRS Lead Agency will review reallocation options and will consider reallocation if necessary. Reallocation should occur, if one or more of the following is true:

- The results of the Project Rating and Ranking Tool show the Project is under, non-performing or is not cost-effective; or
- If current project cannot demonstrate sufficient capacity to successfully carry out the project, or is unable to be compliant with the its goals; or
- If the current NOFA indicates/recommends reallocation (or phase out of) any component or activity; *and*
- A sufficient plan is in place to secure and maintain permanent housing for current project participants if any projects are reallocated.

If one or more of the above criteria for reallocation is met, a Reallocation Plan will be created to develop the best program to meet the needs of the community. All reallocation decisions to decrease funding, defund or create new projects will be compared to performance criteria and funding priorities to determine the extent to which each project is aligned to achieve such outcomes. Final decisions will be made by the RNR.

Reallocating to New Projects

The DCRS Lead Agency will release new project applications/opportunities for any funds available as a result of reallocation and BONUS grant opportunities. This RNR review process will follow the same steps as renewal projects. The DCRS Lead Agency will notify applicants if their project was rejected or accepted prior to the NOFA determined deadline, as recommended by the RNR. All final rules for reallocation will be defined by HUD in the NOFA for the CoC Program Competition. Please note the DCRS

Lead Agency may need to revise the requirements described and/or request additional information after the NOFA is released.

Using All Available Funds

The RNR and DCRS Lead Agency will do everything possible to ensure that all funds available to the community are applied for. When all applications have been submitted and it is found that the community is not requesting as much money as is available from HUD or no BONUS projects have been submitted, then:

- The CoC staff will email all CoC and other interested parties (all homeless service and housing providers in the CoC) with specifics regarding, how much money is available for what type of programs; and
- Applications deadlines for these funds will be set after the notice is distributed.

HUD Reporting Requirements

Annual Performance Reports

Annual Performance Reports (APRs) are required by HUD on an annual basis to track the progress and accomplishments of HUD's CoC Programs. The APR gathers information on how programs assist homeless persons to obtain and/or remain in permanent housing, increase skills and income, and obtain greater self-determination. This information is used by HUD and Congress to assess outcomes of federal funding.

The APR is also used by the Howard County CoC as a planning tool to analyze demographics and needs, to evaluate outcomes, inform make improvements, and to assist in setting annual goals.

In general:

- Recipients and Subrecipients receiving HUD Continuum of Care Homeless Assistance funding must report their annual progress to HUD through an Annual Performance Report (APR) submitted for each year in which HUD funding is provided.
- A separate APR must be submitted for each HUD grant received.
- If a project extension is received for a partial year, then an APR must be submitted for the operating year and another APR submitted for the extension period.
- Information must be collected and maintained on each participant in each HUD-funded project for each APR:
 - Standard client data collection tools should be used to collect the information for the APR; in Howard County all APR data must be generated from the local Homeless Management Information System (HMIS)
 - All staff providing services to clients will be trained in how to accurately use the data collection forms
 - All data must be entered into HMIS, be accurate, and in line with the HMIS Policies and Procedures
- Recipients and Subrecipients must respond to all questions in the APR.
- All persons entering APR data should review APR instructions issued by HUD for guidance before completing the APR for that designated program year.

- The CoC DCRS Lead Agency is responsible for certifying (submitting) the final version of each APR for each project in the Continuum, as the Recipient of all CoC funded projects.

Information collected in the APR includes:

- General project information, including the dates of the operating year and the program type and component;
- Client information, including household type, demographic and special needs information, prior living situation, income, length of stay in the project, services received while in the project, reason for leaving the project and destination upon leaving the project;
- Progress in achieving program goals;
- Financial information, including match and project expenditures for the program year;
- Recipients and Subrecipients must track and keep records documenting the match received and utilized; and
- A Match Documentation file should be kept for each project, including cash expended, matching funds committed in the original project application submission and actual match amounts received.

The APR must be submitted within 45 days to the DCRS Lead Agency after the end of the program year, for submission to HUD within 90 days after the end of each program year. The due date for the APR should be part of both the Recipient and Subrecipient’s master calendar for tracking grant compliance activities. The DCRS Lead Agency will have each Recipient or Subrecipient generate APR reports in HMIS and then forward to the DCRS Lead Agency designee for review and certification prior to the DCRS Lead Agency submits. The Howard County CoC uses the data collected in the APRs to evaluate and improve the project, for needs assessment, trend analysis and future planning.

Longitudinal Systems Analysis (for the Annual Homeless Assessment Report (AHAR))

CoCs are now required (effective in calendar year 2018) to provide extensive local data that reflects information on people and households served by homeless projects over one year. This report used to only be called the “AHAR” (Annual Homeless Assessment Report). When HUD expanded the scope of the report requirements, asking for detailed data at the local level, they changed the method the data was collected to the Longitudinal Systems Analysis. This is now used *to inform the AHAR*, a more comprehensive report that includes more elements than in previous years.

The AHAR report is prepared annually by the Department of Housing and Urban Development (HUD) to the U.S. Congress, provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is compiled from Homeless Management Information Systems (HMIS) data about persons who experience homelessness during a 12-month period, and includes data collected from the LSA, the Point in Time, the Housing Inventory Count reports, and other U.S. Census data points for contextual analysis.

System Performance Measures (SysPM)

The intent of the System Performance Measures (Sys PM) report are to encourage CoCs, in coordination with Emergency Solutions Grants Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. HUD uses system-level performance information as a competitive element in its annual CoC Program Competition and to gauge the state of the homeless response system nationally.¹

Homeless and Housing Reporting

Annually, the Howard County CoC reviews the housing and services available to people experiencing homelessness within the community. The methods to undertake this review include:

- Homeless Counts
- Housing Inventory

The Howard County CoC DCRS Lead Agency determines how to conduct the counts and inventories, while realizing that these activities are required by HUD, and must follow minimum requirements issued by HUD. HUD's recommendations for conducting homeless counts and housing inventories are described below, and will serve as a guide for the Howard County CoC.

Homeless Counts

The Continuum of Care Application for McKinney-Vento homeless assistance funding requires CoCs to produce *“statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time.”* CoCs are also asked to report the number of homeless persons in subpopulation categories:

- Chronically homeless
- Severely mentally ill
- Chronic substance abusers
- Veterans
- Persons with HIV/AIDS
- Victims of domestic violence
- Unaccompanied youth (ages 18 to 24)

HUD encourages CoCs to base population and subpopulation estimates on local data stored in Homeless Management Information Systems (HMIS) and/or collected through shelter and street counts. Aside from the HUD mandate to collect this information, there are many reasons why the CoC chooses to collect accurate, reliable data on our local homeless populations:

- To identify community-specific service needs and gaps
- To further understand the causes of homelessness and design more effective responses
- To use in planning and program development
- To raise public awareness of the challenges facing people experiencing homelessness

¹ <https://hudhdx.info/Default.aspx>, October 30, 2018

- To accurately measure and identify the needs of populations that are the hardest to serve

The Howard CoC coordinates a Point-in-Time (PIT) count of sheltered and unsheltered homeless people in the last ten days of January (between January 22 and 31) annually.

Sheltered Homeless Count

The sheltered count is an inventory of people accessing shelter on the date chosen for that year's Point in Time. It will include homeless people who are spending the night in:

- Emergency shelters
- Cold weather shelters
- Domestic violence shelters
- Residential programs for runaway/ homeless youth
- Transitional housing
- Hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless
- Permanent supportive housing for homeless persons
 - (Information on persons living in permanent supportive housing units will be used to determine the capacity rate of those programs; they will not be included in the total homeless count number.)

The following information will be collected in the Sheltered Count:

- Number of households with dependent children (couples or single parents/guardians with children)
- Number of persons in households with dependent children (adults and children)
- Number of households without dependent children (households composed of individuals including unaccompanied youth, couples, and other adult-only households)
- Number of persons in households without dependent children (adults and unaccompanied youth)

The following populations will not be included in the Shelter Count reported to HUD:

- Persons who are living doubled up in conventional housing
- Formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units funded through the CoC or other sources
- Children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short-anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like
- Adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities

To collect Sheltered Count data, the CoC will extract the data from HMIS.

Unsheltered Homeless Count

The Unsheltered Count is an inventory of people experiencing homelessness who are residing in a place not meant for human habitation, including streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. tunnels, railroad cars, under bridges), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

The following information will be collected in the unsheltered count:

- Number of households with dependent children (couples or single parents/guardians with children)
- Number of persons in households with dependent children (adults and children)
- Number of households without dependent children (households composed of individuals including unaccompanied youth, couples, and other adult-only households)
- Number of persons in households without dependent children (adults and unaccompanied youth)

To collect Unsheltered Homeless Count data, the CoC combines the following methods:

- Conduct a public places count (a PIT count based on observation of unsheltered persons without interviews)
- Conduct a public places count with interviews (a PIT count combined with either interviewing all unsheltered homeless persons encountered during the public places count or a sample of these individuals)
- Conduct a service-based count (interview people using non-shelter services, such as food pantries and drop-in centers, screen for homelessness, and count those that self-identify as unsheltered homeless persons; in order to obtain an unduplicated count, every person interviewed must be asked where they were sleeping on the night of the PIT count)
- Extract data from HMIS (use HMIS to collect, analyze or report data on unsheltered persons)

To ensure reliable data from the Unsheltered Count, the CoC will:

- Conduct trainings for PIT enumerators
- Use HMIS to check for duplicate entries
- Use strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count

Subpopulations

The CoC will also coordinate a count of persons who fall into certain subpopulations, using data from a PIT count conducted during the last ten days of January (between January 22nd and 31st) annually. Data collected for the subpopulation analysis includes:

- Chronic homeless status (length and number of episodes)
 - Length of time the person has been homeless this time
 - How many times the person has been homeless in the past 3 years
- Whether the person has a disability
 - Disability status by category
 - Severe mental illness
 - Chronic substance abuse
 - HIV/AIDS
- Victim of domestic violence
- Veterans
- Unaccompanied youth (under 18, and 18-24)

To collect subpopulation data, the CoC will:

- Extract the data from HMIS OR

- Conduct interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth, extrapolating the results to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons OR
- Conduct interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the PIT count OR
- Ask providers to use individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the PIT count

If the CoC does not collect this information from HMIS, the CoC will:

- Provide written instructions to providers to explain the protocol to complete subpopulations count
- Train providers on the protocol and data collection forms to complete the subpopulations count
- Remind all agencies of the scheduled count and follow-up with providers to ensure the maximum possible response rate from all programs

Housing Inventory

Every year the CoC will collect data to complete a *Housing Inventory*. The date of the housing inventory will be the same date as the PIT sheltered and unsheltered count. The housing inventory must be conducted every year and will occur in the last ten days in January. 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 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, but who serve homeless populations. 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 also be collected for the unmet need determination.

To collect *Housing Inventory* data, the CoC DCRS Lead Agency will annually:

- Use HMIS data to complete the Housing Inventory Chart
- 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 DCRS Lead Agency decides to collect *Housing Inventory* information via a survey, the CoC DCRS Lead Agency will:

- Provide written instructions to all homeless providers on how to report an accurate bed inventory
- Train provider-level staff on how to obtain an accurate bed inventory
- Follow-up with providers (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 each provider to verify the accuracy of the data

Grievance Policy and Procedure for Written and Verbal Complaints

Policy Statement

It is the policy of the Howard County CoC to provide its members with a fair and efficient process to present and resolve complaints and grievances. In the case of complaints about CoC-funded programs, the CoC DCRS Lead Agency will provide oversight; however, each HUD-funded organization shall have a grievance procedure and shall implement the procedure when applicable, and must incorporate the minimum steps, as listed here, regarding any complaints or grievances.

Written Complaints about the CoC

Any written complaint against the CoC will be reviewed by the RNR Committee within ten days of its receipt. The Chair will respond within 30 days by:

- Assisting the complainant in articulating /identifying issues, if needed
- Determining what action needs to be taken, if any
- Responding in writing to complainant with clear identification of issue and specifics about its resolution

Complaints about a Program Receiving CoC and HSP (ESG) Funds

- A first-person written and/or documented complaint will be considered a **grievance**.
- A verbal, second-hand or hearsay complaint will be considered a **complaint**.
- The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the program organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the DCRS Lead Agency will require the person do so and document that to the person seeking to make a grievance.
- If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the DCRS Lead Agency. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the DCRS Lead Agency will document what has been said.
- Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
- Once a complaint or grievance has been submitted, the DCRS Lead Agency will approach the program's representative, explain the complaint or grievance, and ask for a response within ten (10) business days. Responses will be documented.
 - A second complaint or grievance will be handled the same. The complainant may file a written appeal (second complaint) within ten (10) days of the first response; the client's written appeal will be responded to within ten (10) days of its receipt.
 - If a program receives a third complaint, the RNR will review the situation and recommend action, including all correspondence and documentation. The Executive Director of the

program being reviewed will be asked to respond to the RNR. The third complaint will be handled within the same timeframe as the first and second.

- All complaints or grievances involving **vulnerable adults or children** will be immediately turned over to the appropriate county office.

Note: The DCRS Lead Agency is not party to any agreements between the landlords and participant households. Should a participant household believe they have been discriminated against by their landlord they should contact the Howard County Office of Human Rights immediately.

ADMINISTRATION REQUIREMENTS

Grant Administration

The CoC Interim Rule refers to OMB Circulars for proper and sound Grant Administration, Agreements, Sub-Agreements, and financial cost principles for all Recipients and Subrecipients. All parts therein must be practiced, maintained and adhered to with regards to any CoC funds. Effective May 17, 2017, 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, And Audit Requirements For Federal Awards, specifically, Subpart D – Post Federal Award Requirements, Subpart E – Cost Principles, and Subpart F – Audit Requirements, apply.

Invoices

- 1) A Recipient or Subrecipient that receives Howard County CoC funds must submit invoices at least once per quarter, after eligible activities commence, in order to allow the Howard County Government (the Grantee) to draw from HUD in accordance with the Timeliness requirements of the Interim Rule.
- 2) All invoices will be on a reimbursable basis; evidence funds have been paid is required for reimbursement.
- 3) The Grantee will reimburse the appropriate portion of the funds to a Recipient or Subrecipient no later than 45 days after receiving an approvable request for such distribution.
- 4) It is the Grantee's policy that all invoices need sufficient backup documentation including evidence of paid invoices; evidence activity by funding stream and approved budget line item;
- 5) Other documentation may be requested by the Grantee to confirm payment is eligible against the requested CoC grant line item and eligible costs. All OMB Circular requirements must apply.

Grant Agreement Requirements

Recipients, Subrecipients and any subcontractor(s), as applicable, will be required to sign a grant agreement in which the following minimum requirements are agreed:

- 1) To ensure the operation of the project(s) in accordance with the provisions of the McKinney-Veto Act and all requirements under 24 CFR part 578;
- 2) To monitor and report the progress of the project(s) to the Continuum of Care and HUD;
- 3) To ensure, to the maximum extent practicable, that individuals and families experiencing homelessness are involved, through employment, provision of volunteer services, or otherwise, in

constructing, rehabilitating, maintaining, and operating facilities for the project and in providing supportive services for the project;

- 4) To require certification that:
 - a) The confidentiality of records is provided to any individual or family that was provided family violence prevention or treatment services through the project;
 - b) The address or location of any family violence project assisted under this part will not be made public, except with written authorization of the person responsible for the operation of such project;
 - c) Policies and practices are established that are consistent with, and do not restrict, the exercise of rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness;
 - d) In the case of projects that provide housing or services to families, a staff person will be designated to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act;
 - e) The funded agency, its officers, and employees are not debarred or suspended from doing business with the Federal Government; and
 - f) Information, such as data and reports, as required by HUD will be submitted; and
 - g) To establish such fiscal control and accounting procedures as may be necessary to ensure the proper disbursement of, and accounting for grant funds in order to ensure that all financial transactions are conducted, and records maintained in accordance with generally accepted accounting principles;
 - h) To monitor Subrecipient and/or Subcontractor match (if applicable) and report on match to the Recipient, and ultimately, HUD;
 - i) To take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education;
 - j) To monitor/be monitored at least annually;
 - k) To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in § 578.7(a)(8); in Howard County, this is the Coordinated System of Homeless Services (CSHS)
 - *A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system instead;*
 - l) To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth in § 578.7(a)(9);
 - m) Enter into agreements requiring Recipient/Subrecipient/subcontractor to operate the project(s) in accordance with the provisions of this Act and all requirements under 24 CFR part 578; and
 - n) To comply with such other terms and conditions as HUD may establish by NOFA funding the particular grant program under Agreement.

CONTINUUM OF CARE PROJECTS

The HEARTH Act requires the Howard County CoC to have written policies and procedures that govern the provision of assistance to individuals and families under the CoC programs. These policies and procedures provide guidance to local providers in administering CoC-funded assistance and include eligibility and documentation standards for CoC programs. This policies and procedures document is not intended to be in lieu of or in place of the Interim Rule for the HEARTH Act, but is intended to clarify Howard County local decisions regarding program administration. All HUD/CoC-funded providers must follow the Interim Rule in its entirety.

- A. Shelter Plus Care Program (S+C) – This program provides rental assistance and support services to homeless persons and to families with a member who has a diagnosed mental illness. The CoC DCRS Lead Agency applies for the funding, under the CoC Main Application.
- B. Permanent Supportive Housing (PSH) – This program provides rental assistance with accompanying supportive services for homeless households, where one family member has a diagnosed disability. The PSH Program provides rental assistance at scattered site locations across Howard County; assistance cannot be used outside of Howard County. Persons who have exited the program are eligible to receive up to six months of supportive services to ensure the household’s housing stability. The CoC DCRS Lead Agency applies for the funding, under the CoC Main Application.
- C. Emergency Solutions Grant (ESG) – Emergency Solutions Grant agencies are required to participate in local CoC planning and coordination of services. The Howard County DCRS Lead Agency is the Grantee with the State of Maryland’s Department of Housing and Community Development (DHCD), which administers ESG funds to local state jurisdictions; the ESG program from the State is called the “Homeless Solutions Grant” (HSP) program. The HSP program also follows the Howard County CoC Policies and Procedures.

Participant Eligibility & Documentation

All clients served through the Howard County CoC must follow the process of ranking by vulnerability, and meet HUD’s “Homeless” definition. It is the goal of the Howard County CoC to serve those with the greatest vulnerabilities and barriers to housing.

SOURCE DOCUMENTATION

HOMELESS

Definitions All clients served through the Howard County CoC must meet HUD’s “Homeless” definition. The Howard County CoC serves categories 1, 2 and 4 of the “Homeless” definition as described below. The definition of “At-Risk of Homelessness,” as defined at 24 CFR 576.2, is not currently eligible in Howard County. See below for Chart defining each of the categories under the Homeless definition.

Table. 1. HOMELESS		
Category 1	Literally Homeless	<p>An individual or family who lacks a fixed, regular, and adequate nighttime residence:</p> <ul style="list-style-type: none"> ▪ 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; ▪ 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 ▪ An individual who is exiting an institution where he or she 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	Imminent Risk of Homelessness	<p>An individual or family who will imminently lose their primary nighttime residence, provided:</p> <ul style="list-style-type: none"> ▪ The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; ▪ No subsequent residence has been identified; and ▪ 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.
Category 4	Fleeing/Attempting to Flee Domestic Violence (DV)	<p>Any individual or family who:</p> <ul style="list-style-type: none"> ▪ Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; ▪ Has no other residence; and ▪ Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Table. 8. Acceptable evidence for HOMELESS status, by Category		
HOMELESS	Category 1: Literally Homeless	<p>If the individual or family qualifies as Literally Homeless because he or she has resided in a place not meant for human habitation, or is residing in an emergency shelter, acceptable source documentation includes:</p> <ul style="list-style-type: none"> ▪ Written observation by the outreach worker; or ▪ Written referral by another housing or service provider; or ▪ Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; ▪ For individuals exiting an institution—one of the forms of evidence above and: <ul style="list-style-type: none"> ○ discharge paperwork or ○ Written/oral referral, or ○ Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution
HOMELESS	Category 2: Imminent Risk of Homelessness	<ul style="list-style-type: none"> ▪ A court order resulting from an eviction action notifying the individual or family that they must leave; or ▪ For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or ▪ A documented and verified oral statement; and <ul style="list-style-type: none"> ○ Certification that no subsequent residence has been identified; and ○ Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
HOMELESS	Category 4: Fleeing/Attem pting to Flee Domestic Violence (DV)	<ul style="list-style-type: none"> ▪ For victim service providers: <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. ▪ For non-victim service providers: <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and ○ Certification by the individual or head of household that no subsequent residence has been identified; and ○ Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

CHRONICALLY HOMELESS

Table. 2. CHRONICALLY HOMELESS		
Individual or Household with Children with a disability		
Chronically Homeless Means	Literally Homeless	Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter
	Duration	Has been homeless and living as described (above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years... <ul style="list-style-type: none"> ...as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above under “literally homeless”.
		<ul style="list-style-type: none"> 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 “literally homeless” immediately before entering the institutional care facility.
Disability or Illness ²	A “Homeless individual with a disability,” an individual who is homeless, and has a disability that: <ul style="list-style-type: none"> Is expected to be long-continuing or of indefinite duration; Substantially impedes the individual’s ability to live independently; Could be improved by the provision of more suitable housing conditions; and Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; Is a developmental disability, as defined in section 15002 of this title; or Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome. 	
Other	Institutional Stays	An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria for Literally Homeless, Duration, Disability or Illness before entering that facility
	Family Composition	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 under Literally Homeless, Duration, Disability or Illness, and/or Institutional Stays, including a family whose composition has fluctuated while the head of household has been homeless.

² Section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9))

Table. 10. Acceptable evidence for “Chronic Homeless”

Evidence that the individual is a “Homeless individual with a disability” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) must include:

Evidence of status of “literally homeless” – Category 1	
To Document Chronic	Duration & Breaks
	<ul style="list-style-type: none"> ▪ Third-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g., an encounter on May 5, 2015, counts for May 1—May 31, 2015) <ul style="list-style-type: none"> ○ Unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g., evidence in HMIS of a stay in transitional housing); <p><i>For at least 75 percent of the chronically homeless individuals and families assisted by a Recipient in a CoC-funded project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using the evidence of this section for each assisted chronically homeless individual or family. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on a self-report by the individual seeking assistance.</i></p> <p>Each break in homelessness of at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter between separate occasions must be documented following the stated order of priority for source documentation prescribed by HUD.</p>
Evidence of “Disability or Illness”	
Other	Institutional Stays & Breaks
	<ul style="list-style-type: none"> ▪ If an individual has resided in an Institutional setting for under 90 days, was literally homeless, with a disability, and met the duration/breaks qualifications under chronic homelessness immediately prior to the institutional stay, the following documentation is required: <ul style="list-style-type: none"> • Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility stating the beginning and end dates of the time residing in the institutional care facility. All oral statements must be recorded by the intake worker; or • Where the “discharge paperwork or a written or oral referral from a social worker...” etc. of this section is not obtainable, a written record of the intake worker’s due diligence in attempting to obtain the evidence described and a certification by the individual seeking assistance that states that he or she is exiting or has just exited an institutional care facility where he or she resided for fewer than 90 days; and • Evidence that the individual met the criteria of Chronically Homeless including “Literally Homeless,” “Duration & Breaks” and “Disability or Illness” immediately prior to entry into the institutional care facility.

	<ul style="list-style-type: none"> Evidence of stays in institutional care facilities fewer than 90 days included in the total of at least 12 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter must include the evidence of “Literally Homeless,” “Duration & Breaks” and “Disability or Illness,” before entering the institutional setting.
Family Status	<ul style="list-style-type: none"> If a family qualifies as chronically homeless under the “Chronically homeless” definition, evidence must include that the adult head of household (or if there is no adult in the family, a minor head of household) met all of the criteria of the definition.

DISABILITY/DISABLING CONDITION

TABLE. 9. DEFINITION & EVIDENCE OF “DISABILITY/DISABLING CONDITION”	
Diagnosis with one or more of:	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.
Acceptable Evidence must include <i>one</i> of the following	<ul style="list-style-type: none"> Written verification of the condition: <ul style="list-style-type: none"> from a professional licensed by the state to diagnose and treat the condition and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual’s ability to live independently; OR Written verification from the Social Security Administration; Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation); OR Intake staff (or referral staff) observation that is 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 of the application for assistance and accompanied with one of the types of evidence above; OR Other documentation approved by HUD.

SEVERITY OF SERVICE NEEDS

Table. 3. Severity of Service Needs Defined³	
At least one of the following is true	High utilization of crisis services, including but not limited to, emergency rooms, jails, and psychiatric facilities
	Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing
<i>For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.</i>	

³ When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criterion used by Medicaid departments to identify high-need, high cost beneficiaries.

Table. 11. Severity of Service Needs Evidence Required	
Identified and Verified Through	Data-driven methods such as an administrative data match; OR
	Through the use of a standardized assessment tool and process; AND
	Should be documented in a program participant’s case file.
<i>The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).</i>	

ORDERS OF PRIORITY FOR BED/UNIT TYPE

For the Howard County CoC Programs providing PSH, for units that are funded to be dedicated to persons experiencing chronic homelessness, the following Order of Priority will be followed.

Table. 4. ORDER OF PRIORITY FOR PSH BEDS DEDICATED TO CHRONICALLY HOMELESS	
<u>First Priority</u>	Chronically Homeless Individuals and Families with the <i>Longest History of Homelessness and</i> with the <i>Most Severe Service Needs</i> .
<u>Second Priority</u>	Chronically Homeless Individuals and Families with the <i>Longest History of Homelessness</i> .
<u>Third Priority</u>	Chronically Homeless Individuals and Families with the <i>Most Severe Service Needs</i> .
<u>Fourth Priority</u>	All Other Chronically Homeless Individuals and Families.

For the Howard County CoC Programs providing PSH that are *not* funded to be dedicated to chronically homeless persons, the Howard County CoC prioritizes persons experiencing homelessness according to the following Order of Priority.

Table. 5. ORDER OF PRIORITY FOR NON-DEDICATED/NON-PRIORITIZED PSH BEDS	
<u>First Priority</u>	Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs
<u>Second Priority</u>	Homeless Individuals and Families with a Disability with Severe Service Needs.
<u>Third Priority</u>	Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.
<u>Fourth Priority</u>	Homeless Individuals and Families with a Disability Coming from Transitional Housing.

For the Howard County CoC Programs providing PSH that are funded as “Dedicated PLUS” the Howard County CoC will adhere to the following:

Table. 6. PROJECTS WITH BEDS/UNITS FUNDED AS DEDICATED PLUS	
<i>Individuals and Households with Children (Families) With Disabilities (ANY OF THE FOLLOWING APPLY)</i>	
1.	Experiencing chronic homelessness
2.	Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project

3.	Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness and been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement.
4.	Residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness prior to entering the project.
5.	Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions.
6.	Receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Permanent Supportive Housing (PSH) Disability Qualification

The Permanent Supportive Housing projects accept homeless persons with a verified disability, and prioritizes units that are not already dedicated to the chronically homeless, to those who are experiencing chronic homelessness, based on the determined Order of Priority. The head of household or a minor may qualify the household for acceptance into the program for the qualifying disability. *Source Documentation of Disability* must be collected at program acceptance, and is not to be recollected at any following annual recertification.

Source Documentation

All Recipients and Subrecipients must maintain documentation, obtained at intake, to demonstrate the eligibility of households served through CoC programs, and maintain and follow written intake procedures to ensure compliance with the homeless, chronically homeless, severe service needs, and Disability definitions. Lack of third-party documentation (priority source) will not prevent an individual or family from being immediately accepted into the program. However, the provider must document in the case file the due diligence made to obtain third party verification.

Household Composition

- 1) Persons accepted into CoC programs, other than the qualifying individual, may include:
 - a. Dependents, minor children whom the Head of Household can show some type of custody arrangement;
 - b. Children over 18 who have documentation verifying that they are full-time students at a qualified higher-education institution, or who were originally part of the qualifying household composition;
 - c. A spouse;
 - d. A critically-ill parent or adult child with a disability; and
 - e. Certified medical caregivers.
- 1) Clients must report, in writing, any changes in their household size when a person moves in or out of the unit within two (2) weeks.

OCCUPANCY, RENT AND INCOME

Occupancy Agreements and Leases

- A. There must be a signed occupancy agreements or lease/sub-lease in place for CoC Leasing or Rental Assistance program participants.
- B. The specific regulations under the Interim Rule for Rental Assistance activities and Leasing activities apply, (i.e., difference between Tenant Based Rental Assistance and Project Bases Rental Assistance).

Calculation of Rent

- 1) CoCs are not required to impose occupancy charges on program participants as a condition of residing in housing. However, when any form of Rental Assistance or Leasing is provided on behalf of the client, through CoC funds, the Howard County CoC charges the highest of:
 - i. 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);
or
 - ii. 10 percent of the family's monthly income.

Annual Income

- 1) Each program participant must agree to supply the information or documentation necessary to verify the program participant's income at program acceptance and upon recertification. A program participant's income must be reviewed initially, and annually thereafter.
- 2) However, if there is a change in family composition or an increase/decrease in the resident's income during the year, the resident may request an interim reexamination, and the client's portion of the contract rent would be adjusted accordingly. Such increases/decreases to household income must be reported prior to the end of the month in which the change occurs, so if any possible adjustment (increase or decrease) in rent can begin the next full month following when it was reported.
- 3) Household income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a).
- 4) Annual Income *Does* Includes:
 - iii. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
 - iv. Net income from the operation of a business or profession;
 - v. Interest, dividends, and other net income of any kind from real and personal property;
 - vi. The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump sum payment for delayed start of a periodic payment;
 - vii. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
 - viii. Welfare assistance. Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly, by Federal, State or local governments (e.g. Social Security Income (SSI) and general assistance available through state welfare programs);

- ix. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling; and
- x. All regular pay, special pay and allowances of a member of the Armed Forces, except special hostile fire pay.

5) Annual Incomes *Does Not* Include:

- i. Income from employment of children (including foster children) under the age of 18 years;
- ii. Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the tenant family, who are unable to live alone);
- iii. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay);
- iv. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- v. Income of a live-in aide as defined in 24 CFR 5.403;
- vi. The full amount of student assistance paid directly to the student or to the educational institution;
- vii. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- viii. Amounts received under training programs funded by HUD;
- ix. Amounts received by a disabled person that are disregarded for a limited time for purposes of SSI income eligibility and benefits because they are set aside for use under a Plan for Achieving Self-Support (PASS);
- x. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- xi. Amounts received under a resident service stipend.
- xii. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;
- xiii. Temporary, non-recurring or sporadic income (including gifts);
- xiv. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- xv. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
- xvi. Adoption assistance payments in excess of \$480 per adopted child;
- xvii. Deferred periodic payments of SSI income and social security benefits that are received in a lump sum amount or in prospective monthly amounts;
- xviii. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;

- xix. Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; and
- xx. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply.
A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

6) Adjustments to Income

- i. \$480 for each dependent
- ii. \$400 for any elderly or disabled family;
- iii. The sum of the following, to the extent the sum exceeds 3 percent of annual income:
 - 1. Unreimbursed medical expenses of any elderly family or disabled family; and
 - 2. Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed. This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendant care or auxiliary apparatus; *and*
 - 3. Reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education, provided that:
 - a. the child or children are 12 years old and under;
 - b. the resident is employed or enrolled in school while the dependent is receiving care;
 - c. the amount deducted as child care expenses is necessary for the resident to work or attend school and the amount necessary for the resident to work does not exceed the amount earned while working; *and*
 - d. the resident is not reimbursed for this expense.

7) The Earned Income Disallowance (EID), 24 CFR 5.617.

- i. Applies to disabled participants of PH projects
- ii. Special regulations apply to all disabled clients that became employed after April 20, 2001 and
 - 1. were previously unemployed for one or more years; or
 - 2. earned less than \$3,375 in the previous 12 months; or
 - 3. increased their income during a self-sufficiency or job training program; or
 - 4. Received welfare benefits or participated in a Welfare-to-Work program within six months prior to getting a job.

Utility Payments

- 1) Utility reimbursements are only allowed when the household's rent does not include utility costs, or is not considered "Fair Market Rent." This usually occurs for those living in units that are individually metered, and clients receive bills directly from the utility company.

- 2) In this situation, the client's rent equals the client's required rent payment less an allowance for reasonable utility consumption (allowance schedules are issued annually by the local public housing authority). Telephone, cable and/or interest costs are not to be included as a utility for this purpose.
- 3) If reasonable utility expenses alone exceed the amount the client is required to pay for both shelter and utilities, the Subrecipient must make arrangements in their financial payment system to pay the utility company directly.
- 4) This calculation method is reflected in the HUD Resident Rent Calculation Worksheet.
- 5) Under no circumstance must a household receive direct payment for any costs.

...The CoC Program Interim Rule prohibits direct payments to program participants because it is an ineligible use of CoC Program funds. CoC Program funds are only to be used for the direct provision of housing and supportive services for eligible persons. A Recipient or Subrecipient cannot guarantee a direct cash payment to a program participant will be used for an allowable supportive service or housing payment; thus, the requirement for CoC Program funds for utility payments to be made to the utility companies and other third-party service providers. -HUD Headquarters, April 24, 2014

HOUSING

Housing Standards

For any assistance provided, the housing and services must be in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements of the jurisdiction in which the project is located regarding the condition of the structure and the operation of the housing or services.

Lead-Based Paint

Overview

On September 15, 1999, HUD published a final regulation, "*Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards (LBP) in Federally Owned Residential Property and Housing Receiving Federal Assistance*," known as the Lead Safe Housing Rule. The purpose of the regulation is to protect young children from lead-based paint hazards in housing that is either receiving assistance from the Federal government or is being sold by the government. The regulation establishes procedures for evaluating whether a hazard may be present, controlling or eliminating the hazard, and notifying occupants of what was found and what was addressed in such housing. The Lead Safe Housing Rule took effect on September 15, 2000. HUD program requirements concerning lead-based paint hazards are found in 24 CFR Part 35, Lead-Based Paint Poisoning Prevention in Certain Residential Structures, also known as the Lead Safe Housing Rule. The regulation is divided into "subparts" of 24 CFR Part 35. Three subparts apply to all programs.

- 1) *Subpart A is the disclosure regulation that requires sellers and lessors of most pre-1978 housing to disclose known information on lead-based paint and/or lead-based paint hazards to prospective buyers and renters.*
- 2) *Subpart B describes the scope of coverage of the new regulation and provides definitions and general requirements for all programs.*
- 3) *Subpart R describes methods and standards for lead-based paint hazard evaluation and reduction activities.*
- 4) For residential properties for which COC program funds are used for acquisition, leasing, supportive services and operations, subparts A, B, K, M, and R apply.

Lead-Based Paint Exemptions

Exemptions do not apply if a child less than age 6 resides or is expected to reside in the dwelling unit that was built before January 1, 1978. In that situation, the unit must have a visual assessment completed. However, the following are exempted from implementing the Lead Safe Housing Rule:

- 1) It is a residential property for which construction was completed on or after January 1, 1978;
- 2) It is housing/residential property for the elderly, or a residential property designated exclusively for persons with disabilities where a child less than age of 6 will not be residing if built before 1978;
- 3) A zero-bedroom dwelling unit, including a single room occupancy (SRO) dwelling unit, etc.).

Processes for Determining Exemptions

Before any CoC assistance may be provided, the following steps must be taken:

- 1) Verify age of the property, (if built after January 1, 1978, property is Exempt).
- 2) Verify age of all members of the household, (if no child under age of 6, property is Exempt).

If property is built before January 1, 1978, **and** a child under the age of 6 will be residing in the property, the following steps must be taken:

- 1) Is property a zero-bedroom or SRO-unit? If yes, property is Exempt.
- 2) Has x-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint? If yes, property is Exempt.
- 3) Has this property had all lead-based paint identified and removed in accordance with HUD regulations? If yes, property is Exempt. All documentation must be maintained.
- 4) Has the property already undergone (and passed) a visual assessment within the past 12 months *or* has lead abatement been completed? If yes, property is Exempt. All documentation must be maintained.

If the property does not meet an above listed Exemption, the following steps must be followed:

- 1) A visual assessment of all paint must be conducted by personnel who have completed the following training on HUD's website at:
<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>
 - a. Documentation must be maintained that the training has been completed.
- 2) Conduct a visual assessment.
- 3) Complete the Lead-Based Paint Visual Assessment Certification Form.
- 4) Determine if deteriorated paint identified during the visual assessment needs to be repaired prior to approving the unit; de-minimus levels apply:

- a. If the answer is “Yes” to any of the following, deteriorated paint must be stabilized, and the CoC will not approve the unit for tenancy.
 - i. 20 square feet on exterior surfaces;
 - ii. 2 square feet in any one interior room or space; and/or
 - iii. 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim.
- b. If the answer is “No” to any of the following, deteriorated paint does not require stabilization, and the CoC will approve the unit for tenancy.
 - i. 20 square feet on exterior surfaces;
 - ii. 2 square feet in any one interior room or space; and/or
 - iii. 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim.

It is the Howard County CoC policy that no unit which requires paint stabilization is eligible for assistance under this program. The CoC will not permit rental assistance to be provided towards any unit that requires paint stabilization prior to occupancy.

Housing Quality Standards (HQS)

- 1) Units assisted with CoC funding must pass the Housing Quality Standards inspection before funds are provided, and annually thereafter.
- 2) The inspection involves a review of any third-party documentation (such as a check of housing and public health code inspection certifications) as well as visual inspection of the unit.
- 3) Third party inspections are considered primary since trained inspectors perform them.
- 4) The person conducting the HQS must be conduct visual assessment of all paint (to verify if lead paint requires stabilization) and must have completed the following training on HUD’s website:
<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>
 - a. Documentation must be maintained that the training has been completed.

Fair Market Rents (FMR)

For both Leasing and Rental Assistance, a contract rental amount with utilities included is measured against the local Fair Market Rent amounts for the jurisdiction. If a unit’s contract rent with utilities exceeds the established HUD fair market rent value (FMR), the monthly cost for the unit must not be more than the established Rent Reasonable limits. The annually published FMR’s are gross rent estimates, and *include* the cost of utilities (except telephone/cable). If a unit contract rent does not include the cost of utilities, it must be documented in the client file that the unit meets the Rent Reasonableness threshold for that size/type of unit.

Rent Reasonableness

For Leasing and Rental Assistance, rent paid must be actual costs and deemed reasonable in relation to rents being charged in the area for comparable space. If a unit’s monthly charge includes utilities, the FMR limit must be used. If a unit’s monthly charge excludes utilities and/or is over the annual FMR rate, the Rent Reasonable guidelines must be used. If in determining comparability, consider location, size,

type, quality, amenities, facilities, and management services. If the owner has both assisted and unassisted housing units, rents for the assisted units may not exceed rents being charged for that owner's comparable unassisted units; or must be comparable within reason. The Recipient/Subrecipient should keep file documentation showing the unit's rent reasonableness.

Rental Assistance

Use

- 1) Grant funds may be used for rental assistance for homeless individuals and families.
- 2) Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.
- 3) The Howard County CoC rental assistance is *long-term*, (longer than 24 months)
- 4) The Howard County CoC PSH rental assistance projects are all tenant-based (scattered sites); with the exception of the Shelter Plus Care program, which is sponsor-based rental assistance (scattered sites).
- 5) Grant funds may be used for security deposits in an amount not to exceed 2 months of rent.
- 6) An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent.

Rental Assistance Administration

- 1) Rental assistance may be administered by a State, unit of general local government, a public housing agency or a private nonprofit organization.
- 2) Housing Assistance Efficiency Act, H.R. 2790: The 113th Congress, 2D Session passed H. R. 2790 on December 3, 2014: *"To authorize private nonprofit organizations to administer permanent housing rental assistance provided through the Continuum of Care Program under the McKinney-Vento Homeless Assistance Act, and for other purposes."*
<https://www.govtrack.us/congress/bills/113/hr2790/text>
- 3) Costs of administering the rental assistance are considered service delivery costs of rental assistance and are eligible in the CoC Program as Rental Assistance costs.
 - o Staff Time involved in administering rental assistance in the CoC Program includes contracting for and making rental assistance payments to the landlord/landowner, and conducting the Housing Quality Inspections (HQS).

Tenant-Based Rental Assistance (TBRA)

- 1) Tenant-based rental assistance is rental assistance in which program participants choose housing of an appropriate size in which to reside, and hold the lease in their own name.
- 2) Program participants who have complied with all Howard County CoC PSH program requirements may retain their rental assistance and within the Continuum of Care geographic area, if they chose.
- 3) Program participants who have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, and are able to document the violence and basis for their belief, may retain the rental assistance and move

to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety.

Vacant Units

If a unit assisted under this section is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person. Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are **not** considered vacancies.

Property Damage

The Howard County CoC allows the use of grant funds in an amount not to exceed one month's rent to pay for any damage to housing due to the action of a program participant. This shall be a one-time cost per participant, incurred at the time a participant exits a housing unit.

Resident Rent

- 1) Rent must be calculated as stated in "Calculation of Rent" of this document.
- 2) The Howard County CoC requires program participants to pay the landlord directly for their share of the rent.

Leases

- 1) Program participants must enter into a lease agreement for a term of at least one year, which is terminable for cause.
- 2) The lease agreement must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

Leasing

The following apply to Leasing Projects for monitoring purposes and reporting to HUD, since:

The final Leasing project expired on November 30, 2015, and renewed under Rental Assistance. The Howard County CoC PSH Leasing project was long-term, (longer than 24 months), tenant-based and scattered site. This Transitional Housing project was not renewed in the FFY15 competition, and ended on January 31, 2016. The Howard County CoC TH Leasing project was sponsor-based and short-medium term (up to 24 months).

Use

- 1) Recipients or Subrecipients may not disburse funds directly to participants to pay the leasing costs, but must pay individual landlords directly, and must only be used for homeless individuals or families.
- 2) Leasing assistance may not be provided to a program participant who is already receiving rental assistance, or leasing assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.
- 3) Leasing assistance is subject to the requirements of the Lead-Based Paint Poisoning Prevention Act. For residential structures constructed before 1978, there are requirements and procedures for

addressing the hazards of lead-based paint. The requirements encompass both the residential unit, and non-dwelling portions of a structure that might be used by children under seven (7) years of age, such as a day care center.

- 4) Neither the Recipient nor the Subrecipient may lease property (that it owns) to itself, a parent, or a subsidiary organization. The funds designated for Leasing may only be used for the actual costs of leasing a unit. They may not be used to pay for a Recipient or Subrecipient's mortgage or other costs.
- 5) The Howard County Government, or any of its subsidiaries, may not own property that is leased to a client in any Howard County CoC program.

Vacant Units

The Recipient or Subrecipient (whichever entity holds the lease with the landlord) must abide by the terms of the lease. Therefore, if the lease is for a year, then they must pay for a year regardless of whether the unit is occupied. If the lease is written in such a way that it ends when a client leaves, then they may not pay rent when a program participant is not living in the unit. Vacancy payments are eligible as long as it's in compliance with the lease agreement in place. Since leases are in the Recipient or Subrecipient's name, leaseholder is liable for paying the rent even if a leased unit is unoccupied. Therefore, Recipients and Subrecipients may continue to pay rent to owners even when vacant until a new program participant moves into the unit. It is notable that brief periods of stays in institutions, not to exceed 90 days for each occurrence, are **not** considered vacancies.

Property Damage

Leasing funds may not be used to pay for property damage, even upon client move-out.

Resident Rent

- 1) Rent must be calculated as stated in "Calculation of Rent" of this document.
- 2) The Howard County CoC requires program participants to pay their share of the rent to the sponsor agency.

Leases

- 1) Program participants in transitional housing must enter into an agreement for a term of at least one month.
- 2) The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months for transitional housing.
- 3) Program participants must not enter into a lease agreement with the landlords; rather the project sponsor must enter into an agreement with the landlord, and have an occupancy agreement in place between the project sponsor and the household.
- 4) The leases and occupancy agreements must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

Placement in Vacancies

Housing First

Howard County's Continuum of Care and Coordinated System of Homeless Services follows and adheres to the Housing First model of placement into permanent supportive housing for those experiencing homelessness. The main Housing First components are:

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions
- Applicable in a variety of housing models

PSH Housing First is *“an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.”*

<https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

Permanent Supportive Housing for Persons with Disabilities (PSHPWD)

1. When a CoC-PSH unit becomes available the Program Provider will notify the CSHS Services Coordinator, and indicate whether the unit is for:
 - a. A chronically homeless individual with a disability; or
 - b. A chronically homeless family in which one adult or child has a disability); or
 - c. An household that is eligible under DedicatedPLUS.
2. The CSHS Services Coordinator will refer to the By-Name list for households experiencing chronic homelessness, ensuring the following are verifiable:
 - a. Verification of Homelessness and indication of disability;
 - b. VI-SPDAT score.
3. After receiving all requested documentation, the CSHS Services Coordinator, will make a referral for the unit to the Program Provider for intake and placement into the available unit.
4. Upon receipt of the referrals the Program Provider will process the household through intake. The Program Provider will verify presence of disability by obtaining HUD eligible documentation. Acceptable forms of disability verification are:
 - a. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; OR
 - b. Written verification from the Social Security Administration; OR
 - c. The receipt of a disability check; OR

- d. Intake staff-recorded observation of a disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence in this; OR
 - e. Other documentation approved by HUD.
5. Once verification has been confirmed, the Program Provider will work with the candidate and their Case Manager to begin the Housing Search and will notify the CSHS Services Coordinator the unit is filled.
 6. No public notice requirement is imposed because CoC has a specific target population and CSHS service providers. This ensures that the funds are used to assist the intended population.

Transitional Housing (TH)

The last CoC Transitional Housing project was not renewed in the FFY15 competition, and ended on January 31, 2016. The Howard County CoC TH Leasing project was sponsor-based and short-medium term (up to 24 months). The following apply to placements in Transitional Housing for monitoring purposes and reporting to HUD only:

- 1) Program Director will inform CSHS Services Coordinator of the coming availability of a unit of Transitional Housing (TH), and as soon as possible the specific date when a unit is vacated.
- 2) Subrecipient is committed to turning over units for admission of new families within 30 days of the vacancy. If an exception is needed to this expectation, Subrecipient's Program Director will inform CSHS Services Coordinator.
- 3) CSHS Services Coordinator will attempt to place a new family in a vacant TH unit as close to its turnover completion as possible, and work with Subrecipient's Program Director to do so.
- 4) Families selected for Subrecipient's Transitional Housing must comply with:
 - a. Income limits – Limits vary from unit to unit (30% to 50% of area median income).
 - b. Household composition – Families with at least one minor child.
 - c. Homeless status – Household must be certified as homeless.
 - d. Household size – Must fit with size of the available unit
- 5) Families who will reside in the Subrecipient's Transitional Housing will be identified and referred by the Howard County Coordinated System of Homeless Services (CSHS) based on these criteria:
 - a. Transitional housing aligns with the household's long-term housing stability plan.
 - b. Transitional housing is intended to be a needed stepping stone to permanent housing.
- 6) CSHS Services Coordinator will consult with CSHS Participant Agencies to identify appropriate families to refer. Subrecipient's Program Director will be party to this consultation.
- 7) Subrecipient's Program Director will review the household's history and will interview the head(s) of household of the referred family to assess the likelihood of placement in Subrecipient's Transitional Housing program:
 - a. Family interest/willingness to engage in Subrecipient's program of support and case management (not used to screen any household out of placement); and
 - b. Family's ability to live in scattered-site housing.
- 8) Subrecipient's Program Director will inform CSHS Services Coordinator whether the referred household is accepted or not to reside in the Subrecipient's Transitional Housing.
- 9) Accepted households will sign an Occupancy Agreement and a Program Agreement before taking residence in Subrecipient's Transitional Housing. The Program Agreement will outline the Subrecipient's case management service, program participation requirements and grievance procedure. If a Program Participant denies supportive services, the Subrecipient agency will not

deny entrance into the program, but will incorporate engagement and outreach as part of ensuring the household is stably housed.

PARTICIPANTS & HOUSING

Requirements

The rules and responsibilities of clients are outlined in the client's program document, which is signed by the Subrecipient or Recipient agency and the participating household, at move-in. A signed lease between the client and property manager is required for participation in PSH under Rental Assistance. In addition to the lease and CoC program requirements, the property management agency may have additional policies to smoothly operate and manage their properties. All rental and leasing responsibilities as outlined in the client lease are that of the client. Neither the Subrecipient nor the Recipient agencies are party to any lease agreements determined by the landlord or property management agency. The Subrecipient agency will facilitate a rental assistance agreement to establish the responsibilities for payment of rent, utilities etc., between the participant household and the Subrecipient and landlord.

Eviction Prevention

Clients must immediately disclose to the Recipient or Subrecipient if they have received a notice of eviction. Housing stability is a priority, and eviction prevention services are essential for the case managers to ensure households remain stable. Linking the household to eviction prevention providers through the Coordinated System of Homeless Services by way of referral, may help with identified barriers that could lead a household to be unstable. If a client is not interested in these services, the case managers must continue to look for ways to assist the household to remain stably housed and avoid the eviction process.

Eviction Process

If a client receives a 30-day notice from the property manager they must give a copy to the case manager and/or support staff immediately so they may begin assisting the household with follow-up. In order to stop the eviction process before it is filed with the court, the client must meet with the property manager to address the lease violation and make a rent payment plan.

Termination of Assistance

The Recipient or Subrecipient may terminate assistance to a program participant who violates program requirements or conditions of occupancy (lease agreement). Termination does not bar the Recipient or Subrecipient from providing further assistance at a later date to the same individual or family in the Howard County CoC.

Hard-to-house Populations

Recipients and Subrecipients that are serving hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

Due Process

If terminating assistance to a program participant, the Recipient or Subrecipient must follow the formal grievance procedures in place that recognizes the rights of individuals receiving assistance under the due process of law. This process consists of:

- Providing the program participant with a written copy of the program's rules and the termination process before the participant begins to receive assistance, and at annual recertification;
- 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 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
- Prompt written notice of the final decision to the program participant (see Grievance Policy and Procedure below).

Grievance Policy and Procedures

Policy Statement

It is the policy of the Howard County Continuum of Care to provide its members and program participants with a fair and efficient process to present and resolve complaints and grievances. In the case of complaints/grievances about programs, the CoC DCRS Lead Agency is the official oversight entity and the Steering Committee's input has considerable influence on its decisions. Each HUD funded organization shall have a grievance procedure and shall implement the procedure when applicable, and must incorporate the minimum steps, as listed here, regarding any complaints/grievances. A first-person written and/or documented complaint will be considered a grievance. A verbal, second-hand or hearsay complaint will be considered a complaint.

Written Grievances about the CoC

- Any grievance against the CoC will be reviewed by the Rating and Ranking (RNR) Committee within ten days of its receipt. The Chair will respond within 30 days by:
 - Assisting in articulating /identifying issues, if needed.
 - Determining what action needs to be taken, if any.
 - Responding in writing with clear identification of issue and specifics about its resolution.

Grievances/Complaints about a Program Receiving CoC Funds

- The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the DCRS Lead Agency will recommend that the person do so and document that recommendation.

- If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the DCRS Lead Agency. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the DCRS Lead Agency will document what has been said.
- Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
- Once a complaint or grievance has been submitted, the DCRS Lead Agency will approach the problem program's representative, explain the complaint or grievance, and ask for a response to the charge(s) within ten (10) business days. Responses will be documented. It will be up to the DCRS Lead Agency to decide if the matter needs to be discussed by the RNR.
 - A second complaint or grievance will be handled the same. The complainant may file a written appeal (second complaint) within ten (10) days of the first response; The client's written appeal will be responded to within ten (10) days of its receipt.
- If a program receives a third complaint, the RNR will review the situation and recommend action, including all correspondence and documentation. The Executive Director of the program being reviewed will be asked to respond to the RNR. The third complaint will be handled within the same timeframe as the first and second.
- All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate county office.

Note: Should a participant household believe they have been discriminated against by their landlord they should contact the Howard County Office of Human Rights and Office of Consumer Affairs immediately.

Annual Review Process

Clients are required to complete an annual review and re-certification with their case manager. They are expected to meet with their case manager and bring requested documentation with them. After their appointment, adjusted rent calculations (if applicable) will be applied the next full month, and a new payment agreement form will be signed processed. Copies will be sent to the client and the landlord and put into the client's file, and updated in the Subrecipient or Recipient agency's payment system. Any updated information must be entered into HMIS within five (5) business days of the review.

Landlord Requests for Rent Increases

In accordance with the terms of a client's lease, and state and local law, a landlord may request a rent increase. The new rent amount must still comply with the FMR and/or rent reasonableness and include a 60-day advance notice. Once the request is reviewed and approved to be within FMR and/or rent reasonable, a new rent calculation form will be completed and new payment agreement forms will be signed. Copies will be sent to the client and the landlord and put into the client's file, and updated in the Subrecipient or Recipient agency's payment system. Any updated information must be entered into HMIS within five (5) business days of the review.

Rent Adjustments

Clients are responsible for notifying the Recipient or Subrecipient agency upon receipt of a rent adjustment from the landlord and/or lease renewal notice. Clients must discuss the terms of any new agreement with their case manager before they sign a lease renewal.

Participant Requests for Change in Unit Size/Location

Clients may request a Relocation Request Form from their case manager or the support staff if there has been an approved addition to their family household that would necessitate needing a different unit. A request for a different unit may be made for certain other eligible reasons:

- 1) Safety, health or disability reasons (i.e. need a first-floor unit as stairs cannot be navigated);
- 2) Significant deterioration of maintenance at the existing development, as documented in HQS reports;
- 3) Significant deterioration of safety issues at the existing development, as documented in HQS reports;
- 4) Landlord's decision not to offer a renewal lease;
- 5) If the unit fails the HQS at annual inspection, and the landlord will not take necessary measures to comply; or
- 6) Increase or reduction in size of family household composition (see Eligibility & Source Documentation, of this document).

Supportive Services

General

Howard County CoC Supportive Services grant budget line items may be used to pay the awarded eligible costs to address the needs of the program participants. An annual assessment of the service needs of the program participants should inform the type of case planning to best serve the households needs, and provide accordingly.

Duration

- 1) For a TH, supportive services must be made available to residents throughout the duration of their residence in the project.
- 2) For PSH, supportive services must be offered for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.
- 3) Services may also be provided to former residents of TH and current residents of PSH who were homeless in the prior 6 months, for no more than 6 months after leaving the program to assist their adjustment to independent or another living situation.
- 4) Howard County CoC is not funded by HUD for Rapid Rehousing. In the event it is, rapid rehousing projects will require the program participant to meet with a case manager not less than once per month to assist the program participant in maintaining long-term housing stability.

Eligible Costs

- 1) Annual Assessment of Service Needs. The costs of the assessment required by § 578.53(a)(2) are eligible costs.

- 2) Assistance with moving costs. Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.
- 3) Case management. The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs. Component services and activities consist of:
 - (i) Counseling;
 - (ii) Developing, securing, and coordinating services;
 - (iii) Using the centralized or coordinated assessment system as required under § 578.23(c)(9).
 - (iv) Obtaining federal, State, and local benefits;
 - (v) Monitoring and evaluating program participant progress;
 - (vi) Providing information and referrals to other providers;
 - (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
 - (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.
- 4) Child care. The costs of establishing and operating child care, and providing child-care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.
 - (i) The children must be under the age of 13, unless they are disabled children.
 - (ii) Disabled children must be under the age of 18.
 - (iii) The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.
- 5) Education services. The costs of improving knowledge and basic educational skills are eligible.
 - (i) Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).
 - (ii) Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; and referral to community resources.
- 6) Employment assistance and job training. The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.
 - (i) Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.
 - (ii) Services that assist individuals in securing employment consist of:
 - (A) Employment screening, assessment, or testing;
 - (B) Structured job skills and job-seeking skills;
 - (C) Special training and tutoring, including literacy training and prevocational training;
 - (D) Books and instructional material;
 - (E) Counseling or job coaching; and
 - (F) Referral to community resources.
- 7) Food. The cost of providing meals or groceries to program participants is eligible.

- 8) Housing search and counseling services. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.
 - (i) Component services or activities are tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements.
 - (ii) Other eligible costs are:
 - (A) Mediation with property owners and landlords on behalf of eligible program participants;
 - (B) Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and
 - (C) The payment of rental application fees.
- 9) Legal services. Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing.
 - (i) Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; landlord tenant disputes; and the resolution of outstanding criminal warrants.
 - (ii) Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.
 - (iii) Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the Subrecipient is a legal services provider and performs the services itself, the eligible costs are the Subrecipient's employees' salaries and other costs necessary to perform the services.
 - (iv) Legal services for immigration and citizenship matters and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.
- 10) Life skills training. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.
- 11) Mental health services. Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.
- 12) Outpatient health services. Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals including:
 - i. Providing an analysis or assessment of an individual's health problems and the development of a treatment plan;
 - ii. Assisting individuals to understand their health needs;
 - iii. Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;

- iv. Preventive medical care and health maintenance services, including in home health services and emergency medical services;
 - v. Provision of appropriate medication;
 - vi. Providing follow-up services; and
 - vii. Preventive and non-cosmetic dental care.
- 13) Outreach services. The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.
- i. Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach.
 - ii. Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.
- 14) Substance abuse treatment services. The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.
- 15) Transportation. Eligible costs are:
- i. The costs of program participant's travel on public transportation or in a vehicle provided by the Recipient or Subrecipient to and from medical care, employment, child care, or other services eligible under this section.
 - ii. Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;
 - iii. The cost of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;
 - iv. The cost of gas, insurance, taxes, and maintenance for the vehicle;
 - v. The costs of Recipient or Subrecipient staff to accompany or assist program participants to utilize public transportation; and
 - vi. If public transportation options are not sufficient within the area, the Recipient may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:
 - A. Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);
 - B. Payments for car repairs or maintenance must be paid by the Recipient or Subrecipient directly to the third party that repairs or maintains the car; and
 - C. The Recipients or Subrecipients may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.
- 16) Utility deposits. This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.
- 17) Direct provision of services. If a service described in this section is being directly delivered by the Recipient or Subrecipient, eligible costs for those services also include:
- i. The costs of labor or supplies, and materials incurred by the Recipient or Subrecipient in directly providing supportive services to program participants; and

- ii. The salary and benefit packages of the Recipient and Subrecipient staff who directly deliver the services.

Ineligible Costs

- 1) Any cost that is not awarded through a designated budget line item in the award from HUD, will not be reimbursed with CoC grant funds.
- 2) Any activity that is not considered eligible under the awarded budget line item will not be reimbursed with CoC grant funds.
- 3) Staff training and the costs of obtaining professional licenses or certifications to provide supportive services are not eligible costs.

Housing Stability Plan

All participants in the Howard County CoC's programs will have a Housing Stability Plan. Thirty (30) days after program acceptance, the case manager and the household will develop the plan together. Goals should be set and evaluated periodically to ensure the household is maintaining housing stability. Goals will be determined by the household to ensuring continued engagement in their Housing Stability Plan.

Client Files

The program staff will maintain two (2) client file systems – a rental assistance file and a case management file. HUD also requires that client information be entered regularly and accurately into HMIS. Client files should be kept in locked cabinets/drawers during non-business hours. All case files should be current and reflect the most recent documentation. Client release forms must be signed, and on file, for entry into HMIS, or for contact with medical practitioners and other agencies the client may be involved with.

Progress Notes. Case managers should keep their case management notes up-to-date and should enter into HMIS within 48 hours of a household change. Support notes should be entered as soon as possible after discussions are completed.

Access to Records. Access to the rental assistance and case management files will be available to case managers, support staff, Subrecipient designees and the CoC DCRS Lead Agency. Files and other identifying information being used at a staff desk must not be left unattended.

Confidentiality. Homeless Management Information System (HMIS) requires release forms to be signed annually. The Howard County CoC adheres to a policy of confidentiality respecting every client's right to privacy. This is a legal directive, and important to serving households experiencing homelessness. Support services files are not available to property management even if head of households agrees to share the information. However, support staff may release specified information with property management staff or outside service providers with the expressed written permission of the head of household. Policies regarding sharing information with other collaborating agencies are outlined in the Howard County CoC HMIS Policies and Procedures.

Special Populations

All eligible costs are eligible to the same extent for program participants who are unaccompanied homeless youth; persons living with HIV/AIDS; and victims of domestic violence, dating violence, sexual assault, or stalking.

MONITORING POLICY & PROCEDURES

Program Monitoring

The Howard County Department of Community Resources and Services (the Collaborative Applicant and Recipient agency), maintain standard procedures for ensuring that Continuum of Care (CoC) Program funds are used in accordance with federal requirements, and maintain sufficient records to enable the U.S. Department of Housing and Urban Development (HUD) to determine whether the Recipient and its Subrecipients are meeting the requirements of 24 CFR Part 578. To support this role/responsibility, monitoring activities identified in this policy are outlined in the CoC Monitoring Checklists in the Appendices. HUD maintains responsibility for monitoring all CoC Recipients, and this will include monitoring Subrecipients when the Recipient is selected for HUD program monitoring.

Specific standards include general recordkeeping requirements, fiscal management, program management, program participant records, and enforcement procedures. COC Recipients/Subrecipients are required to show compliance through appropriate program implementation, administration and recordkeeping. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act Code of Federal Regulation (CFR) for the CoC Program 24 CFR Part 578, Subpart G Grant Administration, and the Office of Management Budget (OMB) to include OMB Circular A-133 Audits of States, Local Government and Non-profit Organizations and 24 CFR Part 85; the Lead-based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846); the Section 3 of the Housing and Urban Development Act 24 CFR Part 135; and Environmental review activities subject to 24 CFR Part 50 govern CoC activities.

Administration & General Recordkeeping

Administration and recordkeeping activities include, but are not limited to:

Continuum of Care Records As the jurisdiction's CoC Collaborative Applicant, the Howard County Department of Community Resources and Services will maintain documentation relating to establishment and operations of the local Continuum of Care (CoC), as governed by the Howard County Continuum of Care Board.

Program Records (24 CFR 578.103(a) (3 - 17). Project Sponsors will maintain documentation relating to implementation and operations of CoC Program projects, to include, as applicable:

- 1) Homeless Status - Documentation of literal homelessness as defined in 24 CFR Part 576.500(b).
- 2) At Risk of Homeless Status - Documentation that establishes "at risk of homelessness" status of each individual or family who receives homelessness prevention assistance as defined in 24 CFR 576.500(c).
- 3) Reasonable Belief of Imminent Threat of Harm - Documentation for people who moved to a different Continuum of Care (region) due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking under 24 CFR 578.51(c)(3).
- 4) Annual Income - Documentation of annual income for people receiving housing assistance where rent or occupancy charge is paid by the program participant to the Recipient/Subrecipient, and documentation of annual program income expenditures.
- 5) Program Participant Records - Documentation for each program participant receiving services, an annual assessment of services for those program participants that remain in the program for more than a year, and compliance with the termination of assistance requirements under 24 CFR 578.91.

- 6) Housing Standards - Documentation of compliance with the housing quality standards (HQS), to include inspection reports under 24 CFR 578.75(b).
- 7) Services Provided - Documentation of supportive services provided under the Recipient or Subrecipients program and the amounts spent on those services, to include the annual assessment of services for participants and that the service package offered to program participants was adjusted, as applicable.
- 8) Match Records of the source and use of contributions made to satisfy the match requirement in 24 CFR 478.73, to include the records of match provided by Subrecipients. The record will show how the value placed on third party in-kind contributions was derived.
- 9) Conflicts of Interest - Documentation to show compliance with organizational conflict-of-interest requirements.
- 10) Homeless Participation - Documentation to show compliance with the homeless participation requirements.
- 11) Faith-based Activities - Documentation to show compliance with the faith-based requirements under 24 CFR 578.87(b), as applicable.
- 12) Affirmatively Furthering Fair Housing – Documentation of marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c)
- 13) Other Federal Requirement - Documentation in support of compliance with 24 CFR 578.99, as applicable. www.fsr.gov
- 14) Subrecipients And Contractors - The Recipient will retain copies of all solicitations from and agreements with Subrecipients and their contractors, records of payment requests and payments, and documentation of monitoring findings with corrective actions and sanctions of Subrecipients, as applicable.
- 15) Other Records Specified by HUD - Other documentation defined in 24 CFR 578.103(a)(1-17).

Confidentiality (24 CFR Part 578.103(b)) In addition to meeting the specific confidentiality and security requirements for HMIS data, the Recipient and Subrecipient will establish written procedures to ensure records containing program participant identifying information are kept secure and confidential, address or location of violence program site will not be made public, and the address or location of any housing of a program participant will not be made public.

Record Retention (24 CFR Part 578.103(c)) All records pertaining to CoC Program funds must be retained for the greater of 5 years from grant close-out, and 15 years from the date first occupied for acquisition, construction, and/or rehabilitation programs.

Access To Records (24 CFR Part 578.103(d)) All records are subject to Federal and public rights as outlined in this rule. Notwithstanding the confidentiality procedures, HUD, the HUD Office of the Inspector General, and the Comptroller General of the United States, or any of their authorized representatives, must have the right of access to all books, documents, papers, or other records of the Recipient and its Subrecipients that are pertinent to the CoC Program grant audits, examinations, excerpts, and transcripts.

Reports (24 CFR Part 578.103(e)) The Recipient must collect and report data on CoC Program funds in an Annual Performance Report (APR), as well as any additional reports required by HUD.

Financial Management CoC Programs must have internal controls to include:

- 1) Evidence of an Accounting System that meets federal standards as described at 2 CFR 200.302.
- 2) Documentation demonstrating compliance with (2 CFR 200.501(a), (b)), “Audit Requirements” for non-federal entities, expending \$750,000 or more during the non-federal entity’s fiscal year in Federal Awards in a year are required to have a single audit conducted for that year.
- 3) Compliance with the Federal Procurement Management Review under the Federal Suspension and Debarment.
- 4) Documentation there is no Outstanding Delinquent Federal Debts consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201€, unless evidence is provided that a negotiated repayment schedule is established and the repayment is not delinquent, or other arrangement are made as determined appropriate by HUD.
- 5) Distribution. A Recipient or Subrecipient that receives funds through this part must: Distribute the appropriate portion of the funds to a Subrecipient/Subcontractor no more than 45 days after receiving an approvable request for such distribution from the Subrecipient; and draw down funds at least once per quarter of the program year, after eligible activities commence.

Grant & Project Changes

The Recipient nor the Subrecipient may not make any significant changes to a project without prior HUD approval, evidenced by a grant amendment signed by HUD and the Recipient. Any other minor changes to an approved grant must be fully documented in both the Recipient and Subrecipient records.

- 1) Significant changes include a change of Recipient and Subrecipient, a change of project site, additions or deletions of the types of eligible activities approved for a project, a shift of more than 10 percent from one approved eligible activity to another, a reduction in the number units, and a change in the subpopulation served.
- 2) Minor changes or program revisions that require Recipient approval before the Recipient or Subrecipient can implement the change include all budget changes, a shift in funded program activities, and any program change not referenced above.

Remedial Actions & Sanctions

The Collaborative Applicant will review the performance of each Recipient in carrying out its responsibilities. This will occur through annual on-site monitoring visits, A-133 and other financial audit reports, information generated by HUD financial and reporting systems (e.g. LOCCS, e-snaps, SAGE HMIS reporting), HMIS, the Annual Performance Report (APR) and, where applicable, relevant information pertaining to Recipient and Subrecipient performance gained from other sources, to include citizen comments, complaint determinations, and litigation. For programs that fail to meet program requirements:

- 1) The Collaborative Applicant shall notify the Subrecipient of the non-performance and/or non-compliance with CoC Program regulations, and/or citizen comments and complaints.
- 2) If the Recipient determines that a Subrecipient is not complying with a program requirement or its Subrecipient agreement; the Recipient must take action through the following process:
 - a. The Collaborative Applicant will document the Recipient or Subrecipient’s non-compliance with the CoC Program regulations and request a corrective action plan designed to prevent a continuation of the deficiency, to mitigate to the extent possible, its adverse effects, and to prevent its recurrence. This report will be submitted to the Collaborative Applicant by Recipient or Subrecipient.

- b. The Collaborative Applicant will convene the CoC Board's Rating and Ranking Committee to review program performance and compliance to the CoC Program regulations, and present the proposed corrective actions and sanctions. The Recipient or Subrecipient may attend the meeting to support the development of a schedule with milestones necessary to implement the corrective actions. The outcome of this review will be a Management Plan that assigns responsibilities for carrying out the remedial actions and dates for evaluating activities.

On-Site Monitoring

Annually, the Collaborative Applicant will contact the CoC Project Sponsors to schedule an on-site monitoring visit and confirm the monitoring visit with a date, time and location. The CoC Program Monitoring Checklists are provided, including the CoC Internal Lists and the HUD issued checklists (from 24 CFR 578). On-site monitoring visits will be coordinated, when possible, for programs that receive both CoC Program and Emergency Solution Grant (ESG) (Homeless Solutions Program, HSP in Maryland) funds. The CoC DCRS Lead Agency is the County's Recipient of CoC and Grantee for HSP State Program funds, and will attempt to coordinate with Project to accomplish monitoring on behalf of both federal funds during one on-site monitoring visit, if the agency receives both. The monitors will observe the independently funded programs according to applicable CoC Program and HSP federal regulations. The process includes:

- 1) Monitors open with a pre-monitoring meeting to review the scope.
- 2) Monitors then document, gather and analyze all information as asked from the checklists, the Grant Agreement, and any items from operating year in review, including APRs.
- 3) Monitors ask the Project Sponsor if they have further comments, or would like additional information on any item.
- 4) After the monitoring, an exit meeting is held. This is an opportunity to review any items that may pose an issue in an official report.
- 5) Within 45 days receipt of all documentation, Monitors issue the Report to the Subrecipient. A 30-day period to make any corrections to concerns or findings is granted.
- 6) Technical assistance, including templates, guides, regulations, and meetings are offered.

Homeless Management Information Systems (HMIS) Policies & Procedures (separate document)

Providing Assistance

In consultation with Recipients of Emergency Solutions Grants program funds within the geographic area, Howard County has established and follows written standards for providing Continuum of Care assistance through the Coordinated System of Homeless Services (CSHS), which includes policies and procedures for evaluating individuals' and families' eligibility for assistance, and policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional and permanent supportive housing assistance. Please see CSHS Policies & Procedures document for detailed description of the process for intake, assessment and ranking for services.

APPENDICES

APPENDIX A – LOCAL COC MONITORING TOOLS

1-LOCAL COC MONITORING OVERVIEW

2-LOCAL COC MONITORING CHECKLIST

3-LOCAL COC ANNUAL PERFORMANCE REPORT REVIEW

APPENDIX B – PROJECT RATING AND RANKING TOOL

APPENDIX C – LEAD FORMS AND WORKSHEETS

APPENDIX D – PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME PAMPHLET

APPENDIX A – LOCAL COC MONITORING TOOLS

A-1-LOCAL COC MONITORING OVERVIEW

HUD Grant Project Number:

Project Title:

Date:

Performed by:

Title:

CoC Number:

Phone:

Email:

Monitoring the CoC Program project of:

Recipient Agency:

Subrecipient Agency:

Agency Point of Contact:

Agency Alternate:

Agency Phone:

A-2-LOCAL COC MONITORING CHECKLIST

HUD Grant Project Number: _____

Project Title: _____ Date: _____

<i>GENERAL RECORD-KEEPING</i>	YES	NO	N/A
A. Are all records regarding the project (outside of financial records) centrally located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do these records contain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. CoC Program Grant Agreement with Federal Register HEARTH Act Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Grant Agreement Amendments and Budget Revisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Award Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Certificate of Liability Insurance (attach copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Declaration of Restrictive Covenant, Trust Deed and Promissory Note (Acquisition, Construction & Rehab only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. General correspondence relating to project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Did the agency accrue any costs to the CoC Program grant prior to Award Letter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does the agency subcontract for any services under the CoC Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Is the approval to subcontract on file? (attach copy of subcontract)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are Grant Agreement requirements passed along to subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the agency have a record retention policy compliant with 24 CFR Part 578.103(17)? [CoC program records 5 years and acquisition/construction/rehab 15 years] (attach copy of policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are homeless or formerly homeless persons participating on board of directors or other equivalent policy-making entity of the agency? (24 CFR 578.75(q)) (attach copy of members of the policy-making entity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the agency Affirmatively Further Fair Housing as documented by their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c)? (attach any outreach material used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL RECORD-KEEPING	YES	NO	N/A
<i>H. In addition to meeting the specific confidentiality and security requirements for HMIS data, does the agency have a policy on client confidentiality or a filing system to safeguard client confidentiality? [24 CFR 578.103(b)1. (attach copy of policy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I. Is HMIS Privacy Posting displayed? Does agency staff provide a copy of the Privacy Notice to consumers?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>J. Does the agency retain documentation of compliance with the Housing Standards in 24 CFR 578.75(b), including inspection reports?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>K. Does the agency retain documentation of compliance with the faith-based activities requirements under 24 CFR 578.87(b)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>L. Does the agency retain documentation of compliance with the Transparency Act Reporting under the Office of Management and Budget (OMB) Circulars 24 CFR Part 84 and 85 Administrative Requirements for Grants and Agreements, Circular A-133 Single Audit, and other federal requirements in compliance with 24 CFR 578.99?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>M. Does the agency retain documentation of compliance with Lead-based Paint Poisoning Prevention Act 42.U.S.C. 4821-4846.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>N. Davis-Bacon Act - The provisions of the Davis-Bacon Act do not apply to this program (24 CFR 578.99(h))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>O. Has the agency established policies and practices that are consistent with, and do not restrict, the exercise of rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? (attach copy of policy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>P. Has the agency designated a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community? Staff Name: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Q. Is the agency, its officers, or any employees debarred or suspended from doing business with the Federal Government?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>R. Does the agency use the coordinated assessment system established by the Continuum of Care as set forth in § 578.7(a)(8)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>S. Does the agency follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, specifically the Coordinated System of Homeless Services policies and procedures, which include the minimum requirements set forth in § 578.7(a)(9), related to program participant placements?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL RECORDS	YES	NO	N/A
<i>A. Are all project financial records centrally located?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B. Does the agency financial management system provide evidence that there are controls in place to account for all funds, property, and other assets?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. Does the agency financial system have separate account numbers for each project activity? Does the separate account number identify project costs on a line item basis?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>D. Are the agency's incurred grant costs consistent with the eligible costs awarded to agency within each program component?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>E. Does the agency compare budgeted line item costs against incurred costs in order to identify over/under spending on a line item basis so that adjustments can be made in a timely fashion?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>F. Are expenditures supported by timesheets, invoices, contracts, purchase orders, etc.? Note: Timesheets must be signed by the employee and his/her supervisor.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>G. Are direct salaries and wages of employees that are chargeable to a particular grant program or more than one grant program supported by time distribution records?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>H. Does the agency provide no less than 25% monthly in funds or in-kind contributions from other sources as match for HUD-funded grant funds, except for leasing? (24 CFR Part 578.73)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I. Before grant execution, did the agency provide third party documentation (e.g. MOU) between the agency and any third party that will provide the services? (24 CFR 578.73(c)(3)) Note: Agency will provide for inspection the records documenting the service hours provided.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>J. Does the agency prepare and submit monthly, or at a minimum quarterly, reimbursement reports and invoices?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>K. Does agency understand that project records need to be retained for a minimum of five (5) years after close-out of the grant or clearance of any audit findings, and 15 years after close-out of a grant that funds acquisition, construction or rehabilitation activities?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>L. Has the agency been audited by independent auditors? If yes, were there any findings that the Recipient is required to resolve? (attach copy of most recent completed audit)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>FINANCIAL RECORDS</i>	YES	NO	N/A
<i>M. Is the agency currently registered with the System for Awards Management (SAM) to do business with the federal government?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>N. Has any program income been generated through any CoC Program-funded activities? (24 CFR Part 578.103(a)(6))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>O. If program income <u>has</u> been generated, has the agency reported the income generated through the use of the CoC Program funds?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>P. If program income has been generated, has the program income been disbursed only for eligible CoC Program activities?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Q. Has the agency expended program income to pay program costs prior to making further HUD-fund cash withdrawals?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>R. Is the agency in compliance with OMB Circular A-122, Cost Principles for Non-Profit Organizations, which outlines the project costs that are and are not eligible for payment with federal funds; OMB Circular A-87 Cost Principles for State, Local and Indian Tribal Governments, and 24 CFR Part 84, Uniform Administrative Requirements for Grants and Agreements with Institutions of High Education, Hospitals, and Other Non-Profit Organizations, except where inconsistent with the provisions of this part?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>C. Documentation that the case manager has met with the household at least monthly during their program enrollment period to develop individual service plan. Do these records include:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1. Program intake/eligibility documentation? <input type="checkbox"/></p> <p>2. Identification, ie: birth certificate, social security card, driver license, or passport? <input type="checkbox"/></p> <p>3. HMIS Consent to Release Information Form signed by both client and staff? <input type="checkbox"/></p> <p>4. Is there a completed HMIS Entry/Exit form in the file? Is exiting data completed if the case is closed? Are there Interim Assessments completed for Annual Reviews? <input type="checkbox"/></p> <p>5. Evidence of referrals to mainstream resources, etc.? <input type="checkbox"/></p> <p> a. If Yes, which ones? _____</p> <p> b. If No, why not? _____</p> <p>6. Copy of household budget and budget goals, including housing stability plan? <input type="checkbox"/></p> <p>7. Are the most recent income Fair Market Rent and Rent Reasonableness guidelines being used? Are they on file? <input type="checkbox"/></p> <p>8. For transitional housing, do the entry-exit dates exceed the 24-month limitation of stay? Does the file explain the need? <input type="checkbox"/></p> <p>9. Completed Housing Quality Standards (HQS) Inspection (24 CFR 578.75(b)) <i>Note: Initial HQS inspection plus annual inspections. CoC Program rent assistance requires HQS inspection.</i> <input type="checkbox"/></p> <p>10. Lead-Paint Visual Assessment Forms and Worksheets as applicable <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Program Participant HMIS Unique ID#: _____</p>			
<p>Notes/Comments:</p>			

A-3-LOCAL COC ANNUAL PERFORMANCE REPORT REVIEW

HUD Grant Project Number: _____

Project Title: _____ Date: _____

This section will monitor the performance outcomes and deficiencies of the HUD-funded project using the most recent Annual Performance Report (APR) submitted. The review will occur during the on-site monitoring visit between the Collaborative Applicant and the Agency Program Manager or his/her designee.

Annual Performance Report grant period _____ - _____	YES	NO	N/A
1. <i>Did the agency and Recipient complete and submit documentation in support of the Annual Performance Report (APR) within 90-days following the grant term? If not, why?</i>			
2. <i>Are the number of participants being served and units filled consistent with the number targeted in the grant application? If not, explain why.</i>			
3. <i>How many participants moved to permanent housing during a 12-month period? Does this meet the goal established in the grant application? If not, what actions are being taken to improve this outcome?</i>			
4. <i>How many adult participants improved their earned income through employment by program exit? Does this meet the goal established in the grant application? If not, what actions are being taken to improve this outcome?</i>			
5. <i>How many adult participants improved their non-cash income through mainstream resources? Does this meet the goal established in the grant application? If not, what actions are being taken to connect participants to mainstream resources?</i>			
6. <i>Do participants exit the program with greater self-determination and stable housing? If not, what programmatic changes or resources would improve the self-determination and self-sufficiency of program participants?</i>			
7. <i>Was the program serving the number of units during the grant period as stated in the HUD Project Application?</i>			

APPENDIX B – COC PROJECT RATING AND RANKING TOOL

NAVIGATION

- GO Customize Threshold Requirements
- GO Customize Renewal/Expansion Project Rating Tool
- GO Customize New Project Rating Tool

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements

(Delete the X in the box next to any requirements you do not wish to include.)

- Coordinated Entry Participation
- Housing First and/or Low Barrier Implementation
- Documented, secured minimum match
- Project has reasonable costs per permanent housing exit, as defined locally
- Project is financially feasible
- Applicant is active CoC participant
- Application is complete and data are consistent
- Data quality at or above 90%
- Bed/unit utilization rate at or above 90%
- Acceptable organizational audit/financial review
- Documented organizational financial stability

(The first five requirements are process either as Threshold Re

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Using the drop-down menu on the left customize rating factors for each project type or delete the type to view all factors at once.

Delete the X in the box besides any rating factor you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures

Length of Stay

- RRH - On average, participants spend XX days from project entry to residential move-in
- PSH - On average, participants spend XX days from project entry to residential move-in
- TH - On average, participants stay in project XX days
- TH+RRH - TH Component - On average, participants stay in project XX days
- TH+RRH - RRH Component - On average, participants spend XX days from project entry to residential move-in

Factor/Goal

Max Point Val

15	days	20	points
60	days	20	points
180	days	20	points
	days	10	points
	days	10	points

Exits to Permanent Housing

- RRH - Minimum percent move to permanent housing
- PSH - Minimum percent remain in or move to permanent housing
- TH - Minimum percent move to permanent housing
- TH+RRH - RRH Component - Minimum percent move to permanent housing

90	%	25	points
90	%	25	points
90	%	25	points
90	%	25	points

Returns to Homelessness (if data is available for project)

- RRH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing
- PSH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing
- TH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing
- TH+RRH - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing

15	%	15	points
15	%	15	points
15	%	15	points
15	%	15	points

New or Increased Income and Earned Income

- RRH - Minimum percent of participants with new or increased earned income for project stayers
- PSH - Minimum percent of participants with new or increased earned income for project stayers
- TH - Minimum percent of participants with new or increased earned income for project stayers
- TH+RRH - RRH Component - Minimum percent of participants with new or increased earned income for project stayers
- RRH - Minimum percent of participants with new or increased non-employment income for project stayers
- PSH - Minimum percent of participants with new or increased non-employment income for project stayers
- TH - Minimum percent of participants with new or increased non-employment income for project stayers
- TH+RRH - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers
- RRH - Minimum percent of participants with new or increased earned income for project leavers
- PSH - Minimum percent of participants with new or increased earned income for project leavers
- TH - Minimum percent of participants with new or increased earned income for project leavers
- TH+RRH - RRH Component - Minimum percent of participants with new or increased earned income for project leavers
- RRH - Minimum percent of participants with new or increased non-employment income for project leavers
- PSH - Minimum percent of participants with new or increased non-employment income for project leavers
- TH - Minimum percent of participants with new or increased non-employment income for project leavers

8	%	2.5	points
8	%	2.5	points
8	%	2.5	points
8	%	2.5	points
10	%	2.5	points
10	%	2.5	points
10	%	2.5	points
10	%	2.5	points
8	%	2.5	points
8	%	2.5	points
8	%	2.5	points
8	%	2.5	points
10	%	2.5	points
10	%	2.5	points
10	%	2.5	points

CUSTOMIZE RATING CRITERIA

TH+RRH - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers 10 % 2.5 points

Serve High Need Populations *(select from drop-down menu)*

Coordinated Assessment score

RRH - Assessment score for XX% of participants indicates RRH or more intensive intervention 95 % 20 points

PSH - Assessment score for participants indicates PSH with XX% at highest end of PSH range 100 % 20 points

TH - XX% of participant meet CoC's TH targeting criteria 95 % 20 points

TH+RRH - RRH Component - Assessment score for XX% of participants indicates RRH or more intensive intervention 95 % 20 points

Project Effectiveness

RRH - Costs are within local average cost per positive housing exit for project type Yes 20 points

PSH - Costs are within local average cost per positive housing exit for project type Yes 20 points

TH - Costs are within local average cost per positive housing exit for project type Yes 20 points

TH+RRH - RRH Component - Costs are within local average cost per positive housing exit for project type Yes 20 points

RRH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects) 95 % 10 points

PSH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects) 100 % 10 points

TH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects) 95 % 10 points

TH+RRH - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects) 95 % 10 points

RRH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures Yes 10 points

PSH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures Yes 10 points

TH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures Yes 10 points

TH+RRH - RRH Component - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures Yes 10 points

Other and Local Criteria *(select from drop-down menu)*

CoC Monitoring Score Project is operating in conformance with CoC Standards Yes 10 points

Total Maximum Score

RRH projects:	140	points
PSH projects:	140	points
TH projects:	140	points
TH+RRH projects:	140	points

CUSTOMIZE NEW PROJECT RATING TOOL

Experience

	Factor/Goal	Max Point Val
<input checked="" type="checkbox"/> A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		<u>15</u> points
<input checked="" type="checkbox"/> B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		<u>10</u> points
<input checked="" type="checkbox"/> C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		<u>5</u> points

Design of Housing & Supportive Services

<input checked="" type="checkbox"/> A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.		<u>15</u> points
<input checked="" type="checkbox"/> B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		<u>5</u> points
<input checked="" type="checkbox"/> C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		<u>5</u> points

Timeliness

A Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant Provide a

CUSTOMIZE RATING CRITERIA

A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award. 10 points

Financial

A. Project is cost-effective when projected cost per person served is compared to CoC average within project type. 5 points

B. Organization's most recent audit:

1. Found no exceptions to standard practices 5 points

2. Identified agency as 'low risk' 5 points

3. Indicates no findings 5 points

C. Documented match amount meets HUD requirements. 5 points

D. Budgeted costs are reasonable, allocable, and allowable. 20 points

Project Effectiveness

Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals 100 % 5 points

Other and Local Criteria

Total Maximum Score

All projects: **115** points

APPENDIX C – LEAD FORMS AND WORKSHEETS

About this Tool

The following checklist provides an overview of common documents that can be used to verify compliance with the Lead-Based Paint Poisoning Prevention Act. Note that this checklist does not cover all of the documentation that providers would want to include in all instances. For example, additional documentation may be required if the property is found to meet exemptions listed under Part 2 of the Lead Screening Worksheet. This tool was adapted from

<http://www.dca.ga.gov/housing/specialneeds/programs/documents/handbookforemergencyolutionsgantpdf-adobeacrobatpro.pdf>

DOCUMENT NAME	PURPOSE
Application	Application Documents age of children
Screenshot of property record from online tax database	Documents age of property
Lead Screening Worksheet	Documents exemptions (additional documentation will vary based on exemption)
Lead-Based Paint Visual Assessment Certification	Documents that a visual assessment was conducted and problems with paint surfaces were not identified
Owner Certification (if applicable)	Documents owner certification that any identified problems with paint surfaces have been repaired and that safe work practices were followed, as applicable
Clearance Report (if applicable)	Documents that unit passed clearance
Documentation of ongoing maintenance activities: <ul style="list-style-type: none"> • Visual Assessment Certification Forms • Clearance report from each maintenance job involving painted surfaces above the de minimis threshold • Notice of lead hazard reduction for each maintenance job involving painted surfaces 	Documents that a visual assessment is performed at least annually during the assistance period and that any deteriorated paint was appropriately addressed (including clearance and notice of lead hazard reduction)
Documentation of response to EIBLL child: <ul style="list-style-type: none"> • Copies of risk assessment • Abatement or clearance report • Relocation documents • Correspondence with health department 	Documents that if an EIBLL child was identified in the unit, the situation was addressed in accordance with the Lead Safe Housing Rule.

APPENDIX C.1 – LEAD FORMS AND WORKSHEETS

Lead Screening Worksheets

About this Tool

The Lead Screening Worksheet is intended to guide CoC programs through the lead-based paint inspection process to ensure compliance with the Rule. CoC Program staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant’s case file.

INSTRUCTIONS

To prevent lead-poisoning in young children, the CoC Program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, K, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help CoC Program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant’s file. **Note:** ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

BASIC INFORMATION

Name of Participant: _____

Street Address: _____ City: _____ State: _____ Zip: _____

CoC Program Staff Name and Title: _____

PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is ‘No,’ a visual assessment is **not** triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant’s file. If the answer to both of these questions is ‘Yes,’ then a visual assessment **is** triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?

Yes No

2. Will a child under the age of six be living in the unit occupied by the household receiving CoC assistance?

Yes No

PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is 'Yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file. If the answer to all of these questions is 'No,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?

Yes No

2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

Yes No

3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?

Yes No

4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving COC assistance for a security deposit or arrears)?

Yes (Obtain documentation for the case file.) No

5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).

Yes No

Please describe the exemption and provide appropriate documentation of the exemption.

6. Has the client received the "Protect Your Family from Lead In Your Home" pamphlet and signed they reviewed and received it?

Yes No *Maintain receipt and copy of the pamphlet in client file (see Appendix G of CoC Policies and Procedures)*

PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing CoC assistance to the unit as outlined in the following training on HUD's website at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

If **no** problems with paint surfaces are identified during the visual assessment, then **no** further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces **are** identified during the visual assessment, then **continue** to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?

Yes No

2. Were any problems with paint surfaces identified in the unit during the visual assessment?

Yes No (*Complete LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION FORM of this document*)

PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required. If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?

- 20 square feet on exterior surfaces

Yes No

- 2 square feet in any one interior room or space

Yes No

- 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim

Yes No

If any of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the COC program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment. If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?

Yes No

2. Have all identified problems with the paint surfaces been repaired?

Yes No

3. Were all identified problems with paint surfaces repaired using safe work practices?

Yes No Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

4. Was a clearance exam conducted by an independent, certified lead professional?

Yes No Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels. 5. Did the unit pass the clearance exam?

Yes No Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant's file.

LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION FORM

I, _____ (print name), certify the following:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at _____ (property address and unit number) on _____ (date of assessment).
- No problems with paint surfaces were identified in the unit or in the building's common areas.

(Signature)

(Date)

Client Name: _____

Case Number: _____

COC Lead-Based Paint Property Owner Certification Form

INSTRUCTIONS

To prevent lead-poisoning in young children, the CoC program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. If a visual assessment reveals problem with paint surfaces, property owners/managers must repair all identified problems with paint surfaces in accordance with the guidelines of 24 CFR 35, Parts A, B, M, and R, prior to a unit receiving CoC assistance. Property owners/managers should complete this form to certify that all identified problems with paint surfaces have been repaired/stabilized in accordance with the guidelines.

1. Have all identified problems with the paint surfaces been repaired?

Yes No

2. Have all identified problems with paint surfaces been repaired using safe work practices?

Yes No Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

3. Was a clearance exam conducted by an independent, certified lead professional?

Yes No Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

4. Did the unit pass the clearance exam?

Yes No Applicable – The area of paint to be stabilized did not exceed the de minimus levels

Name of Tenant		
Street Address		
City	State	Zip
Name of Property Owner/Manager		
Property Owner/Manager Signature		Date
Name COC Program Staff		
COC Program Staff Signature		Date

**APPENDIX D – PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME
PAMPHLET**



Protect Your Family From Lead in Your Home



United States
Environmental
Protection Agency



United States
Consumer Product
Safety Commission



United States
Department of Housing
and Urban Development

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- About health effects of lead
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](https://www.epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium.
- Remove shoes or wipe soil off shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



Women of childbearing age should know that lead is dangerous to a developing fetus.

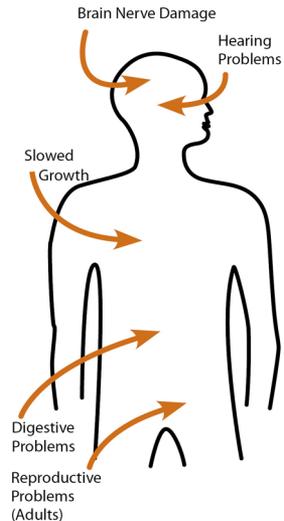
- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.¹

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.²

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](https://www.epa.gov/lead).

¹ "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm), or more than 0.5% by weight.

² "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorating lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 40 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) and higher for floors, including carpeted floors
- 250 $\mu\text{g}/\text{ft}^2$ and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
 - Portable x-ray fluorescence (XRF) machine
 - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
 - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
 - Sample dust near painted surfaces and sample bare soil in the yard
 - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](https://www.epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.³

³ Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8399.

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium. Children with good diets absorb less lead.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.



Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement professional. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 40 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) for floors, including carpeted floors
- 250 $\mu\text{g}/\text{ft}^2$ for interior windows sills
- 400 $\mu\text{g}/\text{ft}^2$ for window troughs

For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 14 and 15), or visit [epa.gov/lead](https://www.epa.gov/lead), or call 1-800-424-LEAD.

Renovating, Remodeling, or Repairing (RRP) a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
 - Open-flame burning or torching
 - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment and
 - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Other Sources of Lead

While paint, dust, and soil are the most common sources of lead, other lead sources also exist:

- **Drinking water.** Your home might have plumbing with lead or lead solder. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might contain lead:
 - Use only cold water for drinking and cooking.
 - Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.

Call your local health department or water supplier to find out about testing your water, or visit [epa.gov/lead](https://www.epa.gov/lead) for EPA's lead in drinking water information.

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.⁴
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon,**" used to treat an upset stomach.

⁴ In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint (16 CFR 1303). In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products (76 FR 44463).

For More Information

The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call **1-800-424-LEAD (5323)**.

EPA's Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/lead for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 321-6671

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (DT-8J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 886-7836

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
WWPD/TOPE
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10
Solid Waste & Toxics Unit (WCM-128)
1200 Sixth Avenue, Suite 900
Seattle, WA 98101
(206) 553-1200

Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC

4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact HUD's Office of Healthy Homes and Lead Hazard Control for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD

451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/offices/lead/

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U. S. EPA Washington DC 20460
U. S. CPSC Bethesda MD 20814
U. S. HUD Washington DC 20410

EPA-747-K-12-001
September 2013

IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

Section 5.02 HMIS Governance Charter

Howard County Coalition to End Homelessness

HMIS GOVERNANCE CHARTER

Effective: February 2019
Current Version: 1.0

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Version History

1.0	Initial Release
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Purpose

The Howard County Department of Community Resources and Services serves as the Homeless Management Information System (HMIS) Lead Agency to record and store client-level information about the numbers, characteristics, and needs of persons who access homeless housing and supportive services and for persons who receive assistance for persons at risk of homelessness. The use of an HMIS database is a requirement of the U.S Department of Housing and Urban Development (HUD) for all communities receiving Continuum of Care Program funding.

The designated HMIS databased is an internet-based data collection application used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and resources. Data produced is used for planning and education.

The primary goal of the HMIS is to provide a data collection and reporting tool to (1) understand the extent and nature of homelessness, (2) support the operation of the coordinated assessment system, and (3) assess how well the system is working to address homelessness in support of the Coalition to End Homelessness's efforts to make homelessness in Howard County rare, brief and non-reoccurring. The HMIS provides a critically important vehicle to collect client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The HMIS facilitates the analysis of information that is gathered from consumers throughout the service provision process to generate an unduplicated count and other aggregate information (stripped of any identifying client level information) that can be made available to policy makers, service providers, advocates, and consumer representatives.

The purpose of this HMIS Governance Charter is to outline the governance roles, responsibilities, relationship, and authorities of each HMIS Interested Party. This governance charter is designed to ensure the operation of and consistent participation in the HMIS for the purpose of meeting HUD requirements and assisting the Coalition to End Homelessness (Continuum of Care) in planning and decision making. In a continuum where HMIS is implemented among multiple agencies, it is important for data quality and other standards to be established for the entire HMIS implementation.

Interested Parties

1. **Howard County Department of Community Resources and Services (DCRS) –**

- a. DCRS is the Collaborative Applicant for the Continuum of Care funding through the U.S. Department of Housing and Urban Development. DCRS works collaboratively with the Continuum of Care Board regarding the Continuum of Care and HMIS processes.
- b. DCRS also serves as the HMIS Lead Agency on behalf of the Continuum of Care and houses the HMIS Administrator.

2. **Howard County Continuum of Care (Coalition to End Homelessness) Board –** The Coalition to End Homelessness Board provides oversight for the HMIS as advised by the HMIS Committee. The HMIS Administrator reports information about the implementation of HMIS and provides reporting and statistics as needed to support planning and decision making.

3. **HMIS Committee** – The HMIS Committee is a subcommittee of the Coalition to End Homelessness Board and an advisory committee made up of representatives of each HMIS Participating Agency and community volunteers. This committee works closely with the HMIS Administrator to provide governance of HMIS implementation in Howard County, develop and assess HMIS policies and processes, and identifying reporting models for various stakeholder groups.
4. **HMIS Participating Agencies** –These organizations provide data to the Coalition to End Homelessness via HMIS for planning and decision making, as well as to meet grant reporting requirements.

Designations

HMIS SOLUTION

The Lead Agency selects an appropriate software product as the HMIS solution. As of this writing, WellSky's (formerly Mediware) software product, Community Services (formerly ServicePoint), has been designated by the Continuum of Care (Coalition to End Homelessness) Lead Agency as the official Homeless Management Information System (HMIS) for Howard County Coalition to End Homelessness providers. WellSky's Community Services database maintains a single client record across organizations to seamlessly share data in real time and eliminate project silos. The Lead Agency may select a different product in the future after consultation with the HMIS Committee.

HMIS LEAD AGENCY

The Howard County Department of Community Resources and Service is designated as the HMIS Lead Agency to operate the Howard County Continuum of Care's HMIS.

ROLES AND RESPONSIBILITIES

Responsibilities of the Continuum of Care (Coalition to End Homelessness) Board

As required by the Continuum of Care Program Interim Final Rule, 24 CFR part 578 subpart B, the Coalition to End Homelessness Board, acting on behalf of the Continuum of Care, is responsible for:

- Designating a single information system as the official HMIS software for the geographic area.
- Designating an HMIS Lead to manage the Continuum’s HMIS with the responsibility of measuring the Continuum’s overall performance at reducing homelessness, in addition to tracking performance on a project-by-project basis.
- Ensuring consistent participation of recipients and subrecipients in the HMIS
- Developing a governance charter for HMIS that minimally includes:
 - Requirements for the HMIS Lead to enter into written Participation Agreements with each Participating Agency;
 - Requirements for Participating Agencies to comply with federal regulations regarding HMIS and imposing sanctions for failure to comply;
 - The participation fee charged by the HMIS, if applicable; and.
 - Any additional federal requirements issued through notices.
- Maintaining documentation evidencing compliance with Subpart B of Part 578 and the local governance charter; and,
- Reviewing, revising and approving a privacy plan, security plan and data quality plan in accordance with federal regulations and notices.

The Coalition to End Homelessness Board is also responsible to review and approve any HMIS-related decision. The Coalition to End Homelessness Board may designate a committee or task group to develop and help enforce the implementation of HMIS policies.

ADDRESSING POLICY ISSUES WITH THE HMIS LEAD

Any Coalition to End Homelessness stakeholder or Coalition to End Homelessness Board member/committee/workgroup may raise concerns or make recommendations for revising a specific HMIS policy or procedure. To the extent that such a concern or recommendation is brought to the attention of the Coalition to End Homelessness Board, or if the HMIS-related policy or procedure conflicts with applicable local, state or federal laws, the Coalition to End Homelessness Board will work with the HMIS Lead to amend the policy or procedure to address the matter. The Coalition to End Homelessness Board’s process for addressing such matter shall be as follows:

- The Coalition to End Homelessness Board shall designate a specific committee or ad hoc group to explore the concern and to develop a recommendation for full Coalition to End Homelessness Board consideration. While a single committee may be identified as the primary entity generally responsible for overseeing HMIS policies and procedures, another committee may be designated as the lead to explore a specific concern/recommendation.
- Proposed revisions must be presented and approved by the Coalition to End Homelessness Board.

- After approval, a list of all revisions, the date revised, and a brief description of the change should be incorporated as part of the Table of Contents in the policy document. The most current revision date should also be noted on each individual policy.

Responsibilities and Duties of the HMIS Lead Agency

The HMIS Lead Agency is designated to support the day-to-day operation and implementation of the HMIS. The Department of Community Resources and Services will serve in the role of HMIS Lead Agency and will be responsible for the areas of:

1. Software, Planning and Strategic Activities:

- Ensuring that activities related to HMIS growth and usage are developed, reviewed regularly, and in accordance with the goals of the Coalition to End Homelessness.
- Managing the relationship with the designated HMIS software vendor; negotiating contracts and ensuring the HMIS software can manage:
 - the collection of each data variable and corresponding response categories for the Universal Data Elements and Program-specific data elements as identified by the Coalition to End Homelessness and outlined in the most current *HUD Data and Technical Standards* (see Appendix A) and the most current *HMIS Data Standards Manual*, and
 - the reporting of Federal and State required reports, as well as system level and program level reports for the purpose of understanding the nature and extent of homelessness in the Coalition to End Homelessness.
- Serving as the applicant to the US Department of Housing and Urban Development (HUD) for any Coalition to End Homelessness grant funds to be used for HMIS activities for the Coalition to End Homelessness's geographic area, as directed by the Howard County Continuum of Care (Coalition to End Homelessness), and entering into grant agreements with HUD to carry out the HUD-approved HMIS activities;
- Providing technical expertise commensurate with general HMIS implementation oversight; providing timely support on software and high level technical matters; identifying HMIS software needs in response to the changing needs and requirements of the Coalition to End Homelessness.

2. Management and Operations:

- Developing and managing a governance structure that identifies the roles, responsibilities and relationships between the Coalition to End Homelessness, HMIS Participating Agencies, the HMIS Lead Agency and related committees and outlines management processes, decision-making structures, and oversight of the HMIS implementation in Howard County.
- Executing a written *HMIS Participation Agreement* (see Appendix B) with each HMIS Participating Agency, that includes:
 - the roles and responsibilities of the HMIS Lead and Participating Agency,
 - the requirements of the security plan and privacy policy with which the Participating Agency must abide,
 - sanctions for violating the HMIS Participation Agreement, and

- an agreement that the HMIS Lead and the Participating Agency will collect and process Protected Identifying Information (PII) consistent with the Agreement.
- Providing regular training on software usage, software and data security, and data entry techniques to Participating Agencies and their end users.
- Regularly reviewing and monitoring the HMIS coverage rates of the Coalition to End Homelessness; ensuring that ongoing engagement activities and barrier resolution are occurring with non-participating agencies/programs.
- Ensuring and maintaining written agreements with participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies.

3. Compliance Monitoring:

- Ensuring consistent and compliant participation by recipients of Coalition to End Homelessness, Homelessness Solutions Program (HSP), and County funding, including data entry and data management consistent with *HMIS Policies and Procedures* (see Appendix C).
- Ensuring submission of the Longitudinal System Assessment (LSA).
- Ensuring the enforcement of the HMIS Privacy Policy for documenting client consent and ensuring protection of client information.

4. Data Quality:

- Establishing community data quality standards consistent with program models to ensure accuracy in data reporting for community planning and federal/state reporting requirements.
- Monitoring data quality and implementing necessary strategies to maintain input of high-quality data from all HMIS Participating Agencies.

5. Policy Development:

- Developing written HMIS policies and procedures for all HMIS Participating Agencies that include, but is not limited to, a security plan, data quality plan, privacy policy and data sharing that is reviewed and updated at least annually. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Lead may not establish local standards for any HMIS Participating Agency that contradicts, undermines, or interferes with the implementation of the HMIS standards as prescribed in this part.
 - **Privacy Policy.** At minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims fleeing violence; and such additional information and standards as may be established by HUD. Every organization with access to Protected Identifying Information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance.
- Ensuring a defined and documented HMIS client consent protocol for all data entered in the HMIS and a data release protocol that governs release of all data from the HMIS.

6. Reporting:

- Submitting reports to HUD and the Coalition to End Homelessness as required.

Responsibilities and Structure of the HMIS Committee

The HMIS Committee, a standing committee of the Coalition to End Homelessness Board, is made up of HMIS Participating Agency representatives, chaired by a member of the Coalition to End Homelessness Board and staffed by the HMIS Administrator. The Committee works to advise and support the HMIS Lead Agency in program implementation and operations in the areas of quality assurance and accountability. The Committee supports the overall initiative of HMIS and advises the HMIS Lead Agency on HMIS operations. HMIS Committee members will be responsible for:

- Advising the development, annual review, and (as necessary for Board approval), the revision of a privacy and security plan, and data quality plan, as well as any other HMIS policies and procedures;
- Ensuring the data quality plan includes a plan to monitor whether:
 - Recipients and subrecipients consistently participate in the HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by HUD; and,
 - The HMIS Lead Agency is fulfilling the obligations outlined in this HMIS Governance Charter and HMIS Participation Agreements with Participating Agencies.
- Overseeing and monitoring HMIS data collection and production of the following reports:
 - Point-In-Time Count (PIT);
 - Housing Inventory Chart (HIC);
 - System Performance Measures and Data Quality Report;
 - Longitudinal System Assessment (LSA; formerly AHAR); and,
 - Annual Performance Reports (APRs).
- Recommending policies and procedures for the HMIS as they relate to the data, including software application, data elements to be collected, and intervals for data gathering.
- Reviewing HMIS Participating Agencies data quality reports for compliance with the data quality benchmarks.
- Acting as a two-way information conduit between Participating Agencies and the Lead Agency regarding requirements of HMIS and potential ways to improve the system.
- Considering what data should be collected and how the data can be analyzed to assist in client service, program administration, evaluation, planning, and policy development.

The HMIS Committee will review the HMIS Governance Charter annually. Any amendments to this Governance Charter will be based on a majority vote by quorum (51%) of Committee members. DCRS, as the HMIS Lead, has the right to accept or not accept proposed changes that would have an impact on their ability to successfully perform federal, state or local mandated duties as HMIS Lead.

MEETINGS AND ATTENDANCE

At a minimum, the HMIS Committee will conduct meetings on a quarterly basis with increased frequency when needed. Advance notification of meeting dates, times, and locations will be provided to all HMIS Committee members. Members are requested to attend meetings quarterly to ensure continuity in the process. Members are expected to attend a minimum of 75% of the regularly scheduled quarterly meetings. Should a member experience a last-minute issue that prevents

attendance, the member shall notify the Chairperson and/or HMIS Administrator and designate someone to attend in their place. Remote participation is recorded as “present”.

OFFICERS

The HMIS Committee will have one officer position: Committee Chairperson. The Chairperson must be a member of the Coalition Board and may be nominated by the Coalition to End Homelessness Board Nominating Committee.

The Chairperson is expected to serve a term of at least one year and no more than three consecutive years. The Chairperson’s duties will be to:

1. facilitate the development of HMIS Committee meeting agenda(s) and preside over meetings,
2. ensure communication of HMIS Committee matters to all committee members; and,
3. ensure the Coalition to End Homelessness Board and the Coalition to End Homelessness remain informed of HMIS Committee activities and decisions.

Responsibilities of HMIS Participating Agencies

HMIS Participating Agencies are made up of end users that regularly contribute data to the designated HMIS for client tracking, federal, state and local reporting and analysis of Coalition to End Homelessness performance and activity. Participating Agencies must comply with the terms of their Participation Agreement to maintain access to the Coalition to End Homelessness designated database. Participating Agencies must adhere to the Data Quality Plan and all other Howard County Coalition to End Homelessness Policies and Procedures.

PRIVACY & SECURITY REQUIREMENTS

It is required that all Participating Agencies comply with federal regulations regarding HMIS. Additionally, Participating Agencies must comply with federal, state and local laws that require additional privacy or confidentiality protections. When a privacy or security standard conflicts with other federal, state and/or local laws to which the Participating Agency must adhere, the Participating agency must contact the HMIS Lead Agency and collaboratively update the applicable policies for the Participating Agency to accurately reflect the additional protections.

THE HMIS AGENCY ADMINISTRATOR

The Executive Director of Participating Agencies is responsible for identifying an HMIS Agency Administrator to oversee data entry, data completeness and accuracy for its organization. The Agency Administrator serves as a point of contact for the HMIS Administrator to facilitate the day to day implementation of HMIS among end users. As part of the responsibilities of an HMIS Participating Agency, the Agency Administrator is responsible for:

- Ensuring organizational adherence and enforcement of the HMIS Policies and Procedures, including but not limited to:
 - Ensuring all persons accessing HMIS within their organization are properly trained to use HMIS and follow all standards of confidentiality, data security, and data collection, entry, and retrieval;
 - Ensuring end users are using the correct HMIS-related forms and are following the most current HMIS procedures and workflows;
 - Enforcing HMIS End User Agreements; and,

- Ensuring end users are regularly adding and updating client data within 5 business days of receipt of new data while following all data quality standards and securities.
- Informing the HMIS Lead, within 24 hours, of a personnel change so appropriate security changes can occur within the HMIS database.
- Ensuring the HMIS Privacy Notice is posted in an area visible to clients and is communicated in a manner understandable by clients.
- At least quarterly, running HUD Universal Data Element Reports, data incongruities reports, and other data quality reports to identify and correct any data quality issues and identify training gaps.
- Notifying all members of their agency of any system-wide changes and other relevant information.

Joint Responsibility for Privacy & Security

The HMIS Lead Agency and the HMIS Participating Agency are jointly responsible for ensuring that HMIS processing capabilities remain consistent with privacy and security obligations.

Appendices

Appendix A: HMIS Data and Technical Standards

HMIS Data and Technical Standards may be accessed via the following links:

<https://www.hudexchange.info/programs/hmis/hmis-data-and-technical-standards/>

<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

<https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

<https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf>

Appendix B: HMIS Participation Agreement

HMIS PARTICIPATION AGREEMENT

Between

Howard County, Maryland

Department of Community Resources and Services

and

[Participating Agency]

This Agreement is made and entered into on this _ day of _____, 20____, by and between **Howard County, Maryland**, a body corporate and politic, hereinafter referred to as the “County,” and [Participating Agency], hereinafter known as the “HMIS Participating Agency,” sometimes referred to herein individually as “Party” and collectively as “the Parties.”

I. Introduction

The federal Department of Housing and Urban Development requires that all entities receiving federal funds for homeless services establish and maintain a Homeless Management Information System (“HMIS”). The County, through the Department of Community Resources and Services (“the Department”) uses Community Services (formerly ServicePoint), developed by WellSky, as its HMIS.

Community Services is a web-based application that provides client tracking, case management, service and referral management, bed availability for shelters, resource indexing, and reporting. The Department is the lead agency for the Continuum of Care in Howard County and is responsible for the implementation of Community Services.

Community Services allows HMIS Participating Agencies within the Howard County Continuum of Care to share information on common clients. Goals of the Continuum include: an ability to expedite client intake procedures; improved referral accuracy; increased case management and administrative tools; and the ability to follow demographic trends and service utilization patterns of families and individuals experiencing homelessness or at risk of homelessness.

Access to Community Services is limited to HMIS Participating Agencies. When used correctly and faithfully by all involved parties, Community Services is designed to benefit multiple stakeholders, including County Government, homeless service agencies, and the consumers of homeless services, through a more effective and efficient service delivery system.

II. Confidentiality**A. Federal and State Regulations**

1. The HMIS Participating Agency will uphold relevant Federal and State confidentiality regulations and laws that protect client records. The Agency will only release confidential client records with written consent by the client, or the client’s guardian, unless otherwise provided for in the regulations or laws. A client is anyone who receives

services from the HMIS Participating Agency and a guardian is one legally in charge of the affairs of a minor or a person deemed incompetent.

B. Consent and Documentation

1. The HMIS Participating Agency will provide a verbal explanation of Community Services and arrange for a qualified interpreter or translator in the event that a client is not literate in English or has difficulty understanding the consent form(s).
2. The HMIS Participating Agency will not solicit or input information from clients into Community Services unless the information is essential to provide services or conduct evaluation.
3. The HMIS Participating Agency will ensure that all staff or volunteers who are issued a User Identification and Password to Community Services abide by this Partnership Agreement, including the confidentiality rules and regulations listed in this Partnership Agreement. Each user will be required to sign an End User & Confidentiality Agreement.
4. The HMIS Participating Agency will maintain all client authorizations for release of information for a period of five (5) years.

III. Participant Agency Responsibilities

- A. The HMIS Participating Agency agrees to enter basic client data into Community Services including all HUD required data elements. The HMIS Participating Agency shall not permit users to share user identifications and passwords.
- B. The HMIS Participating Agency will not give or share assigned user identification and passwords to access Community Services with any other organization, governmental entity, business, or individual.
- C. The HMIS Participating Agency will not misrepresent its client base in Community Services by knowingly entering inaccurate information.
- D. The HMIS Participating Agency will enter a client into Community Services within five business days of client intake. Completeness and accuracy of data entry must meet standards set by the Department. Compliance with these standards will be monitored monthly by the Department. Standards will be established in conjunction with participating agencies and will be provided as an addendum to this agreement.
- E. The HMIS Participating Agency will designate a staff person to serve as a liaison with the HMIS Administrator. The liaison will be responsible for scheduling staff training, requesting reports, establishing workflow and other matters related to internal Community Services operations.
- F. Users are required to attend a minimum of four meetings/trainings per year. See IV. E. below.

IV. Department Responsibilities

- A. Except as provided in IV. B, the Department will pay the costs of the contract with its HMIS designated vendor.

- B. The Department will provide the appropriate number of licenses for each HMIS Participating Agency up to a maximum of ten licenses per Agency.
- C. The Department will perform all required system maintenance.
- D. The Department will respond to user requests within two business days.
- E. The Department will provide technical assistance to all Community Services users. In addition to on-going assistance, the Department will hold bi-monthly meetings/trainings for all users.

V. Access to Information

- A. The HMIS Participating Agency understands that it will retain access to all identifying and statistical data on the clients it serves.
- B. The HMIS Participating Agency understands that the Department of Community Resources and Services will have access to all client information to run aggregate reports for planning, funding, and database maintenance purposes. Aside from the activities designated under Coordinated Entry, The Department of Community Resources and Services will not release any identifying information to any other HMIS Participating Agency, organization, governmental entity, business or individual.

VI. Termination

- A. **In Effect Until Terminated.** This agreement shall remain in effect unless terminated in writing by either Party, with 30 days' advance written notice.
- B. **Termination for Default.** Notwithstanding paragraph A of this section, the County may terminate this agreement immediately if the HMIS Participating Agency commits a serious violation of this Partnership Agreement, with the County at its sole discretion to determine what constitutes a serious violation. For a violation that the County determines to be less serious, the County may temporarily suspend the HMIS Participating Agency's access to Community Services until the violation is corrected. If the HMIS Participating Agency has a history of repeated violations, the County may terminate this Partnership Agreement.

VII. Indemnification

The HMIS Participating Agency agrees to indemnify and hold the County harmless from and against any and all claims, actions, damages, liability and expense, including reasonable attorney fees and costs of defense, in connection with loss of life, personal or bodily injury and/or damage to property that may be done or suffered by reason of the HMIS Participating Agency's fault or negligence in the performance of or failure to perform its responsibilities as stated in this Partnership Agreement, or occasioned all or in part by any act or omission of the HMIS Participating Agency, its agents or employees.

VIII. Insurance

The HMIS Participating Agency shall obtain and maintain general liability insurance as necessary to protect in any legal action, tort, contract, or other liability which may be raised against the

HMIS Participating Agency or the County. The HMIS Participating Agency shall provide the County with documentation of insurance as the County may require, including evidence that the policies may not be terminated without thirty (30) days' prior written notice to the County.

IX. Miscellaneous

- A. This agreement may be amended by written agreement executed by both Parties.
- B. Neither Party shall transfer or assign any rights or obligations without the written consent of the other party.
- C. The contractual obligation of the County under this Agreement is contingent upon the availability of appropriated funds from which payment for Community Services and its support can be made.
- F. This Agreement shall be construed and enforced in accordance with the laws of the State of Maryland.

[SIGNATURES APPEAR ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on by affixing hereon their respective seals and signatures of the proper offices.

WITNESS:

PARTICIPATING AGENCY:

Name

Name
Title: _____

ATTEST:

HOWARD COUNTY, MARYLAND

Lonnie R. Robbins
Chief Administrative Officer

BY:

Calvin Ball
County Executive

APPROVED for Legal Sufficiency
this _____ day of _____, 20____.

APPROVED for Financial Sufficiency
this _____ day of _____, 20____.

Gary W. Kuc
County Solicitor

Janet R. Irvin
Director of Finance

APPROVED for Program Sufficiency
this _____ day of _____, 20____.

Jacqueline Scott, Director
Department of Community Resources and Services

Appendix C: HMIS Policies and Procedures

HOWARD COUNTY COALITION TO END HOMELESSNESS

Homeless Management Information System (HMIS)

Policies and Procedures

Version 1.0 February 2019

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INTRODUCTION

The Howard County Department of Community Resources and Services serves as the HMIS Lead Agency, advised by the Howard County Continuum of Care (Coalition to End Homelessness) Board. The Coalition to End Homelessness utilizes Internet-based technology, known as Community Services (formerly ServicePoint), to assist homeless service organizations in Howard County capture information about the clients they serve.

One of the Coalition to End Homelessness's goals is to determine the extent and nature of homelessness in Howard County. This is accomplished through analysis and release of data that are grounded in the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the county. Information that is gathered is analyzed for an unduplicated count, aggregated (void of any identifying client level information), and made available to policy makers, service providers, advocates, and consumer representatives.

Potential benefits for homeless men, women, children, and case managers: Through the use of Community Services (formerly ServicePoint), case managers can assess their clients' needs to inform clients about services offered on site or available through referral. Case managers and clients can use on-line resource information to learn about resources that help clients find and keep permanent housing or meet other goals clients have for themselves. Service coordination can be improved when information is shared among case management staff within one agency or with staff in other agencies (with written client consent) who are serving the same clients.

Potential benefits for agency and program managers: Once aggregated, information can be used to garner a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funders such as HUD. Community Services (formerly ServicePoint) has the capability to generate the HUD Annual Performance Report (APR).

Potential benefits for the Howard County Continuum of Care and policy makers: Involvement in the project provides the capacity to programs within the Continuum to generate automated Annual Performance Reports, access aggregate reports that can assist in completion of the HUD required Unmet Need chart and other reports, and to utilize the aggregate data to inform policy decisions aimed at addressing and ending homelessness at local, state, and federal levels.

Governing Principles

Described below are the overall governing principles upon which all other decisions pertaining to the Howard County HMIS project are based.

Data Integrity: Data are the most valuable assets of the HMIS. It is our policy to protect this asset from accidental or intentional unauthorized modification, disclosure or destruction.

Access to Client Records: The Client Records Access policy is designed to protect against the recording of information in unauthorized locations or systems. Only staff who work directly with clients or who have administrative responsibilities will receive authorization to look at, enter, or edit client records.

Additional privacy protection policies include:

- No client records will be shared electronically with another agency without written client consent;
- Client has the right to not answer any question, unless entry in to a service program requires it,
 - Client has the right to refuse service;
- Client has the right to know what has added to, deleted, or edited their client record;
- Client information transferred from one authorized location to another over the web is transmitted through a secure, encrypted connection.

Computer Crime: Computer crimes violate state and federal law as well as the Howard County HMIS Data Security Policy. They include but are not limited to:

- Unauthorized disclosure;
- Modification or destruction of data, programs, or hardware;
- Theft of computer services;
- Illegal copying of software;
- Invasion of privacy;
- Theft of hardware, software, peripherals, data or printouts;
- Misuse of communication networks;
- Promulgation of malicious software such as viruses;
- Breach of contract.

End User Ethics: Any deliberate action that adversely affects the resources of any participating organization or its employees is prohibited. Community Services users must not attempt to gain physical or logical access to data or systems for which they are not authorized. Users must not attempt to reverse-engineer commercial software. Users must not load unauthorized programs or data onto organizational computer systems.

Data Usefulness. The HMIS should be managed and operated in a manner that facilitates use of the aggregated data by program managers and policymakers to improve program services.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Basic Requirements

The following agencies, or any receiving McKinney-Vento homeless funds, must participate in the Howard County HMIS:

- Community Action Council of Howard County
- Bridges to Housing Stability
- HopeWorks
- Grassroots Crisis Intervention Center
- Howard County Government, Department of Community Resources and Services
- Howard County Mental Health Authority

Additional agencies that offer appropriate services may, and are encouraged to, participate in the HMIS.

Howard County, Maryland, holds a contract with the designated HMIS vendor for the use of its database and services. The County has fully funded this project and anticipates continuing its contractual obligation provided funding is available. Participating agencies receiving McKinney-Vento funds may, at a later date, be required to cover annual licensing and user charges should the County be unable to provide funding.

Existing and new Participating Agencies will not be granted access to the Community Services software system until a HMIS Participation Agreement has been signed.

Management Structure

The Howard County Department of Community Resources and Services is the lead agency for the Howard County HMIS/ Community Services. The Department is responsible for oversight of all day-to-day operations including, but not limited to: planning, scheduling, and meeting project objectives, overseeing usage of Community Services, and Governing Principles and Policies and Procedures. These responsibilities will be handled through the position of HMIS Administrator.

The HMIS Administrator is also responsible for:

Technical Assistance

- Provide training on a regular basis for agency staff;
- Provide technical assistance and troubleshooting as needed;
- Provide technical assistance in generating funder-required reports.

Data Analysis

- Provide data quality queries to sites on a regular basis;
- Provide detailed countywide reports on families and individuals accessing emergency shelter.
(For more information see the HMIS Data Quality Plan.)

- Respond to requests for reports related to policy, program development and operations monitoring,

Participating Agencies

The Executive Director of each HMIS Participating Agency will be responsible for oversight of all agency staff who generate or have access to client level data stored in Community Services. The Executive Director holds final responsibility for the adherence of his/her agency's personnel to the policies and procedures outlined in this document.

The HMIS Participating Agency's Executive Director is responsible for all activity associated with agency staff access and use of the Community Services system. This individual is responsible for establishing and monitoring agency procedures that meet the criteria for access to Community Services. The Executive Director will be held liable for any misuse of the system by his/her designated staff. The Executive Director agrees to allow access to the Community Services system based upon need. Need exists only for those shelter staff, volunteers, or designated personnel who work directly with, or supervise staff who work directly with, clients.

The Executive Director will:

- Assume responsibility for integrity and protection of client level data entered into the Community Services system;
- Establish business controls and practices to ensure organizational adherence to the policies and procedures set forth herein;
- Communicate control and protection requirements to agency custodians and users;
- Monitor compliance and periodically review control decisions;
- Ensure the Universal Data Elements (defined by HUD) be entered into Community Services;
- Execute Interagency Data Sharing Agreements between any shelter/service program where sharing of client level information is to take place;
- Ensure users utilize Client Authorization forms to authorize the sharing of personal information electronically with other participating agencies through the Community Services system.

The HMIS Participant Agency's responsibilities are outlined in their HMIS Participation Agreement, the terms of which supersede all other documentation.

Howard County HMIS agrees to authorize use of the Community Services Software system only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out HMIS's responsibilities.

The HMIS Participating Agency agrees to authorize use of the Community Services Software system only to users who need access to the system for data entry, editing of client records, viewing of client

records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Users are any persons who use the Community Services software for data processing services. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described in these Policies and procedures. They are accountable for their actions and for any actions undertaken with their usernames and passwords.

HMIS Committee

Responsibilities:

The HMIS Committee, a committee of the Coalition to End Homelessness Board, advises and supports Howard County HMIS operations in consumer involvement and quality assurance/accountability. The committee meets quarterly.

Membership of the HMIS Committee will be established according to the following guidelines:

- At least one representative from each participating agency;
- There will be a concerted effort to find replacement representatives when participation has been inactive or inconsistent from the organizations involved in the project;
- There will be a pro-active effort to fill gaps in the membership of the Committee in terms of constituency representation: consumer representatives, shelters for families and individuals, advocacy organizations, and government agencies that fund homeless assistance services, and statewide geographic distribution.

The HMIS Committee is an advisory committee to the HMIS Lead Agency and the Coalition Board.

However, the HMIS Administrator delegates final decision-making authority to the Committee on the selected key issues that follow. These issues include:

- Determining the guiding principles that should underlie the implementation activities of HMIS and participating organizations and service programs;
- Selecting the universal data elements to be collected by all programs participating in the HMIS;
- Defining criteria, standards, and parameters for the release of aggregate data; and
- Ensuring adequate privacy protection provisions in project implementation.

The HMIS Committee will work with the HMIS Lead Agency to:

- Advise for development and review of a privacy plan, security plan, and data quality plan, as well as any other HMIS policies and procedures;
- The data quality plan will include a plan to monitor the HMIS to ensure that:
 - Recipients and sub-recipients consistently participate in the HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by HUD;
 - The HMIS Lead is fulfilling the obligations outlined in this HMIS Governance Charter and Participation Agreements with Participating Agencies.

- Oversee and monitor HMIS data collection and production of the following reports:
 - Point-In-Time Count;
 - Housing Inventory Chart;
 - Longitudinal System Assessment (formerly Annual Homeless Assessment Report, AHAR); and
 - Annual Performance Reports (APRs).

SECTION 2: PARTICIPATION REQUIREMENTS

- **High Speed Internet Connection:** Broadband recommended by Vendor. (See “Connectivity” in Section 2)
- **Identification of Agency Administrator:** Designation of one key staff person to serve as the Administrator. This person will be responsible resetting passwords and monitoring software access. This person will also be responsible for training new staff persons on how to use the Community Services system.
- **Training:** Commitment of an Agency Administrator and designated staff persons to attend training(s) provided by the HMIS Administrator prior to accessing the system online.
- **Interagency Data Sharing Agreements:** Interagency Data Sharing Agreements must be established between any shelter/service program where sharing of client level information is to take place. See attached Interagency Data Sharing Agreement.
- **Client Consent Forms:** must be created for clients to authorize the sharing of their personal information electronically with other Participating Agencies through the Community Services software system where applicable. See attached Client Authorization Form for example.
- **Participation Agreement:** Agencies are required to sign a participation agreement stating their commitment to follow the policies and procedures for effective use of the system.
- **Universal Data Elements:** Agencies will be required to enter universal data elements as defined by the HUD and the HMIS Committee.

Implementation Requirements

All new Participating Agencies must read and understand all participation requirements and complete all required documentation prior to implementation of the system.

HMIS Administrator will assist Participating Agencies in the completion of all required documentation.

Interagency Data Sharing Agreements

Written Agreement: Participating Agencies wishing to share information electronically through the Community Services system are covered under the HMIS Client Authorization Form (see Privacy Policy), required to provide, in writing, an agreement that has been signed between the Executive Directors of Participating Agencies. See attached Interagency Sharing Agreement.

Role of Executive Director: The Executive Director is responsible for abiding by all the policies stated in any Interagency Sharing Agreement. Executive Directors wishing to participate in a data sharing agreement contact HMIS Administrator to initiate the process. Executive Directors

complete the Interagency Sharing Agreement. Each participating agency retains a copy of the agreement and a master is filed with the HMIS Lead Agency (Howard County Department of Community Resources and Services). Each Client whose record is being shared must agree via a written client consent form (CSHS Release of Information) to have their data shared. A client must be informed what information is being shared and with whom it is being shared and for what length of time.

Confidentiality and Informed Consent

Participating Agencies agree to abide by privacy protection standards and agree to uphold all standards of privacy as established by the Howard County Department of Community Resources and Services.

These include, but are not limited to:

- **Informed Consent: Oral Explanation (non-shared records):** All clients will be provided an oral explanation that their information will be entered into a computerized record keeping system. The agency may want to develop a fact sheet to post within the agency. HMIS suggests including the following information in the fact sheet:
 - **What is Community Services (formerly ServicePoint)** - a web-based homeless management information system that allows client-level data collection, local reporting and HUD mandated reporting.
 - **Why the agency uses Community Services** - to understand their clients' needs, help plan appropriate services for the people they serve, and inform policy.
- **Security** - only staff who work directly with clients or who have administrative responsibilities for managing Community Services can review, enter, or edit client records.
- **Privacy Protection** - no information will be released to another agency without written consent. Client has the right to not answer any question, unless entry into a program requires it. Client has the right to refuse service. Client has the right to know what has been added to, deleted, or edited in their Community Services record. Information that is transferred over the web is through a secure connection.
- **Benefits for Clients** - case manager tells client what services are offered on site or by referral through the assessment process. Case manager and client can use information to assist clients in obtaining resources that will help them meet their needs.
- **Written Client Consent:** Each Client whose record is being shared electronically with another HMIS Participating Agency must agree via a written client consent form to have their data shared. A client must be informed what information is being shared and with whom it is being shared.
- **Information Release:** The HMIS Participating Agency agrees not to release client identifiable information to any other organization pursuant to federal and state law without proper client consent.
- **Federal/State Confidentiality Regulations:** The HMIS Participating Agency will uphold Federal and State Confidentiality regulations to protect client records and privacy. In

addition, the Participating Agency will only release client records with written consent by the client, unless otherwise provided for in the regulations. The Participating Agency will abide specifically by the Federal confidentiality rules as contained in 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. **A general authorization for the release of medical or other information is not sufficient for this purpose.**

- **Unnecessary Solicitation:** The HMIS Participating Agency will not solicit or input information from clients unless it is essential to the provision of services to the client.

Universal Data Elements

The Participating Agency is responsible for ensuring that all clients are asked a minimal set of questions for use in aggregate analysis. These include HUD's most current Data Standards as well as any universal data elements determined by the HMIS Committee. These will be contained in each agency's primary assessment.

Information Security Protocols

Please reference Section 3.

Connectivity and Maintenance of On-site Computer Equipment

Participating Agencies are required to obtain an adequate Internet connection (greater than 56K/v90) to ensure proper response time and efficient system operation of Community Services.

Participating Agencies must commit to a reasonable program of data and equipment maintenance in order to sustain an efficient level of system operation including computer equipment configuration, Internet connectivity, data storage, and data back-up. As a matter of course, each agency must install virus protection software on all computers.

Data Disposal

Participating Agencies agree to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from diskettes before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property.

SECTION 3: USER AND DATA ACCESS

Access Privileges to Community Services

Participating Agencies will apply the user access privilege convention set forth as follows:

- **User Access:** User access and user access levels will be deemed by the Executive Director of the Participating Agency in consultation with the HMIS Administrator. The HMIS Administrator will generate username and passwords within the Administrative function of Community Services.
- **User Name Format:** The HMIS Administrator will create all usernames using the first initial of the first name and last name. Example: John Doe's username would be jdoe. In the case where there are two people with the same first initial and last name, a

sequential number should be placed at the end of the above format. (Example: jdoe2, jdoe3, etc.)

- **Passwords:** Passwords are automatically generated from the system when a user is created. The HMIS Administrator will communicate the system-generated password to the user. The user will be required to change the password the first time they log onto the system. The password must be between 8 and 16 characters and contain 2 numbers. Passwords expire every 45 days.
- **Termination or Extended Leave from Employment:** The HMIS Administrator should terminate the rights of a user immediately upon termination from their current position. If a staff person is to go on leave for a period of longer than 30 days, their password must be inactivated within five business days of the start of their leave. The HMIS Administrator is responsible for removing users from the system. The HMIS Administrator must update the access list and signed agreements on a quarterly basis.

Access Levels for System Users

User accounts will be created and deleted by the HMIS Administrator under authorization of the Participating Agency's Executive Director.

User Levels:

There are seventeen levels of access to the Community Services system. These levels should be reflective of the access a user has to client level paper records and access levels should be need-based. Need exists only for those staff, volunteers, or designated personnel who work with (or supervise staff who work directly with) clients or have data entry responsibilities.

Access to Data

- **User Access:** Users will only be able to view the data entered by users of their own system. Security measures exist within the Community Services software which restricts agencies from viewing each other's data.
- **Raw Data:** Users who have been granted access to the Community Services reporting tools have the ability to download and save client level data onto their local computer. Once this information has been downloaded from the Community Services server in raw format to an agency's computer, these data become the responsibility of the agency. A Participating Agency should develop protocol regarding the handling of data downloaded from the Report Writer.
- **Agency Policies Restricting Access to Data:** The Participating Agencies must establish internal access to data protocols. These policies should include who has access, for what purpose, and how they can transmit this information. Issues to be addressed include storage, transmission and disposal of these data.

- **Access to Countywide Community Services Data:** Access will be granted, in aggregate form, based upon policies developed by the HMIS Committee.

Access to Client Paper Records

Participating Agencies will establish procedures to handle access to client paper records. These procedures include: identifying which staff has access to the client paper records and for what purpose; identifying how and where client paper records are stored; developing policy on length of storage and disposal procedures of paper records; and developing policy on disclosure of information contained in client paper records.

Physical Access Controls

Physical access to the system data processing areas, equipment and media must be controlled. Access must be controlled for the transportation of data processing media and other computer resources. The level of control is contingent on the level of risk and exposure to loss.

Access to computing facilities and equipment

- The HMIS Administrator will work with Participating Agencies to determine the physical access controls appropriate for their organizational setting based on the HMIS Data Security Plan.
- All those granted access to an area or to data are responsible for their actions. Additionally, those granting another person access to an area are responsible for that person's activities.

Media and hardcopy protection and transportation

- Printed versions of confidential data should not be copied or left unattended and open to unauthorized access.
- Media containing client-identified data will not be shared with any agency other than the agency that entered the data for any reason. HMIS data may be transported by authorized employees using methods deemed appropriate by the Participating Agency that meet the above standard. Reasonable care should be used, and media should be secured when left unattended.
- HMIS information in hardcopy format should be disposed of properly.

Unique User ID and Password

- **Discretionary Password Reset:** Initially each user will be given a password for one time use only. The first or reset password will be automatically generated by Community Services and will be issued to the User by the HMIS Administrator. Passwords will be communicated in written or verbal form. Temporary passwords can be communicated via email (as long as it is not in the same email message as the User ID). Contact the HMIS Administrator if a password needs to be reset.

- **Forced Password Change (FPC):** FPC will occur every 45 days once a user account is issued. Passwords will expire and users will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.
- **Unsuccessful Logon:** If a user unsuccessfully attempts to logon three times, the User ID will be “locked out”, access permission revoked and unable to gain access until their account is reset.

Right to Deny User and Participating Agency’s Access

The HMIS Administrator, Howard County Department of Community Resources and Services, may suspend or revoke a Participating Agency’s or individual users’ access for violation of the HMIS Data Security Plan.

The HMIS Administrator will investigate all potential violations of security protocols. Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked.

SECTION 4: TRAINING AND TECHNICAL SUPPORT

The HMIS Administrator, Howard County Department of Community Resources and Services, will offer training on an as needed basis to Participating Agencies, in addition to group trainings. All users must receive Community Services training prior using the system. Training will include security policies and procedures.

Training Schedule

A training schedule will be set via email regularly. Agencies are asked to RSVP for all trainings. Training sessions will be offered at the Department of Community Resources and Services unless otherwise noted.

Technical Support

The HMIS Administrator, Howard County Department of Community Resources and Services, will assist agencies in:

- Start-up and implementation
- On-going technical assistance
- Training
- Technical assistance with report writing

The following procedures shall be followed when requesting technical support:

- Agency Management Staff (Executive Director or Agency Administrator) will contact the HMIS Administrator.
- The HMIS Administrator will, if necessary, communicate with the designated HMIS vendor.

- The HMIS Administrator will be available Monday through Thursday, between 8:00 a.m. and 5:00 p.m., excluding County, State, and Federal holidays, or unanticipated emergencies.

The HMIS Administrator will notify, if possible, Participating Agencies of planned interruption to service via email as well as posting in the Community Services News area. It is recognized by Participating Agencies that Community Services is a web-based product, hosted by Bowman Internet Systems. The HMIS Administrator, Howard County Department of Community Resources and Services, cannot control unanticipated interruptions of service by Bowman Internet Systems.

Planned Interruption to Service

The HMIS Administrator will notify Participating Agencies of planned interruption to service via email as well as posting within the HMIS database. The HMIS Administrator, Howard County Department of Community Resources and Services, cannot control unanticipated interruptions of service by its HMIS vendor.

Service Restoration

Unless the original communication stated the resumption time, HMIS staff will notify via e-mail that service has resumed.

SECTION 5: DATA RELEASE PROTOCOLS

Data Release Authorization and Distribution

All data that are to be publicly released must be in aggregate format.

Release of Data Principles (Participating Agency)

- Only de-identified aggregate data that meets the standards of the privacy policy will be released.
- There will be full access to aggregate data for all Participating Agencies.
- Aggregate data will be available in the form of an aggregate report or as a raw data set.
- Only aggregate data will be made directly available to the public.
- Parameters of the aggregate data, that is, where the data comes from, what it includes and what it does not include will be presented with each report.

Right to Deny Access to Client Identified Information

- Any request for client identified data from any person, agency, or organization other than the agency of origin will be forwarded to the HMIS Administrator for review.
- Client's have the right to their own data.

Right to Deny Access to Aggregate Information

HMIS Administrator retains authority to deny access to all aggregate data contained within the system, on a local or private level. The State of Maryland will have the authority to pull ONLY aggregate information for reporting purposes as granted by the Howard County Continuum of Care.

When a person or organization requests data, the request will be reviewed by the HMIS Administrator. The State will retain authority to use aggregate data, as collected in the Data Warehouse, for federal and statewide reporting.

The HMIS Administrator, Howard County Department of Community Resources and Services, may amend these policies and procedures at any time with input from the HMIS Committee.

[Appendix E: HMIS Data Quality Plan](#)**Howard County HMIS Data Quality Plan December 2013****Timeliness of Data**

In order to generate accurate, meaningful reports, the HMIS database must contain the most current information on the clients served. Ideally, information will be entered as soon as it is collected, to ensure the most current data. If that is not possible to enter the client information immediately, the information must be entered as soon as possible.

Standards:

- Client information is entered within 5 business days of the occurrence in which a service is provided.
- Client information is updated regularly at exit or annual assessment – per requirements relative to each universal and program specific data elements.

Data Accuracy

It is critical for information entered into the HMIS database to accurately represent the people receiving services from Participating Agencies. Inaccurate data is more harmful than incomplete information. If information is incomplete it is possible to acknowledge this gap. Users should understand that it is better to enter nothing (or “don’t know” or “refused” if a question is required) than to enter inaccurate information.

Standards:

- At least 95% of data entered into HMIS must reflect what clients report.
- Staff entering information into HMIS must enter information as it is stated by the client. All users and Participating Agencies must enter data consistently, in the same way.

Data Completeness

Each month the HMIS Administrator will run data completeness reports for all Participating Agencies to monitor services, Entry/Exits, and null data elements. A “grade” of “B” or above is expected from all agencies. Reports will be analyzed to identify weaknesses in data for each participating agency, to be addressed at the next training opportunity. If the “grade” is less than a “B,” an emergency training session will be called with the agency.

Standards:

- All Federal, State and locally funded homeless assistance programs must enter into HMIS.
- All Universal Data Elements will be entered.
- At least 95% of clients will have complete program data elements entered.
- At least 95% of clients will have services entered, when provided.
- At least 95% of clients that exit a program will have exit destinations entered.
- 5% is the maximum limit for null data.
- 5% is the maximum limit for “don’t know” and “refused” responses.

Training

Regular group trainings will be offered in a suitable facility where each attendee can have an individual work station. Trainings will also be offered on an as-needed basis. As-needed trainings can be requested

by the Participating Agency or the HMIS Administrator. The HMIS Administrator may request a training session if it is determined that an “emergency” training is necessary or an upgrade to the system occurs. If requested to do so by a Participating Agency, the HMIS Administrator will also negotiate a designated time to spend with the agency on a regular basis.

See Training Section of Howard County HMIS Policies and Procedures.

Communication

The HMIS Administrator will be available during business days from 8:00 a.m. – 5:00 p.m. to answer questions.

A quarterly newsletter will be sent to all users with upgrade information, data entry tips, and upcoming trainings and events.

[Appendix F: HMIS Data Security Plan](#)**Howard County HMIS Security Plan December 2013**

The Department of Housing and Urban Development (HUD) requires implementation of security standards. Security standards are directed to ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security; and ensure compliance by end users. Written policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements.

Security Awareness

The HMIS Administrator will ensure all users receive security training prior to using the system. Security training is a part of user training and covered in user training sessions.

See Training Section of Howard County HMIS Policies and Procedures.

Physical Safeguards

Access to areas containing equipment, data, and software will be secured. All client-identifying information will be strictly safeguarded in accordance with the latest technology available. Data will be secured by, at least, the following:

- Server hardware physical security (locked office)
- Server software security (username accounts/password protection)
- Network software security (firewall)
- Network hardware security (locked office)

Users will:

- Not share login information with any other individual.
- Reset password every 45 days.
- Log out of the HMIS when leaving their computer.
- Close/log out of the HMIS when any other individual not authorized to view data is able to view monitor.
- Not release/distribute report unless they are in aggregate form, with no identifying information.

See User and Data Access Section and Data Release Protocols Section of Howard County HMIS Policies and Procedures.

Technical Safeguards

Anti-virus protection shall be installed on each workstation used to access the HMIS, whether from a Participating Agency, or from a remote location.

- A Participating Agency or a user's access may be suspended or revoked for suspected or actual violation of security protocols.

- All potential violations will be investigated.

Please refer to Bowman Securing Client Data (attached) in reference to HMIS Client Information Security.

HMIS Administrator and HMIS Committee will annually review and revise, as needed, policies and agreements that protect and control access to HMIS information.

HMIS vendor Security Document available upon request.

Appendix G: HMIS End User Agreement

Homeless Management Information System End User License Agreement

This document contains the specific obligations that each end user and Howard County Government must follow in order to participate in the Homeless Management Information System (HMIS).

1. The End User will fully comply with the End User Terms within these Policies and Procedures and hereby agrees to fully indemnify and hold harmless Howard County Government from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law rising out of or in connection with the acts or omissions of Agency and its staff and the Agency’s participation in the HMIS reporting process.
2. All End Users must be trained by the HMIS administrator prior to obtaining access to the system; all staff will be trained on relevant information security issues.
3. End Users will adhere to the HMIS Client Release Form and the Partnership Agreement that outline specific policies regarding release of aggregate data.
4. End Users are responsible for protecting institutional information to which they have access and for reporting security violations.
5. End Users must comply with the data security policy and standards as described in these Policies and Procedures.

By signing this document, I agree to abide by all policies as stated in the Howard County Department of Citizen Services HMIS Partnership Agreement.

[Individual’s Signature]

Witness

Appendix H: HMIS Confidentiality Agreement

Homeless Management Information System Confidentiality Agreement

I understand that I will be allowed access to confidential personal and health information and/or records in order to perform my specific job duties. I further understand and agree that I am not to disclose confidential personal and health information and/or records without the prior consent of the appropriate person or authority (s).

I understand that all User Identification and Passwords to access the Howard County Government HMIS are issued on an individual basis. I further understand that I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow any other person to use my User Identification and/or Password to log on to the Howard County Government HMIS. I understand that accessing or releasing confidential personal and health information and/or records or causing confidential personal and health information and/or records to be accessed or released, by myself, other individuals, clients, relatives, etc., outside the scope of my assigned job duties constitute a violation of this agreement.

By affixing my signature to this document, I acknowledge that I shall abide by all of the relevant laws, regulations, and the Howard County Government HMIS Partnership Agreement concerning access, use, maintenance and disclosure of confidential personal and health information and/or records which shall be made available to me through my use of the Howard County HMIS. I further agree that it is my responsibility to assure the confidentiality of all personal and health information, which has been issued to me in confidence, even after my access to the Howard County Government HMIS, has ended. Pursuant to this agreement I certify that I have read and understand my obligations and responsibilities in connection with following laws concerning confidential personal and health information and/or records. I agree to fully indemnify and hold harmless the County from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law arising out of or in connection with the acts or omissions of Agency and its staff and the Agency’s participation in the HMIS reporting process.

[Individual’s Signature]

Date

Witness

Appendix I: HMIS Privacy Notice

Homeless Management Information System

PRIVACY NOTICE

Effective 1 October 2017

THIS NOTICE DESCRIBES HOW PRIVACY INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW THIS DOCUMENT CAREFULLY. **THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.**

PURPOSE OF THIS NOTICE

The Howard County Department of Community Resources and Services, and its local service providers, are required to use the Homeless Management Information System (HMIS) Community Services to collect information about persons who access services. Community Services is a shared, web-based software application designed to record and store client-level characteristics, service needs and usage of services. This method of data collection allows The Department and local Service Providers to (1) improve the effectiveness and coordination of services, (2) follow demographic trends and service patterns, and (3) share relevant client information needed for service delivery. Please note that even if you do not want your name or other information shared with partnering agencies, we must still record some information in the system, taking extreme care to protect your name and privacy. The Community Services system operates over the Internet and uses many security protections to help ensure confidentiality. Your personal records are secured at the highest level of encryption currently available. Even if you choose to allow us to share information with other agencies, records about substance abuse, physical and mental health, AIDS/HIV status, and domestic violence will not be shared without your prior written and informed consent.

PROGRAMS COVERED BY THIS NOTICE

The U.S. Department of Housing and Urban Development (HUD) 2017 HMIS Data Standards requires all programs participating in its jurisdiction's Continuum of Care to collect "Universal Data Elements" and, when applicable, "Program Specific Data Elements" for each person assisted. For a list of agencies, see page 2.

LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your personal information. This Notice must be available at the service delivery site and be posted in a clear and prominent location where it is reasonable to expect any individual seeking service to be able to read the Notice. Howard County maintains HMIS Policies and Procedures for accepting and considering complaints about privacy and security policies. All persons entering or accessing HMIS are required to sign a confidentiality agreement and receive annual privacy training.

AMENDMENT POLICY/RIGHT TO RECEIVE A COPY OF THIS NOTICE

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If changes are made, a copy of the revised Notice will be posted at all service locations. You may request a copy of the HMIS Privacy Policy at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

PROTECTED PERSONAL INFORMATION (PPI)

Only information that is appropriate for the programs covered by this Notice are collected. All information is collected by lawful and fair means. Copies of all forms that collect PPI are given to clients at their request. Any request by clients to correct inaccurate information must be considered. Changes, deletions, or supplements should be notated where inaccurate or incomplete. At initial entry into a program, and again at each annual review, all forms and information are explained. All Release of Information forms must be signed every two years. The collection and use of all personal information is guided by strict standards of confidentiality.

Alternative formats of this notice (braille, large print, and dvd) can be made available upon request.

Appendix J: Client Authorization Form

Howard County HMIS CLIENT AUTHORIZATION FORM

NAME OF AGENCY: _____

This agency is requesting your permission to share information with other agencies in the planning and delivery of services to you. If not restricted by you, your name and other basic identifying information will be available to partnering Service Providers for up to two (2) years.

Participant's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Check all that apply:

- The HMIS Privacy Notice has been explained to me.
- I understand that all information gathered about me and my family is being released in confidence.
- I have reviewed and understand the Privacy Notice and the intended use of data within Howard County's Department of Community Resources and Services and partnering Service Providers.
- I understand that basic identifying information may be shared with the Agencies listed on page 2 of the Privacy Notice.
- I understand that I may cancel this authorization at any time by written request to the organization that I originally gave the authorization. I understand that this release is valid for two (2) years from the date of this document, expiring on _____.

By signing, you authorize the Howard County Department of Community Resources and Services to obtain and share basic information and non-confidential service information about you and your dependent(s) with other agencies as noted within this Privacy Notice.

Signature of Client, Guardian or Power of Attorney

Signature of Witness

Date: _____

Date: _____



Glossary

Aggregate data: Communitywide data that are de-identified and can be used for analytical purposes.

Annual progress report (APR): A standard Federal reporting form used by the U.S. Department of Housing and Urban Development for Coalition to End Homelessness homeless grant programs.

Antivirus programs: Computer programs that detect and rid computer systems of electronic viruses and thus prevent and/or mitigate file corruption and data loss.

Application software: Computer programs designed to accomplish specific tasks or transactions. HMISs are application software.

Central server: A computer or group of computers that contains the main application software or aggregate data in a distributed HMIS.

Client(s): An individual or family experiencing homelessness, threatened with the imminent prospect of homelessness, or with a former experience of homelessness, and accessing services within the Coalition to End Homelessness.

Client confidentiality: Except as provided by law or incorporated in properly executed consent, a client's right to guaranteed privacy of the personal information that is stored within the HMIS.

Client consent: Oral permission to participate in the HMIS (or, in the case of information that is required by program funders, acknowledgment that the information is being collected, stored, and aggregated for reporting purposes within the HMIS). Written consent is written permission to share personal information that is stored in the HMIS with another agency. The HMIS client consent form should explicitly state how the data will be collected, shared, and used, and explain a client's right to protect and limit its use.

Client-level data: Data about an individual HMIS client.

Communications server: A dedicated server that remote users can connect to through communications devices such as modems.

Computer operating systems: Computer programs that manage end user interaction with the system. Microsoft Windows is an example of an operating system.

Computer networking: The process of connecting multiple computers to facilitate easy sharing of files or programs. Networked computers can share common resources such as a printer or a database.

Concurrent users: The number of computer users accessing a system simultaneously.

Connectivity: The technology used to upload/download data files to/from other computers or to link to the Internet.

Consent form: The consumer's written authorization to have their data input in an HMIS and/or shared with other agencies.

Continuum of Care (Coalition to End Homelessness): A coordinated approach at the local level to deliver services to persons who are homeless. A Coalition to End Homelessness generally includes a full

range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons. HUD issues an annual Notice of Funding Availability (NOFA), known as the Coalition to End Homelessness grant, to local communities for housing and service funds.

Coverage: The proportion of shelter users that is represented in the data.

Database: A collection of information organized so that a computer program can quickly select desired pieces of data. You can think of a database as an electronic filing system.

Data encryption: The conversion of plain text into masked data by scrambling it using a secret code that hides its meaning to any unauthorized viewer. Computers encrypt data by using algorithms or formulas. Encrypted data are not readable unless they are converted back into plain text via decryption.

Data sharing agreement: An agreement among participating agencies about the sharing of consumer data. The agreement should define which agencies will share what data elements under what particular circumstances.

Data warehouse: A system for storing, retrieving, and managing large amounts of data. Data warehouses contain a wide variety of data that present a coherent picture of conditions at a single point in time.

End user: The participating agency staff person who will be using the HMIS to enter and/or extract data.

Firewall: A hardware and/or software system that enforces access control between two networks.

Function: The specific capabilities or features that the HMIS performs.

Homeless Management Information System (HMIS): A computerized data collection system that stores information about persons experiencing homelessness, collected throughout the community from the various agencies that provide services to these individuals. Client-level information collected from each program can be aggregated with data from other programs using a unique client identifier to determine unduplicated system wide information, such as the overall level of homelessness, service effectiveness, and unmet community needs.

HMIS Administrator: The personnel responsible for overseeing the HMIS System.

Internet service provider (ISP): Any company that provides individuals or organizations with internet service.

Local area network (LAN): A network that is geographically limited, allowing easy interconnection of computers within offices or buildings.

Logon process: The procedure by which a computer network authenticates a user. **Longitudinal data:** Information collected about particular individuals over time. **Network:** Several computers or computer systems linked to one another. **Participating agency:** An agency that participates in the HMIS.

Real-time: Pertaining to the current moment. Technology that allows a user to receive data during the actual time that it is entered into the system.

Record-level encryption: Data encryption that occurs at the field (data element) level within an information record. **Secure Socket Layer (SSL) protection:** A communications protocol used to secure

sensitive data. SSL is normally described as wrapping an encrypted envelope around message transmissions over the Internet.

Security: Absolute protection of the client and program information stored in the HMIS from unauthorized access, use, or modification. Servers can host and send files, data, or programs to client computers.

Site: A location that uses an HMIS and at which services to homeless and at-risk consumers are provided.

Site preparation: Preparation for installation of a new HMIS.

Software license: The right of an organization or individual to use or access a computer program developed by a third party, for a fee.

Software license agreement: Agreement between the developer of a software product and its users that specifies the rules under which software distribution, installation, and usage can occur.

Software release: A version of a software product that is available on the market.

Systems implementation: A stage in the HMIS project during which the various system components (hardware, software, databases, etc.) are created or acquired, assembled, and put into operation.

Technical capacity: The documented sets of technical skills and resources available for undertaking an HMIS project.

Technical requirements: The documented sets of technical skills and resources necessary for undertaking an HMIS project.

Undisclosed locations: Sites, such as shelters for victims of domestic violence, which have chosen to hide their location in order to protect program consumers.

Unique client identifier (ID): A code associated with a single individual that can be used to create an unduplicated client count, but which cannot be used to identify that individual.

Vendor developed: A commercially developed software system.

Web-enabled application: Application software designed to operate as an Internet application. Users access the system with a Web browser such as Netscape or Internet Explorer.

Wide area network (WAN): A network that is not geographically limited, and can link computers in different locales and extend over large distances. A WAN is often used to connect computers that are not located in the same office or building.

Acronyms

CAC: Community Action Council

CE: Coordinated Entry

CSHS: Coordinated System of Homeless Services

Coalition to End Homelessness: Continuum of Care

SO: Street Outreach

EE or E/E: Entry/Exit

ES: Emergency Shelter

ESG: Emergency Solutions Grant

FCS: Family and Children Services

HMIS: Homeless Management Information System

HSP: Homeless Solutions Program

HUD: United States Department of Housing and Urban Development

LDCRC: The Leola Dorsey Community Resource Center

LOT: Length of Time

M: Measure

NBN: Night by Night

NOFA: Notice of Available Funding

OPH: Other Permanent Housing

PATH: Projects for Assistance in Transition from Homelessness

PSH: Permanent Supportive Housing

PH: Permanent Housing (represents RRH and PSH programs)

RRH: Rapid Rehousing

ST: Service Transaction

Sys PM: System Performance Measure

VOA: Volunteers of America

Section 5.03 Coordinated Entry Policy and Procedures

Howard County

Coordinated System of Homeless Services

Policies and Procedures

This is a working draft document. Please be advised that procedures may change as Partner agencies are added, as resources become available, and as capacity increases. Any changes will be incorporated and amended as necessary.

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OVERVIEW

Updated August 26, 2014

Howard County's Coordinated System of Homeless Services (CSHS) is a network of community services and supports coordinating efforts to end homelessness in Howard County. The goals of the system are to efficiently use community resources to reduce the number of homeless families and individuals, reduce the number of newly homeless, shorten the length of homeless episodes, and reduce the number of returns to homelessness.

Households at-risk of losing their housing may access **prevention** services and if they are found not sustainable, they are referred to the single point of entry.

The Grassroots Crisis Intervention hotline is the **single point of entry** for households experiencing a homeless crisis. Households receive a uniform assessment for immediate intervention with the goal of diversion from homelessness. The initial assessment aims to remove the obstacles of homeless households navigating through multiple agencies and their eligibility processes.

Households not diverted and needing further intervention are referred to **progressive engagement** for follow-up and connection to community supports and services.

Households still in need of **intensive supports** are assigned to a community agency for shelter placement or case management. CSHS case management is provided by multiple community agencies for further, deeper assessment and access to services and other system resources with the goal of housing stability. Such resources include (but are not limited to) eviction prevention services, re-housing services with housing location assistance, supportive living services for persons with mental health disabilities, and rapid access to inpatient treatment for drug-addicted adults.

Households that have obtained stable housing and have reduced barriers to **housing stability** are exited from intensive support and from the coordinated system.

The CSHS maintains a follow up process to confirm that CSHS resources are leading families and individuals to successful housing stability.

Through data collection and analysis, the CSHS ensures efficient service coordination and effective use of resources to meet system goals.

Level of Intervention: “Prevention”

Purpose and Scope

Prevention Services aim to assist households that are at-risk of losing permanent housing. For unsustainable households, Prevention Services provides coordinated access to the Single Point of Entry for further engagement in the CSHS. This procedure aims to ensure that the coordinated entry and service system for homeless services meet the needs of Howard County residents at-risk of homelessness.

The “Prevention” stage of the CSHS interventions is covered by this procedure.

Responsible Parties for Implementing Procedure

- The Salvation Army – 410-465-0588 (main)
 - CSHS Point Person, Director – 410-465-0588
- Community Action Council of Howard County – 410-313-6440(main), 410-313-6479(fax)
 - CSHS Point Person, Internal Auditor - 410-313-6474
- Laurel Advocacy and Referrals Services
 - CSHS Point Person – 301-776-0442

Procedures

Salvation Army – Prevention

If the household first presents to Grassroots and is referred to the Salvation Army for Prevention Services, a Grassroots Crisis Counselor will contact the Salvation Army office to schedule an appointment for assessment.

- 1) The client meets with a Case Worker at the Salvation Army Office to be assessed for services.
 - a) CSHS eligibility is determined through completion of the *CSHS Prevention Assessment in ServicePoint*.
- 2) The Case Worker checks the Entry/Exit table in ServicePoint to confirm that the household is not actively receiving services through another CSHS partner agency.
 - a) If the household shows an entry date and no exit date with a CSHS partner, their assigned case manager should be contacted and the household referred to their CSHS case manager.
 - b) If the household shows an exit date from a CSHS partner, the household should be referred to Grassroots for assessment and referral to more intensive resources.
- 3) If the household has no entry date with a CSHS Partner agency, the Case Worker will confirm whether the household is eligible for Salvation Army prevention assistance.
 - a) If the household is not eligible for Salvation Army assistance, the Case Worker will contact a Grassroots Crisis Counselor, with the client, for assessment and diversion. The phone call is considered a “warm” referral. The Case Worker will then complete a referral transaction in ServicePoint.
 - b) If the household is eligible for Salvation Army assistance, the Case Worker will proceed with their process for providing assistance.
 - c) If household is eligible for Salvation Army assistance, but the Case Worker determines that financial assistance does not make sense due to more intensive service needs, the Case Worker

- should contact Grassroots for additional assessments and appropriate referrals for that household. The Case Worker will then complete a referral transaction in ServicePoint.
- d) Household's whose evictions cannot be prevented should have their names forwarded to Grassroots Crisis Staff at hotline@grassrootscrisis.org, or by phone at 410-531-6677 for assessment and appropriate referral.
- 4) The Case Worker completes the Salvation Army Assessment and CSHS Prevention Assessment in ServicePoint.

Community Action Council – Prevention

- 1) The client meets with a Community Worker at the Community Action Council (CAC) Office to be assessed for CAC services. If the household first presents to Grassroots at the single point of entry and is referred to CAC for Prevention Services, a Grassroots Crisis Counselor will contact the CAC office to schedule an appointment for a Prevention Services assessment.
- 2) The Community Worker checks the Entry/Exit table in ServicePoint to confirm that the household is not actively receiving services through another CSHS Partner agency.
 - a) If the household shows an entry date and no exit date with a CSHS Partner agency, their assigned case manager should be contacted and the household referred to their CSHS case manager.
 - b) If the household shows an exit date from a CSHS Partner agency within the last 12 months, the household should be referred to the single point of entry at Grassroots for assessment and referral to more intensive resources at Intensive Supports.
- 3) If the household has no entry date within the past 12 months with a CSHS Partner agency or has an exit from CSHS beyond 12 months, the Community Worker will confirm whether the household is eligible for Prevention Services. Eligibility is determined by completing the *CSHS Eligibility Form*.
 - a) If the household is not eligible for CAC prevention assistance, the Community Worker will make a referral for crisis intervention in ServicePoint to the Single Point of Entry at Grassroots, and will contact a Grassroots Crisis Counselor, with the client, for assessment and diversion.
 - b) If the household is eligible for Prevention Services, the Community Worker may proceed with determining the amount needed to prevent homelessness. Despite meeting eligibility requirements, if it is determined that financial assistance does not make sense due to more intensive service needs, a Grassroots Crisis Counselor at the single point of entry should be contacted for completion of a homeless assessment and a referral for crisis intervention made in ServicePoint to the Single Point of Entry.
- 4) Once the amount needed for homelessness prevention is identified the Community Worker completes the *Prevention Assistance Disbursement Form* to document the funds used to satisfy the balance needed to prevent homelessness.
- 5) The Community Worker will complete the *CSHS Prevention Assessment* and submit the *Prevention Assistance Disbursement Form* and all supporting documents to their Agency Fund Certifier for compliance review, authorization and check processing.
- 6) The Community Worker inputs the client's CSHS Prevention Assessment into ServicePoint and documents the funding source and amount used in ServicePoint under the service transactions tab.

Laurel Advocacy and Referral Services (LARS) – Prevention

- 1) The client meets with a Case Worker at the LARS Office to be assessed for services. If the household first presents to Grassroots and referred to LARS for Prevention Services, a Grassroots Crisis Counselor will contact the LARS office to schedule an appointment for assessment.
- 2) The Case Worker checks the Entry/Exit table in ServicePoint to confirm that the household is not actively receiving services through another CSHS Partner agency or LARS.

- a) If the household shows an entry date and no exit date with a CSHS Partner agency, their assigned case manager should be contacted and the household referred to their CSHS case manager.
- b) If the household shows an exit date within the past 12 months from a CSHS Partner agency, the household should be referred to the single point of entry at Grassroots for assessment and referral to more intensive resources at Intensive Supports.
- 3) If the household has no entry date with a CSHS Partner agency within the past 12 months or has an exit from CSHS beyond 12 months, the Case Worker will confirm whether the household is eligible for LARS Prevention Assistance.
 - a) If the household is not eligible for LARS Prevention Assistance, the Case Worker will make a referral for crisis intervention in ServicePoint to the Single Point of Entry at Grassroots, and will contact a Grassroots Crisis Counselor, with the client, for assessment and diversion.
 - b) If the household is eligible for LARS prevention assistance, the Case Worker may proceed with determining the amount needed to prevent homelessness. If it is determined that financial assistance does not make sense due to more intensive service needs, a Grassroots Crisis Counselor at the single point of entry should be contacted for completion of a homeless assessment and a referral for crisis intervention made in ServicePoint to the SPE.
- 4) The Case Worker completes the LARS Assessment and CSHS Prevention Assessment in ServicePoint and submits the *Prevention Assistance Disbursement Form* and all supporting documents to their Agency Fund Certifier for compliance review, authorization and check processing. The Case Worker documents the funding source and amount used in ServicePoint under the service transactions tab.
- 5) Monthly, LARS reports clients served data to the HMIS Administrator (Catherine Wellman, cwellman@howardcountymd.gov). Specific monthly data points will be identified by the HMIS Administrator and CSHS Services Coordinator.

Documentation & Records

- Release of Information
- CSHS Eligibility Form
- CSHS Prevention Assessment
- CSHS Financial Authorization/Request Form

Records

- HMIS Policies & Procedures

Name, Title, Date

Level of Intervention: “Single Point of Entry (Assessment & Diversion)”

Purpose and Scope

This procedure aims to ensure that the coordinated entry and service system for homeless services meet the needs of Howard County residents experiencing homelessness.

The following provides an overview of the Single Point of Entry functions in the Coordinated System of Homeless Services. More detailed procedures follow after this Overview.

Overview of the Single Point of Entry (SPE) Functions

- Gather caller demographics, crisis information and all possible contact information
- Assess crisis/need
 - Are they in danger of losing permanent housing?
 - Lack of finances/sudden rent increase?
 - Domestic violence?
 - Landlord/housing voucher violation
 - Are they in danger of losing temporary housing?
 - Are they seeking shelter?
 - Are they seeking rehousing assistance?
- Assess for CSHS eligibility, including residency requirement (see below)
- Complete Single Point of Entry homeless assessment in Service Point
- Implement appropriate strategy:
 - Diversion – assist caller in identifying and exhausting all personal resources
 - Brief Case Management – Case management to divert households from homelessness that can become stable in housing in 30 days or less.
 - Prevention – refer caller to appropriate prevention service provider to prevent loss of permanent housing
 - Case management – referral to Services Coordinator
 - Vulnerability Assessment – assess vulnerability of callers across 8 domains of the Self-Sufficiency Matrix
 - Substance Abuse treatment – referral to Health Department
 - Safety – referral to DVC (initial assessment with decipher appropriate referral destination)

Residency Requirement at the Single Entry Point CSHS

- Caller has ties to the community
- Caller does not have established residency in another county
- Caller is returning to Howard County after leaving within the year and not establishing residency any other place.

The “Single Point of Entry / Assessment & Diversion” stage of the CSHS interventions is covered by this procedure.

Responsible Parties for Implementing Procedure

- Grassroots Crisis Intervention
 - CSHS Point Person (Crisis Caller & Prevention) – 410-531-6677

Procedures

Grassroots Crisis Intervention Center – Homeless Crisis Caller Procedure

If the caller/walk-in identifies they are seeking shelter, the Crisis Counselor completes the Homeless Assessment and checks for CSHS Eligibility (residency, income, homelessness status), more fully described in the steps below:

- 1) Upon receiving the call or walk-in, the Crisis Counselor will gather demographics and contact information, and assess the caller's/walk-in's homeless crisis, including:
 - a) Gathering caller demographics, crisis information and all possible contact information.
 - b) Assessing crisis/need:
 - i) Are they in danger of losing permanent housing?
 - (1) Lack of finances/sudden rent increase?
 - (2) Domestic violence?
 - ii) Landlord/housing voucher violation
 - c) Are they in danger of losing temporary housing?
 - d) Are they seeking shelter?
 - e) Are they seeking rehousing assistance?
 - f) Assessing for CSHS eligibility, including residency requirements, including:
 - i) Caller has ties to the community
 - ii) Caller does not have established residency in another county
 - iii) Caller is returning to Howard County after leaving within the year and not establishing residency any other place.
- 2) For **ALL** (Eligible and Not Eligible):
 - a) ALL homeless crisis call reports and walk-ins are entered into ServicePoint and if eligible are referred to the CSHS Services Coordinator by Grassroots Data Entry Technician within 48 hours of the initial call.
 - i) If Eligible for CSHS:
 - ii) Implement Appropriate Strategy:
 - (1) Vulnerability Assessment – assess vulnerability of callers across 8 domains of the Self-Sufficiency Matrix
 - (2) Diversion with brief case management – assist caller in identifying and exhausting all personal resources; those who can become stable with short and immediate intervention (30 days or less) are connected to a case manager.
 - (3) Prevention – refer caller to appropriate prevention service provider to prevent loss of permanent housing
 - (4) Case management – referral to the CSHS Services Coordinator
 - (5) Substance Abuse treatment – referral to Health Department
 - (6) Safety – referral to HopeWorks (initial assessment with decipher appropriate referral destination)
 - iii) Refer client to the CSHS Services Coordinator by Grassroots Data Entry Technician within 48 hours of the initial call.

- iv) If there is a wait longer than 2 weeks (or 14 days), the Crisis Counselor will tell the caller they are unable to connect them with a case manager at this time and will tell the caller the time limit.
- b) If Not Eligible for CSHS:
 - i) For callers/walk-ins not eligible for CSHS, crisis intervention services are provided as prescribed by Grassroots.
 - ii) The homeless crisis call reports and walk-ins are entered into ServicePoint.

Documentation & Records

- iCarol Homeless Assessment including Self-Sufficiency Matrix (initial) then transcribed into Service Point/HMIS
- CSHS Eligibility Form

Records

- HMIS Policies & Procedures

Name, Title, Date

Level of Intervention: “Progressive Engagement”

Purpose and Scope

This procedure aims to ensure that the coordinated entry and service system for homeless services meet the needs of Howard County residents experiencing homelessness.

Progressive Engagement is a stage of intervention intended to connect homeless and at-risk households to existing community supports and services that could assist in a housing crisis. In addition, Progressive Engagement activities triage households waiting for intensive case management; with the most vulnerable households assigned to intensive supports first.

The “Progressive Engagement” stage of the CSHS interventions is covered by this procedure.

Responsible Parties for Implementing Procedure

- CSHS Services Coordinator – 410-888-8892
- The Multi-Service Center
 - CSHS Point Person – Center Manager – 410-880-5917
- Howard County Health Department Substance Abuse Services
 - CSHS Point Person – Front Office Staff – 410-313-6202
- Howard County Public School System
 - CSHS Point Person – Homeless Education Liaison for Howard County Public Schools – 410-313-7478

Procedures

CSHS Services Coordinator – Progressive Engagement

Homeless referrals from the Grassroots Crisis Hotline identified as needing intensive supports are referred to the CSHS Services Coordinator through ServicePoint. The CSHS Services Coordinator reviews the assessment of each referral and the vulnerability scores to triage households for intensive supports placement.

Howard County Health Department, Substance Abuse Services (HCHD)

Clients presenting directly to the Health Department and identified as appropriate for inpatient treatment, will have a *CSHS Waiting List Form* completed by the assessment staff and forwarded to the CSHS Services Coordinator along with a signed copy of the *HCHD Consent for the release of Confidential Information*.

- 1) If the individual is referred from a CSHS Partner Agency:
 - a) The partner agency contacts the Bureau of Substance Abuse Services to schedule an assessment for inpatient treatment through the CSHS. A signed Release of Information should be faxed/emailed upon referral.
 - b) The client (preferably accompanied by their case manager) meets with assessment staff at the Health Department’s Counseling Center for assessment. The results are shared with the client and case manager.
 - c) Once the client has been identified as a candidate for inpatient treatment, the assessor forwards a signed copy of the *HCHD Consent for the Release of Confidential Information* to the Services

Coordinator. If the client is not a candidate, the CSHS case manager continues client case management.

- 2) If necessary, the assessment staff will contact a Grassroots Crisis Counselor to arrange for the client to stay in a motel overnight.
- 3) The Care Coordinator from the Howard County Health Department will confirm with the Services Coordinator if the client successfully entered treatment and give an approximate date of when the client will be exiting treatment and begin care coordination. The CSHS Services Coordinator will be the point of contact for the Care Coordinator.
- 4) During inpatient treatment, the Care Coordinator prepares for the clients release.
- 5) When the client is released from the inpatient facility:
 - a) The Care Coordinator begins case management, completing the *CSHS Intake Form* and *CSHS Eligibility Form*. These documents are forwarded to the Service Coordinator for data entry.
 - b) The HCHD Office Manager will submit a copy of the client's treatment invoice to the CSHS Services Coordinator and the Department of Citizen Services for payment.
- 6) Towards the end of the allotted time for care coordination, the Care Coordinator is in contact with the Services Coordinator about the client's needs for when the Care Coordinator is no longer serving the client.
- 7) The CSHS Services Coordinator will reassign the client to a CSHS case manager if needed or do periodic follow up to determine client stability.

Howard County Public School System (HCPSS) Pupil Personnel Office

- 1) The CSHS Services Coordinator will use the Self-Sufficiency Matrix data to identify households with school age children that are not attending school.
- 2) The CSHS Services Coordinator will forward the head of household's name, contact information and child's name to the HCPSS Data Manager.
- 3) HCPSS Data Manager will notify the Pupil Personnel Office for follow up with the household.

Documentation & Records

- CSHS Eligibility Form
- CSHS Release of Information
- CSHS Waiting List Form
- SSOM (Self-Sufficiency Outcomes Matrix)
- HCHD Consent for the Release of Confidential Information
- HMIS Client Authorization Form

Records

- HMIS Policies & Procedures
- OWD Data Elements
- Name,
- Household size,
- Housing status,
- Employment status,
- County of employment

Name, Title, Date

Level of Intervention: “Intensive Supports”

Purpose and Scope

This procedure aims to ensure that the coordinated entry and service system for homeless services meet the needs of Howard County residents experiencing homelessness.

CSHS Case Management Goals

The goals of CSHS case management are identified through the Howard County Plan to End Homeless and include:

- Reducing the length of homeless episodes
- Reducing lethality for chronically homeless households
- Reducing the number of first time homeless household
- Reducing the number of returns to homelessness

Targeted Case Management

Prevention Focused – Case management that targets households who are at-risk of homelessness. In addition to general case management activities, prevention focused case management:

- Identifies most pressing needs through initial assessment of homelessness risk factors
- Determines type of support needed to avoid homelessness
- Mediates landlord-tenant issues
- Facilitates a working partnership between client and landlord to ensure the stability of the household and therefore the achievement of the CSHS goals.

Re-housing Focused – Case management that targets households who are homeless.

- In addition to general case management practices, re-housing focused case management:
- Determines the specific level of needed housing assistance (rapid rehousing, supportive housing, rental subsidy, etc.),
- Provides support in identifying and obtaining affordable housing, and
- Facilitates a working partnership between client and landlord to ensure the stability of the household and therefore the achievement of the CSHS goals.

Case Management Activities

CSHS case management includes components of “Housing First” specifically focusing on housing identification and stability support to meet the CSHS case management goals. Case management in CSHS is focused around these primary activities:

- Immediate assessment of housing needs, preferences, and barriers
- Housing location and placement
- Landlord incentivizing
- Landlord-tenant mediation
- Entitlements and support services assessment through use of the Self-Sufficiency Matrix
- Lease compliance education
- Budgeting assistance
- CSHS services and supports navigation
- Community services navigation

CSHS Discharge

Discharge from case management can occur either as part of the housing stability plan or as an unplanned event. The case manager should use the following criteria to determine the household's status for discharge from CSHS case management:

Planned Discharge criteria:

- Household is living in stable housing that can be maintained for at least 6 months, or as documented in their housing stability plan, and
- Household is connected to appropriate support services to maintain housing.

Unplanned Discharge criteria:

- Declines case management services, or
- Disappearance and inability to be reached, while receiving case management services, after 3 attempts to contact within 14 days, or
- Non-compliance with the CSHS Partner Agency's participation agreement.

The "Intensive Supports" stage of the CSHS interventions is covered by this procedure.

Responsible Parties for Implementing Procedure

- Bridges to Housing Stability
 - CSHS Point Person – 410-312-5760
- Family and Children's Services
 - CSHS Point Person – 410-366-1980
- Family and Children's Services Trauma Services
 - CSHS Point Person – Director of Case Management Programs – 443-820-8261
- Grassroots Crisis Intervention
 - CSHS Point Person (Shelter Placement)
 - Shelter Director – 443-367-4777
 - CSHS Point Person (Non-Shelter Case Management)
 - CSHS Case Manager – 443-367-4773
- HopeWorks – Shelter Placement & Case Management
 - CSHS Point Person – Residential Director – 410-313-6440
- Howard County Health Department
 - CSHS Point Person – Care Coordinator - 410-313-6288
- Office of Workforce Development (OWD)
 - CSHS Point Person – Workforce Development Consultant – 410-290-2614

Procedures

Bridges to Housing Stability

- 1) The Service Coordinator pulls households from the CSHS Waiting List and submits case management assignments to the Bridges CSHS Point person.
- 2) Households are assigned to case managers as decided internally by the agency.
- 3) Upon receiving the case, the case manager prescreens the household to preliminarily confirm CSHS eligibility and assess appropriateness for case management services. Households still seeking case

management and/or are determined to be eligible for services are scheduled for an assessment interview.

- a) Following the prescreening, the assigned case manager will update the household's status on the CSHS Waiting List in ServicePoint.
- b) If a household cannot be reached, the case manager should contact the Grassroots Crisis Director, to learn if new contact information has been provided for the household.
- 4) During the assessment interview the *CSHS Eligibility Form*, *CSHS Case Management Intake Assessment*, *CSHS Release of Information*, and *HMIS Client Authorization Form* is completed along with other agency specific documents including but not limited to a program participation agreement.
 - a) After the assessment interview, the assigned case manager will update the household's status on the waiting list.
- 5) If accepted into case management, the assigned case manager will enter the HMIS data from the Case Management Intake Assessment into ServicePoint.
- 6) Every Monday, Bridges CSHS Point Person will forward a list of all new households entering Intensive Supports case management from the previous week to the CSHS Point Person at the Single Point of Entry.
- 7) Households not entering case management should be closed on the CSHS Waiting List in ServicePoint and notification should be sent to the Service Coordinator.

Bridges to Housing Stability – Temporary Housing/Transitional Housing (SHP)

- 1) Bridges Program Manager will inform CSHS Services Coordinator of the coming availability of a unit of Temporary Housing (TH), and as soon as possible the specific date when a unit is vacated.
- 2) Bridges is committed to turning over units for admission of new families within 30 days of the vacancy. If an exception is needed to this expectation, Bridges Program Director will inform CSHS Services Coordinator.
- 3) CSHS Services Coordinator will attempt to place a new family in a vacant TH unit as close to its turnover completion as possible, and work with Bridges Program Director to do so.
- 4) Families selected for Bridges' Temporary Housing must comply with contractual requirements of various funders:
 - a) Income limits – Limits vary from unit to unit (30% to 50% of area median income).
 - b) Household composition – Families with at least one minor child.
 - c) Homeless status – Household must be certified as homeless.
 - d) Household size – Must fit with size of the housing unit.
- 5) Families who will reside in Bridges' Temporary Housing will be identified and referred by the Howard County Coordinated System of Homeless Services (CSHS) based on these criteria:
 - a) Temporary housing aligns with the household's long term housing stability plan.
 - b) Temporary housing is intended to be a needed stepping stone to permanent housing.
 - c) CSHS Services Coordinator will consult with CSHS Core Group to identify appropriate families to refer. Bridges' Program Director will be party to this consultation.
- 6) Bridges' Program Manager will review the household's history and will interview the head(s) of household of the referred family to assess the likelihood of the family to succeed in Bridges housing:
 - a) Family interest/willingness to engage in Bridges' program of support and case management.
 - b) Family's ability to live successfully at the level of independence and community responsibility associated with Bridges' scattered site housing.
- 7) Bridges Program Manager will inform CSHS Services Coordinator whether the referred household is accepted or not to reside in Bridges' Temporary Housing.

- 8) Accepted households will sign an Occupancy Agreement and a Program Agreement before taking residence in Bridges' Temporary Housing. The Program Agreement will outline Bridges' case management service, program participation requirements and grievance procedure.
- 9) Every Monday, Bridges CSHS Point Person will forward a list of all new households entering Intensive Supports case management from the previous week to the CSHS Point Person at the Single Point of Entry.

Family and Children's Services Family Stability Initiative

- 1) The Service Coordinator pulls households from the CSHS Waiting List and submits case management assignments to the Family Stability Initiative CSHS Point Person and case manager.
- 2) Upon receiving the case, the case manager prescreens the household to preliminarily confirm CSHS eligibility and assess appropriateness for case management services. Households still seeking case management and/or are determined to be eligible for services are scheduled for an assessment.
 - a) Following the prescreening, the assigned case manager will update the household's status on the CSHS Waiting List in ServicePoint.
 - b) If a household cannot be reached, the case manager should contact the Grassroots Crisis Director, to learn if new contact information has been provided for the household.
- 3) During the assessment the *CSHS Eligibility Form*, *CSHS Case Management Intake Assessment*, *CSHS Release of Information*, and *HMIS Client Authorization Form* is completed along with other agency specific documents including but not limited to a program participation agreement. After the assessment interview, the assigned case manager will update the household's status on the waiting list.
- 4) If accepted into case management, the assigned case manager will enter the HMIS data from the Case Management Intake Assessment into ServicePoint. Households not entering case management should be closed on the CSHS Waiting List in ServicePoint and notification should be sent to the Services Coordinator.
- 5) Every Monday, FCS CSHS Point Person will forward a list of all new households entering Intensive Supports case management from the previous week to the CSHS Point Person at the Single Point of Entry.

Family and Children's Services: Trauma Services

- 1) Upon identifying the client's need for trauma services, the CSHS Case Manager will contact the FCS CSHS point person via email and will provide the following information:
 - a) Client name
 - b) Client contact information
 - c) Case manager's contact number
 - d) Detail of what the client is experiencing
- 2) The CSHS point person at FCS will follow up with the referring CSHS Case Manager within 72 hours.
- 3) The FCS CSHS point person will submit the referral to the FCS Intake Coordinator.
- 4) The FCS Intake Coordinator will contact the client to schedule an appointment for assessment.
- 5) The FCS Intake Coordinator will communicate with the referring CSHS Case Manager on the client's status in trauma services.

Grassroots – Case Management Placement/Assignment Procedures

- 1) The Service Coordinator pulls households from the CSHS Waiting List and submits case management assignments to the Grassroots CSHS Point person.
- 2) Households are assigned to case managers as decided internally by the agency.

- 3) Upon receiving the case, the case manager prescreens the household to preliminarily confirm CSHS eligibility and assess appropriateness for case management services. Households still seeking case management and/or are determined to be eligible for services are scheduled for an assessment interview.
 - a) If a household cannot be reached, the case manager should search within iCarol to learn if new contact information has been provided for the household or contact a member of Grassroots' Crisis Hotline.
- 4) During the assessment interview the *CSHS Eligibility Form*, *CSHS Case Management Intake Assessment*, *CSHS Release of Information*, and *HMIS Client Authorization Form* is completed along with other agency specific documents including but not limited to a program participation agreement.
- 5) After the assessment interview, the assigned case manager will update the household's status on the waiting list.
- 6) If accepted into case management, the assigned case manager will enter the HMIS data from the Case Management Intake Assessment into ServicePoint. Households not entering case management should be closed on the CSHS Waiting List in ServicePoint and notification should be sent to the Service Coordinator.
- 7) Every Monday, Grassroots CSHS Point Person will forward a list of all new households entering Intensive Supports case management from the previous week to the CSHS Point Person at the Single Point of Entry.

HopeWorks – Case Management & Shelter Placement

- 1) Households not referred to HopeWorks, presenting with housing/homeless crisis will be assessed following the CSHS Grassroots Crisis Call Process.
- 2) Households contacting Grassroots Hotline seeking shelter due to assault and violence will be assessed for homelessness, domestic violence and lethality. Upon determining whether the crisis is active, the Crisis Counselor will refer the household to HopeWorks for further assessment.
- 3) HopeWorks will receive the referral and assess the client for shelter placement.

If the client is accepted into shelter:

- 1) If it is determined the client will enter shelter, the assessor will continue with the designated HopeWorks process for client intake.
- 2) Once the client is assigned to a case manager, the case manager will determine CSHS eligibility by completing the *CSHS Eligibility Form*.
- 3) If the client is determined eligible for CSHS, the case manager will complete the *CSHS Case Management Assessment*
- 4) Every Monday, HopeWorks CSHS Point Person will forward a list of all new households entering Intensive Supports case management from the previous week to the CSHS Point Person at the Single Point of Entry.

By the 5th business day of every month, a designated HopeWorks staff person will submit a report of the number of CSHS Eligible residents active in case management to the CSHS Services Coordinator and HMIS Administrator. (Identify persons not going to shelter who will be homeless).

If the client is not accepted into shelter:

- 1) The assessor will follow the HopeWorks process of providing additional shelter and other housing resources
- 2) The assessor will check for CSHS eligibility using the *CSHS Eligibility Form*.

If the client meets eligibility for CSHS, the assessor will state to the resident “I am going to forward your information to Grassroots for assessment through the coordinated homeless system. Someone will be in contact with you in the next 1-3 business days. Please look for this call. If your number changes during this time, contact Grassroots to update your contact information.”

Howard County Health Department

Clients presenting directly to the Health Department and identified as appropriate for inpatient treatment, will have a CSHS Waiting List Form completed by the assessment staff and forwarded to the CSHS Services Coordinator along with a signed copy of the HCHD Consent for the Release of Confidential Information.

- 1) If the individual is referred from a CSHS Partner Agency:
 - a) The partner agency contacts the Bureau of Substance Abuse Services to schedule an assessment for inpatient treatment through the CSHS. A signed Release of Information should be faxed/emailed upon referral.
 - b) The client (preferably accompanied by their case manager) meets with assessment staff at the Health Department’s Counseling Center for assessment. The results are shared with the client and case manager.
 - c) Once the client has been identified as a candidate for inpatient treatment, the assessor forwards a signed copy of the *HCHD Consent for the Release of Confidential Information* to the Services Coordinator. If the client is not a candidate, the CSHS case manager continues client case management.
- 2) If necessary, the assessment staff will contact a Grassroots Crisis Counselor to arrange for the client to stay in a motel overnight.
- 3) The Care Coordinator from the Howard County Health Department will confirm with the Services Coordinator if the client successfully entered treatment and give an approximate date of when the client will be exiting treatment and begin care coordination. The CSHS Services Coordinator will be the point of contact for the Care Coordinator.
- 4) During inpatient treatment, the Care Coordinator prepares for the clients release.
- 5) When the client is released from the inpatient facility:
 - a) The Care Coordinator begins case management, completing the *CSHS Intake Form* and *CSHS Eligibility Form*. These documents are forwarded to the Service Coordinator for data entry.
 - b) The HCHD Office Manager will submit a copy of the client’s treatment invoice to the CSHS Services Coordinator and the Department of Citizen Services for payment.
- 6) Every Monday, the CSHS Services Coordinator will forward a list of all new households entering Intensive Supports case management from the previous week to the CSHS Point Person at the Single Point of Entry.
- 7) Towards the end of the allotted time for care coordination, the Care Coordinator is in contact with the Services Coordinator about the client’s needs for when the Care Coordinator is no longer serving the client.
- 8) The CSHS Services Coordinator will reassign the client to a CSHS case manager if needed or do periodic follow up to determine client stability.

Office of Workforce Development (OWD)

Individuals self-referred to OWD who are homeless or at imminent risk of homelessness should be assisted in contacting the Coordinated System of Homeless Services (CSHS) through the Grassroots Crisis Hotline (410-531-6677).

- 1) The CSHS Case Manager will complete the *Employment Supports* referral form and submit to the OWD CSHS point person.
- 2) The CSHS case manager will document in ServicePoint the referral for employment supports as a service transaction using service code: ND.
- 3) Upon receiving the referral, the OWD CSHS point person will contact the referred household within 2 business days to schedule an appointment.
- 4) The OWD CSHS point person will inform the referring Case Manager of the household's status in employment supports and enter data into ServicePoint in accordance with the standard workflow. The Case Manager will update information and add notes when relevant to the household's progress in employment supports.
- 5) The OWD will submit a monthly data elements report of all individuals receiving CSHS employment supports to the CSHS Services Coordinator. Data elements include: Referring agency, Client Name, Household size, Housing status, Income, Employment status and County of employment.

Documentation & Records

- CSHS Eligibility Form
- CSHS Release of Information
- HMIS Client Authorization Form
- CSHS Intake Form
- CSHS Waiting List Form
- CSHS Case Management Intake Assessment
- HCHD Consent for the Release of Confidential Information
- Program Participation Agreement
- Occupancy Agreement
- Self-Sufficiency Outcomes Matrix

Records

- HMIS Policies & Procedures

Name, Title, Date

Level of Intervention: “Housing Stability”

Purpose and Scope

This procedure aims to ensure that the coordinated entry and service system for homeless services meet the needs of Howard County residents experiencing homelessness.

The “Housing Stability” stage of the CSHS interventions is covered by this procedure.

Responsible Parties for Implementing Procedure

- CSHS Services Coordinator – 410-888-8892
- Howard County Housing Commission
 - CSHS Point Person – Supportive Housing Program Manager – 410-313-6349
- MakingChange
 - CSHS Point Person – Financial Coach – 443-718-9350
- Review Panel

Procedures

MakingChange

Households identified as homeless or at risk of losing their housing will be assisted in contacting the Coordinated System of Homeless Services through the Grassroots Crisis Hotline (410-531-6677).

- 1) Using the ServicePoint referral system, CSHS case managers will refer households successfully exiting CSHS to the MakingChange Financial Coach. This referral will occur 1-week before the client’s exit from CSHS Case Management.
 - a) Referral Provider: CSHS Follow UP
 - b) Service Code: DM-6500 (Personal Financial Counseling)
- 2) Within two business days, MakingChange will make contact with the referring CSHS case manager to discuss the client’s financial coaching needs and coordinate a joint exit assessment.
- 3) Once the client has an exit date from CSHS case management, MakingChange will add a service transaction in ServicePoint for all referred clients to show the client is in follow up
 - a) Start Date: Date of exit from CSHS case management
 - b) Provider: CSHS Follow Up
 - c) Service Code: TP-6500 (Organizational Assessment and Evaluation)
- 4) At the three and six month point following the CSHS exit, MakingChange will complete the 7 follow up domains on the Self-Sufficiency Matrix (housing, employment, income, childcare, healthcare, mobility, and credit history). This information will be documented in ServicePoint. Households who cannot be contacted for financial coaching will be contacted again three months and six months from their CSHS exit date to complete the Self-Sufficiency Matrix. Clients will be determined “unable to contact” after 3 attempts to contact over 10 business days.
- 5) After completing the 3 and 6 month follow up, the created service transaction will be closed by adding an “end date”.
 - a) Exit Date: Date of follow up or attempt to follow up
- 6) Monthly, MakingChange will submit to the HMIS Administrator the following data:
 - a) Number of households referred for CSHS follow up

- b) Number of referred CSHS households active in financial coaching
- c) The outcome (need met, need not met) of three and six month follow up assessments
- 7) The HMIS Administrator and/or CSHS Services Coordinator will report collected Self-Sufficiency Matrix data.

Humanim, Inc. – HUD McKinney Program Permanent Supportive Housing for Persons with Disabilities (PSHPWD)

- 1) When a McKinney unit becomes available the Subrecipient will notify the CSHS Services Coordinator, and indicate whether the unit is for:
 - a) A chronically homeless individual with a disability; or
 - b) A chronically homeless family in which one adult or child has a disability); or
 - c) An undesignated household (chronic/non-chronic, individual/family where individual or one adult or child has a disability).
- 2) The CSHS Services Coordinator will alert the CSHS Case Managers about the available unit and ask them to submit recommendations to fill the unit, according to the unit’s designation. The CSHS Case Managers will submit the following documentation to the CSHS Services Coordinator:
 - a) Verification of Homelessness and verification of disability, including the Disability Form;
 - b) Vulnerability Assessment; and
 - c) Narrative description of individual/household need.
- 3) After receiving all requested documentation, the CSHS Services Coordinator, will convene the Review Panel to select the most vulnerable household for placement into the available unit.
- 4) The Review Panel consists of the following representatives, for a total of six representatives including four who votes and one who facilitate:
 - a) (1) Humanim, Inc.
 - i) no vote
 - b) Howard County Public Schools
 - c) Department of Social Services
 - d) Community Advocate
 - e) Howard County Health Department
 - f) CSHS Services Coordinator
 - i) Facilitator – no vote
- 5) Upon receipt of the referrals and acceptable disability verification, the Subrecipient will process the referrals in chronological order, as sent from the CSHS Services Coordinator. Acceptable forms of disability verification are:
 - a) Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently; OR
 - b) Written verification from the Social Security Administration; OR
 - c) The receipt of a disability check; OR
 - d) Intake staff-recorded observation of a disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence in this; OR
 - e) Other documentation approve by HUD.
- 6) Once verification has been confirmed, the Subrecipient will work with the candidate and their Case Manager to complete the process for eligibility determination in chronological order, as received from the CSHS Services Coordinator, until unit(s) are filled.

- 7) No public notice requirement is imposed because the CoC-funded programs have a specific target population and CSHS service providers. This ensures that the funds are used to assist the intended population.
- 8) The CSHS Services Coordinator will notify CSHS Case Managers that a selection has been made and the unit has been filled.

Howard County Housing Commission –Housing Stability Subsidy Program

- 1) When a HSSP unit becomes available the SHP Manager will notify the CSHS Services Coordinator. HSSP Program Eligibility is limited to the following:
 - a) Homeless;
 - b) Howard County resident;
 - c) Ineligible for other housing programs; and
 - d) Longstanding need for housing services.
- 2) The CSHS Services Coordinator will alert the CSHS Case Managers about the available unit and ask them to submit recommendations to fill the unit. The CSHS Case Managers will submit the following documentation to the CSHS Services Coordinator:
 - a) Verification of Homelessness and verification of disability (if any);
 - b) Verification of Howard County residency;
 - c) Narrative description of individual/household need including the household’s ineligibility for other housing programs in Howard County; and
 - d) Vulnerability Assessment indicating longstanding need for permanent housing.
- 3) After receiving all requested documentation, the CSHS Services Coordinator, will convene the Review Panel to select the most vulnerable household for placement into the available unit.
- 4) The Review Panel consists of the following representatives, for a total of six representatives including four who votes and one who facilitate:
 - a) (1) Howard County Housing Commission
 - i) no vote
 - b) Howard County Public Schools
 - c) Department of Social Services
 - d) Community Advocate
 - e) Howard County Health Department
 - f) CSHS Services Coordinator
 - i) Facilitator – no vote
- 5) The Review Panel shall uphold the core components of “Housing First,” when making a selection for placement into HSSP. For more detailed information on the role of Housing First in the Review Panel process, please see “Review Panel Process.” Housing First essential components are:
 - a) Few to no programmatic prerequisites to permanent housing entry
 - b) Low barrier admission policies
 - c) Rapid and streamlined entry into housing
 - d) Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
 - e) Tenants have full rights, responsibilities, and legal protections
 - f) Practices and policies to prevent lease violations and evictions
 - g) Applicable in a variety of housing models¹

¹ <https://onecpd.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

- 6) The household(s) chosen through the Review Panel selection will be forwarded to the SHP Manager. Upon receipt of the applications and supporting documentation, the SHP Manager will process the applications. Once verification of documentation has been confirmed, the SHP Manager will work with the household(s) and their Case Manager to complete the process for placement until unit(s) is filled.
 - a) If a background investigation is completed for a household and any member of the household has a criminal background, this information should be used to adequately place the household in a unit; this information *should not be used* to deny them entrance into the HSSP.
 - b) Principles of “Housing First” apply.
- 7) No public notice requirement is imposed because HSSP has a specific target population and works in sync with CSHS service providers. This ensures that the funds are used to assist the intended population.
- 8) The Housing Commission will notify CSHS Case Managers that a selection has been made and the unit has been filled.

Howard County Housing Commission – SEAs – TBD at a later date

Review Panel Process

Howard County’s Continuum of Care and Coordinated System of Homeless Services follow and adhere to the *Housing First* model of placement into permanent supportive housing for those experiencing homelessness.

The main Housing First components are:

1. Few to no programmatic prerequisites to permanent housing entry
2. Low barrier admission policies
3. Rapid and streamlined entry into housing
4. Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
5. Tenants have full rights, responsibilities, and legal protections
6. Practices and policies to prevent lease violations and evictions
7. Applicable in a variety of housing models²

Housing First is “an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.”

For placement into an unit, the Review Panel shall uphold the core components of “**Housing First**,” when making a selection for placement. The following process reflects those core components.

- After receiving all requested documentation, the CSHS Services Coordinator, will convene the Review Panel to select the most vulnerable household for placement into the available unit.

² <https://onecpd.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

- The Review Panel consists of the following representatives, for a total of six representatives including four who votes and one who facilitate:
 - (1) Howard County Housing Commission
 - no vote
 - Howard County Public Schools
 - Department of Social Services
 - Community Advocate
 - Howard County Health Department
 - CSHS Services Coordinator
 - Facilitator – no vote
- Furthermore, the Review Panel will select applicants for the unit by identifying homeless families and individuals who meet the criteria for the available unit. Depending on the unit’s designation, the household must be: a chronically homeless individual with a disability; or a chronically homeless family in which one adult or child has a disability); or an undesignated household (chronic/non-chronic, individual/family where individual or one adult or child has a disability). Required documentation includes verification of Homelessness (and chronic homelessness, if applicable), and Disability/Disability Form.
- The Review Panel’s role includes:
 - a. Selection practices that promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
 - b. Selection practices that are *not* based on the household’s poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness.”
 - c. Accepting referrals directly from the Coordinated System of Homeless Services, which works directly with shelters, street outreach, drop-in centers, and other parts of the crisis response system in Howard County, to ensure the most vulnerable people experiencing homelessness have access to housing.
 - d. Not accepting or rejecting an applicant based on agreement to services or program compliance; services should be used to persistently engage tenants to ensure housing stability, but is not a requirement for entry.
 - e. Selection practices that realize use of alcohol or drugs in and of itself (without other (current or past) lease violations) is not considered a reason for rejection of applicant.
 - f. Selection practices that prioritize eligible tenants based on criteria other than “first come/first serve” such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services.

Documentation & Records

- HMIS Client Authorization Form
- CSHS Intake Form
- CSHS Waiting List Form
- Verification of Homelessness
- Verification of Disability
- Self-Sufficiency Outcomes Matrix
- Narrative Description of Household
- VI-SPDAT

Records

- HMIS Policies & Procedures

Name, Title, Date

Level of Intervention: “Follow Up”

Purpose and Scope

This procedure aims to ensure that the coordinated entry and service system for homeless services meet the needs of Howard County residents experiencing homelessness.

The “Follow Up” stage of the CSHS interventions is covered by this procedure.

Responsible Parties for Implementing Procedure

- MakingChange
 - CSHS Point Person – Financial Coach – 443-718-9350

Procedures

MakingChange

Households identified as homeless or at risk of losing their housing will be assisted in contacting the Coordinated System of Homeless Services through the Grassroots Crisis Hotline (410-531-6677).

- 1) Using the ServicePoint referral system, CSHS case managers will refer households successfully exiting CSHS to the MakingChange Financial Coach. This referral will occur 1-week before the client’s exit from CSHS Case Management.
 - c) Referral Provider: CSHS Follow UP
 - d) Service Code: DM-6500 (Personal Financial Counseling)
- 2) Within two business days, MakingChange will make contact with the referring CSHS case manager to discuss the client’s financial coaching needs and coordinate a joint exit assessment.
- 3) Once the client has an exit date from CSHS case management, MakingChange will add a service transaction in ServicePoint for all referred clients to show the client is in follow up
 - d) Start Date: Date of exit from CSHS case management
 - e) Provider: CSHS Follow Up
 - f) Service Code: TP-6500 (Organizational Assessment and Evaluation)
- 4) At the three and six-month point following the CSHS exit, MakingChange will complete the 7 follow up domains on the Self-Sufficiency Matrix (housing, employment, income, childcare, healthcare, mobility, and credit history). This information will be documented in ServicePoint. Households who cannot be contacted for financial coaching will be contacted again three months and six months from their CSHS exit date to complete the Self-Sufficiency Matrix. Clients will be determined “unable to contact” after 3 attempts to contact over 10 business days.
- 5) After completing the 3 and 6 month follow up, the created service transaction will be closed by adding an “end date”.
 - b) Exit Date: Date of follow up or attempt to follow up
- 6) Monthly, MakingChange will submit to the HMIS Administrator the following data:
 - d) Number of households referred for CSHS follow up
 - e) Number of referred CSHS households active in financial coaching
 - f) The outcome (need met, need not met) of three and six month follow up assessments
- 7) The HMIS Administrator and/or CSHS Services Coordinator will report collected Self-Sufficiency Matrix data.

Documentation & Records

- SSM (Self Sufficiency Matrix) – Follow Up

Records

- HMIS Policies & Procedures

Name, Title, Date

Memo to File

To: U.S. Department of Housing and Urban Development

From: MD-504 Howard County Continuum of Care

Date: March 31, 2018

Re: Coordinated Entry Compliance Timeline

In January 2017, the US Department of Housing and Urban Development (HUD) issued regulations regarding Coordinated Entry (*HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*) to enhance those requirements set forth in 24 CFR 578.7, Responsibilities of the Continuum of Care, which included the original mandate to establish and operate a centralized or coordinated assessment. These new requirements were to be enacted by January 23, 2018.

In keeping with the concept of Coordinated Entry, in Fall 2012 Howard County launched the Coordinated System of Homeless Services (CSHS). CSHS moved Howard County from a community in which agencies, providing a variety of homeless services and housing, made individual admissions decisions and operated independently into one in which partner agencies accepted streamlined referrals with the intent of better matching households experiencing a housing crisis to available resources to end their homelessness. CSHS also began prioritizing vulnerable households for assistance instead of accepting households on a ‘first come, first served’ basis, and enhanced the ability of such households to access needed resources within the mainstream services system. As part of streamlining access to homeless assistance, the crisis hotline of Grassroots Crisis Intervention Center became the Single Point of Entry for CSHS. As CSHS expanded, smaller entry points developed, a Review Panel was added to aid in the process of selecting households for the CoC’s Permanent Supportive Housing program, and use of the Arizona Self-Sufficiency Matrix was added to provide follow-up data. In early 2017, in preparation for the opening of a new Permanent Supportive Housing project in the County, a By-Name List was developed, including a pilot of the VI-SPDAT to aid in identifying the most vulnerable applicants.

CSHS served as a strong base in its compliance with the initial requirements for Coordinated Entry set forth in the Interim Rule. Because Grassroots operates the only Emergency Shelter within the County (aside from the domestic violence shelter at HopeWorks) as well as a drop-in day center for low-income and homeless households, residents and providers already associated it with the issue of homelessness. Information cards were developed and distributed to educate the

community about the inception of CSHS and the Grassroots' hotline as the main access point. An assessment approach was developed for use at the hotline, as was a standard assessment tool to be used by partner agencies during client intake. With time, HopeWorks, the Sexual Assault and Domestic Violence Center for the County, joined CSHS. In addition to a protocol for referring households fleeing domestic violence to HopeWorks, non-victim-specific providers were able to more easily understand their role in assisting this population.

All of these historical aspects of CSHS served as the foundation for Howard County's response to HUD's January 2017 Coordinated Entry requirements. While Howard County had already been prioritizing the community's vulnerable households for services and housing interventions, January 2018 represents the first steps toward doing so in a standardized manner.

Progress with respect to each requirement is as follows:

Initial Requirements:

Cover the entire geographic area claimed by the CoC

The CoC's and Howard County's boundaries are identical; Grassroots hotline is open to all residents of Howard County.

Be easily accessed by individuals and families seeking housing or services

Operating 24/7, the Grassroots hotline is always available to Howard County households experiencing a housing crisis. There is access to interpreters for a broad variety of languages, including American Sign Language for individuals and families who walk in to the building, and TTY services for households who are deaf, hard of hearing, or speech-impaired.

Be well-advertised

Upon formation of CSHS, outreach cards were developed and distributed to educate the community about the system, and Grassroots' role as the single point of entry. Cards continue to be displayed in key locations such as the Department of Social Services and the public school system, and partner agencies explain the system to households in crisis when approached for assistance.

Include a comprehensive and standardized assessment tool and Provide an initial, comprehensive assessment of individuals and families for housing and services

CSHS utilizes a tiered assessment system in which crisis needs are addressed at the Single Point of Entry and a standardized assessment is completed once a household is assessed for and enrolled in case management services. This assessment tool is intended to capture information regarding a household's needs to resolve its housing crisis.

Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

Households reporting they are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking are immediately referred to HopeWorks, the local sexual assault and domestic violence center.

HopeWorks operates a safe house for those in imminent danger from their abuser and a related shelter program as well as an array of supportive, therapeutic, and legal services. Households are entered into HMIS anonymously following a prescribed policy. Should a household not enter safe house, or following exit from safe house, all providers within CSHS are able to provide case management and housing search assistance to this population.

Requirements Included in CPD-17-01:

Full coverage

The Howard County CoC has not joined together with any other CoC, and thus the additional requirements under the section are not applicable.

Standardized Access Points and Assessment Approaches

The Coordinated Entry Notice requires that all system access points be usable by all households and use the same assessment approach. However, there are five subpopulations for whom there may be separate access points and variations in assessment processes: adults without children, adults accompanied by children, unaccompanied youth, households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (such as human trafficking), and persons at risk of homelessness. Howard County has chosen to have separate access points and assessment processes for households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions and for households at risk of homelessness. HopeWorks serves as its own access point and uses its own assessment process. As the only victim-services provider in the County, it does not need to coordinate with any other provider to develop a separate but comparable CE system. The Community Action Council, Laurel Advocacy and Referral Service, and the Family Stability Initiative at Family and Children's Services all provide eviction prevention services and operate with their own assessment processes.

As of January 23, 2018, the Grassroots crisis hotline and the Howard County Department of Corrections ReEntry program represent the only other access points to the system. They are able to serve all populations and utilize the same assessment approach.

A small group of assessors from both access points were provided a training on the philosophy and requirements of CE on January 23.

As of March 2018, the Grassroots Day Resource Center is also operating as an access point to the system. Only one person is serving as an assessor at this access point. She was present for the January 23 training.

Use of Standardized Prioritization in the Referral Process

As part of a strategic planning process, the original body serving as the CoC Board – the Board to Promote Self Sufficiency – decided in mid-2017 to discontinue its focus on homelessness. At that point, the Board and functioning of the CoC needed to be reconstituted; the current CoC Board had its first meeting December 12, 2017. At that point, staff from the Collaborative Applicant began to educate the new Board on the philosophy and regulations of CE. A workgroup independent of the Board, comprised of those individuals from the Department of Social Services, Howard County Health Department, and Howard County Public School System who had previously served on the Review Panel to select households for openings in Permanent Supportive Housing, as well as representatives from Grassroots and the Howard County Housing Commission, which is the local Public Housing Authority, was already meeting and was able to develop a prioritization method for Rapid ReHousing and Permanent Supportive Housing programs. That prioritization method is attached herein. Though the Grassroots shelter program receives ESG funding, the workgroup decided not to prioritize for shelter until CE was functioning for RRH and PSH. The Board approved the prioritization method recommended by the workgroup for CoC and ESG funded projects at its meeting on March 14, 2018. That prioritization is included herein.

Lowering Barriers

Households who come to the front door of the system must meet three eligibility criteria: (1) meet the HUD definition of homelessness in category 1, 2, or 4, (2) be at or below 50% Area Median Income, and (3) be a Howard County resident. Howard County residency is determined based on last address, receipt of benefits, community ties, etc. An exception to the residency requirement is made for households who meet category 4 homelessness. The CoC recognizes that households who have had long periods of homelessness can have difficulty establishing residency, and leans toward screening people into the system rather than out of it.

No barriers to entry exist other than the CSHS eligibility criteria described above.

Marketing

CSHS is promoted at relevant events and outreach locations (DSS, HCPSS) without regard to race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status and written policies and procedures will make clear that all populations, as well as subpopulations within the population experiencing homelessness,

have fair and equal access to the system. Of greatest concern regarding inequitable access within the Howard County CoC is the potential for populations outside of the Columbia/Elkridge/Jessup/Savage area to be less aware of and have less access to the services of the system. An outreach plan, particularly to the Western side of the county, likely conducted through the faith community, will be developed. Further, DCRS, as the Collaborative Applicant, will work with its internal specialist staff to reach out to specific populations, such as Korean-speakers, within the county.

The Grassroots facility, which houses hotline staff, is on a bus route and is wheelchair accessible. A language line is accessible when someone who does not speak English either calls the hotline or walks into the building, as is an American Sign Language interpreter. TTY is also available. HopeWorks has multiple staff fluent in a second language and also has access to a language line. All agencies funded through DCRS, which includes all current access points, are required to follow Federal laws and requirements regarding nondiscrimination.

Street Outreach

As of March 31, 2018, the CoC is not funding regular street outreach activities.

Emergency Services

At the current time, only access to Rapid Re-Housing and Permanent Supportive Housing, and not to emergency shelter, are being prioritized. Because the Grassroots hotline operates 24/7, access to the CE system does not represent a barrier to emergency services.

Homelessness Prevention Services

At the current time, only access to Rapid ReHousing and Permanent Supportive Housing, and not to homelessness prevention services, are being prioritized. As of March 31, 2018 the CoC will no longer have ESG-funded prevention services. Other prevention efforts center on financial assistance related specifically to eviction prevention. Over time, the CoC will seek to define what is required for homelessness prevention in Howard County and at that point will take up the issue of prioritization.

Referral to Participating Projects

At present, all CoC- and ESG-funded Rapid ReHousing and Permanent Supportive Housing are taking referrals through the Coordinated Entry process from DCRS via email. Over time, this function may be switched from email to HMIS. There is not currently a protocol for when a provider may reject a referral, but so far there have not been instances in which one of these projects has tried to reject one.

Safety Planning

HopeWorks is the only victim-services provider in the county serving households fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. HopeWorks uses its own intake procedures for Safe House and extended shelter stays, which are ESG funded, based on safety and capacity rather than accepting households through the standard CE process.

When households fleeing these threats present at standard access points, they are first referred to HopeWorks to address safety concerns. Once out of immediate danger, they can be served by non-victim specific providers. Being a victim of domestic or dating violence, sexual assault, stalking, or human trafficking cannot be used as a barrier to entry to the CE system.

Participant Autonomy

The draft policies and procedures document outlines the requirements and prohibitions specified in this section. Current practice is also in accordance with this section.

Privacy Protections

Draft policies and procedures require that access points obtain participant consent to share and store their information. Currently, written consent is obtained at the point at which households enter services.

Households are not required to provide any specific information as a prerequisite into the CE system, other than the CSHS eligibility criteria noted above. While presence of disabilities is asked about, provision of specific disabilities or diagnosis is not required. Data can be entered in HMIS anonymously in cases in which a household does not want its information shared. Similarly, there is a policy for entering the data of households who are or have been a victim of domestic violence, dating violence, sexual assault or stalking anonymously, and households are not denied access to the CE system because of their status as victim.

Households accessing the CE system are not currently informed of their right to file a nondiscrimination complaint. This topic was covered at the January 2018 training but has not yet been rolled out broadly.

Data Security Protections

CE information gathered at access points other than hotline is either collected in paper form and then entered into HMIS, or entered directly into HMIS. Calls at hotline are managed through the software iCarol and then entered into HMIS. By nature of its use at mental health crisis hotlines, the iCarol package is intended to be HIPPA-compliant. Grassroots serves as the back-up hotline for HopeWorks and is thus also expected to be in compliance with matters related to households fleeing violence.

Draft policies and procedures require compliance with HUD's HMIS Privacy and Security Notice.

Assessor Training

As noted above, a small group of assessors and supervisory staff were trained on CE in January 2018. A broader array of providers were trained on use of the VI-SPDAT in early 2017. At this time, we are working to move the By-Name list from Excel into HMIS. Once that occurs, which will itself require a training, all literally homeless households will automatically be entered onto the By-Name List. As the workgroup and Board reach consensus on how (quickly) local funding will mimic CoC and ESG funded projects, we will develop a comprehensive training to capture all data that comes through the front door.

Because households for CoC-funded PSH and ESG-funded RRH are being pulled from the By-Name List, we have met the baseline training requirement set forth in CPD-17-01. What remains is a broader discussion of how locally funded rehousing efforts will mimic CoC- and ESG-funded projects.

Ongoing Planning and Stakeholder Consultation

We are currently working to develop a plan for feedback and evaluation. We anticipate evaluation will be based on compliance as well as county-wide data related to death, violence, and exploitation.

Permanent Supportive Housing

Chronic Unaccompanied Youth	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Chronic Families	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Chronic Singles	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Non-Chronic Unaccompanied Youth	Veterans
	VI-SPDAT score
	Order of Priority
Non-Chronic Families	Veterans
	VI-SPDAT score
	Order of Priority
Non-Chronic Singles	Veterans
	VI-SPDAT score
	Order of Priority

***In cases in which two households are identically prioritized for referral, the household that first presented for assistance will receive the next referral.*

Rapid ReHousing

Minors (unaccompanied or in families) living in places not meant for human habitation	
Chronic Unaccompanied Youth	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Chronic Families	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Chronic Singles	Veterans
	VI-SPDAT score
	Length of time homeless & Severity of service needs
Non-Chronic Unaccompanied Youth	Veterans
	VI-SPDAT score
	Order of Priority
Non-Chronic Families	Veterans
	VI-SPDAT score
	Order of Priority
Non-Chronic Singles	Veterans
	VI-SPDAT score
	Order of Priority

***In cases in which two households are identically prioritized for referral, the household that first presented for assistance will receive the next referral.*

Severity of Service Needs is defined as follows:

- (1) a history of high utilization of crisis services, which include but are not limited to emergency rooms, jails, and psychiatric facilities (question 4 on version 2 of the VI-SPDAT for single adults, question 8 on version 2 of the VI-SPDAT for families, and question 4 on version 1 of the VI-SPDAT for Transition Age Youth),
- (2) significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support to maintain permanent housing (questions 15, 18, 21-24 on version 2 of the VI-SPDAT for single adults, questions 19, 22, 24-27 on version 2 of the VI-SPDAT for families, and questions 16, 19, 22, 23, 25, 26 on version 1 of the VI-SPDAT for Transition Age Youth), and
- (3) for youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations (questions 5, 6, 8, 9, 13 on version 2 of the VI-SPDAT for single adults, questions 9, 10, 12, 13, 17 on version 2 of the VI-SPDAT for families, and questions 5, 6, 9, 10, and 14 on version 1 of the VI-SPDAT for Transition Age Youth).

Presence of a disability, for the purposes of prioritization, is defined as an affirmative answer to any of the following:

Questions 15-18 and 21-24 on version 2 of the VI-SPDAT for single adults

Questions 19-22 and 24-27 on version 2 of the VI-SPDAT for families

Questions 16-19 and 22-23 and 25-26 on version 1 of the VI-SPDAT for Transition Age Youth