



# **SOUTH CAROLINA UPSTATE CONTINUUM OF CARE WRITTEN STANDARDS**

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## **I. INTRODUCTION AND BACKGROUND**

### **A. Regulatory Mandate**

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 reauthorized the McKinney-Vento Homeless Assistance programs. Through the enactment of the HEARTH Act, the Department of Housing and Urban Development (HUD) published the new Continuum of Care (CoC) Program interim rule. The CoC Program interim rule requires that the CoC must establish and consistently follow written standards for providing CoC assistance, in consultation with recipients of the Emergency Solutions Grant program (ESG). At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance in the CoC Program
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid re-housing assistance

### **B. Goals of the Written Standards**

The South Carolina Upstate Continuum of Care recognizes and supports HUD's goals for its local written standards and strives to meet its obligations under the HEARTH Act in a way that helps to enhance its systemic response to persons at risk for or experiencing homelessness. These standards hereby:

- Establish community-wide expectations on the operations of projects within the community
- Ensure that the system is transparent to users and operators
- Establish a minimum set of standards and expectations in terms of the quality expected of projects
- Make the local priorities transparent to recipients and sub-recipients of funds and all community stakeholders
- Create consistency and coordination between recipients' and subrecipients' projects within the Upstate CoC.

The Upstate CoC agrees that these standards must be applied consistently across the entire Upstate CoC defined geographic area while also taking into consideration individual county-specific needs and resources. Additionally, the Upstate CoC and ESG recipients and sub-recipients agree to administer their assistance in compliance with the Upstate CoC written standards. Recipients and sub-recipients of CoC, ESG, and local funds may develop additional standards for administering program assistance, but these additional standards cannot be in conflict with those established by the Upstate CoC or the CoC Program interim rule. Other CoC providers and stakeholders are strongly encouraged to adopt the standards and practices discussed in this document.

Furthermore, these standards recognize the unique geography of the Upstate CoC and accommodate the unique needs and service availability of each respective county as well as the policy of allowing individuals and families choices in where and how they receive services and housing resources.

## **C. Guiding Principles**

The Upstate CoC commits to the following Guiding Principles as part of its overall approach to ending and preventing homelessness throughout the CoC. These Guiding Principles shall inform all program and policy decisions of the CoC and its funded or affiliated housing and providers.

### **1. Housing First**

Housing First is a programmatic and systems approach centered on providing people who are experiencing homelessness with housing quickly without any pre-requirements and then offering services as needed. Housing First does not require people experiencing homelessness to address all of their challenges or to graduate through a series of services programs before they can access housing. The Upstate CoC hereby implements a Housing First model that provides a range of housing services to persons experiencing or at-risk of homelessness, including outreach and engagement, emergency and transitional housing, rapid re-housing, homelessness prevention and permanent supportive housing. Through these standards, the Upstate CoC formally incorporates the Housing First approach as well as non-discrimination policies into the coordinated entry system and its funding priorities.

- Housing is available to people experiencing homelessness. Participants are not required to participate in services with the exception of program requirements for the rapid re-housing program that requires supportive services be provided at least once per month.
- Participants are expected to comply with a standard lease or occupancy agreement and are offered services and supports to help maintain housing and prevent eviction.
- Services are provided in housing to promote housing stability and well-being.
- All programs must ensure low barriers to program entry for program participants. Housing and services are offered without any requirements to achieve income, employment, sobriety, service participation or other goals before becoming housed.

### **2. Non-Discrimination**

The Upstate CoC commits to a policy of non-discrimination for all CoC projects and activities.

Elements of this principle include:

- Providers must have non-discrimination policies in place and reach out to people least likely to engage in the homeless system.
- Providers must comply with all federal statutes including the Fair Housing Act and the Americans with Disabilities Act.
- Upstate CoC practices a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in Upstate CoC service area, including, but not limited to: homeless veterans; youth; families with children, and victims of domestic violence, HIV/AIDS.
- The Upstate CoC is committed to abiding by the Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity Final Rule published in 2012 and the

subsequent Final Rule under 24 CFR 5 General HUD Program Requirements; Waivers, September 2016.

### **3. Participant Choice**

Given the geography of the Upstate CoC, the CoC strives to ensure that participants seeking assistance are provided choice in the types and duration of services they receive, dependent on available resources. This choice is limited to the prioritization strategies outlined in this document, with fair discretion where possible. To the degree possible based on resources and the prioritization mechanisms described in this document, and where safety is not compromised, participants are given choice in:

- The type of services they receive by whom and over what time-period
- The location and type of housing they access

## **II. UPSTATE COC COORDINATED ENTRY SYSTEM**

### **A. General Description\***

The Upstate CoC has organized the Housing Determination Committee (HDC) comprised of CoC and ESG housing providers, as well as representatives from other agencies who provide services to persons experiencing homelessness. This committee administers the Coordinated Entry System (CES). Coordinated Entry is a process designed to coordinate participant intake, assessment, provision of referrals and housing placement. It covers a geographic area, is easily accessed by individuals and families seeking housing services, is well advertised and includes a comprehensive and standardized entry tool.

Upon initial contact with persons in need, appropriately assigned intake and assessment staff assist the participant in determining what exactly is needed to quickly address their immediate needs. All access points are encouraged to make every effort to seek local resources to address immediate needs of the participant in lieu of first referring them to the CoC CES system. This first step allows for possible diversion from CoC- and ESG-funded programs in combination with determining if there are personal or community support assets to quickly address their needs.

If local resources diversion is not possible, the service access point agencies administer, either in person or via phone, the approved CoC assessment instrument known as the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT). All persons assessed through the VI-SPDAT instrument are referred through the CES process based on the measurement of severity of need and program eligibility and to match households with available housing resources.

The CoC lead agency, United Housing Connections, maintains the database of providers within the CoC to include admissions targeting for each program to ensure that individuals and families are referred to the appropriate program. Admission targets for all applicable programs will adhere to the principles, priorities and overall standards contained in this document. Providers are asked to notify the HMIS Administrator of any changes to the eligibility criteria for their programs so that the most current eligibility parameters can be documented in HMIS.

\*For the detailed Upstate CoC Coordinated Entry System (CES) Policies and Procedures please see **(Attachment A.)**

## **B. Vacancy Updates**

All CoC partners report vacancies of housing units to the CES Housing Determination Committee (HDC) through their established Committee group email within five business days of unit/bed availability. The CES HDC is responsible for ensuring that appropriate referrals are made for vacancies based on prioritization methods in these standards while taking into account a household's county of origin and county of choice.

## **C. Provider Decline Policy**

Rapid re-housing, transitional housing, and permanent supportive housing providers may only decline households found eligible for their programs under limited circumstances—such as when:

- There is no actual vacancy available
- The household presents with more people than referred by the coordinated entry system
- The provider has determined, based on their individual program policies and procedures, that the household cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.

Providers are allowed one household denial per vacancy. Repeated denials by a given provider or project may result in de-prioritization during future funding rounds. Documentation related to all referrals and any denials are provided to both the participant and the HDC. This documentation is maintained by both the referring provider and the HDC chairperson and reflected in the HDC weekly meeting minutes.

An intake denial notification will include, at a minimum, the following details, if applicable:

1. The reason the participant cannot enter the program, including the reason for rejection by the participant or provider
2. Instructions for appealing the decision, including the contact information for the person to whom and under what time frame the appeal should be submitted

## **D. Participant Decline Policy**

Participant choice is an important theme of the Upstate CoC's coordinated entry process. The HDC makes every effort to refer participants to housing opportunities that align with the participants' priorities and preferences (if known) and for which the participant is eligible based on the information available at the time of referral. There is no limit to the number of times that a participant may decline referrals to housing vacancies; although it is not a requirement for the participant to provide a reason for their declination, it is helpful for the HDC to receive this feedback to improve their future housing referrals for the participant. It is important for participants to make an informed decision when declining a housing opportunity. Providers who are in communication with the participant should explain that the timing of the next housing vacancy cannot be guaranteed, nor is their spot on the prioritization list based on the dynamic nature of the CoC-wide assessment process.

## **E. Documentation of Homelessness**

The Upstate CoC has adopted HUD's preferred order for determining and documenting compliance with the homeless definition for placement in all housing types under the Upstate CoC and ESG programs. The order of priority is as follows:

1. Third-party documentation, including written and source documentation and HMIS records;
2. Intake worker observations;
3. Certification from persons seeking assistance (self-certification)

# **III. PERMANENT SUPPORTIVE HOUSING ELIGIBILITY AND PRIORITIZATION**

## **A. PSH Eligibility**

For permanent supportive housing programs, households must meet the HUD definition of homelessness under Category I and have a qualifying long-term disability. Once meeting the Category I eligibility requirements, households are then prioritized by Upstate CoC target populations. Programs may not establish additional eligibility requirements beyond those specified in Category I and those required by funders. Some projects may be required to serve only chronically homeless individuals or households, per the Notice of Funding Opportunity (NOFO) under which that project was funded.

Individuals qualify as Category I if they are:

1. Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.; or

2. Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels, and motels paid for by charitable organizations or by government programs); or
3. Exiting an institution where they resided for less than or equal to 90 sleep days or were residing in an emergency shelter or other places not meant for permanent human habitation, immediately prior to entering the institution.

## **B. Permanent Supportive Housing Prioritization**

Of those eligible individuals, the populations must be prioritized in accordance with:

- The U.S. Interagency Council on Homelessness (USICH) plan, Opening Doors
- HUD's guidance on prioritization of chronically homeless households and policy brief on coordinated entry systems

The Upstate CoC has established the following priority populations for permanent supportive housing for individuals and families. These priorities have been established because solving homelessness for the most vulnerable people and highest users of resources will enhance the CoC goal of quickly transitioning people who are experiencing homelessness to permanent supportive housing, and ultimately eradicating homelessness throughout the entire geographic area. This prioritization encompasses Upstate CoC coordinated entry system:

1. Chronically homeless individuals and families with a disability of primary or head of household participant and with the most severe service needs (participants with a score of 8 and above on the VI-SPDAT)
2. Chronically homeless individuals and families with the longest history of homelessness
3. All other chronically homeless individuals and families
4. Homeless individuals and families with a disability with the most severe service needs
5. Homeless individuals and families with long period of continuous or episodic homelessness
6. Homeless individuals and families coming from places not meant for human habitation (such as streets, alleyways, abandoned structures, etc.), or those places not meant for permanent human habitation (emergency shelters, safe havens, etc.)

The most severe service needs will be determined by the household's score on the VI-SPDAT Tool, the input from intake staff and service providers, and projects will prioritize those with the highest scores within each category first. The Upstate CoC values the VI-SPDAT scoring mechanisms while also recognizing and supporting the need for discretion when working to resolve the unique challenges each individual and household faces to obtain and maintain permanent housing.

The CoC is dedicated to declaring Effective Zero for veteran homelessness by the end of 2025 and will then prioritize ending Chronic Homelessness. First priority for all categories will be chronically homeless households, followed immediately by veterans. The CoC's first strategy to addressing veteran



homelessness is to direct these participants to veteran-specific housing resources. In the event that the veteran individual or household is found to be ineligible for these resources, the veteran is returned to the mainstream prioritization list. In general, the CoC will prioritize any veteran individuals and households who are not eligible for VA housing or services by targeting those Veterans to the most appropriate CoC-funded projects.

### C. Minimum Standards for Permanent Supportive Housing Programs

All referrals to permanent supportive housing will be made through the coordinated entry system. The following minimum standards will be applied to all permanent housing programs funded with CoC funding:

1. PSH providers must make support services available throughout the duration of stay in Permanent Supportive housing programs sponsored with CoC funding.
2. Program participants must enter into a lease agreement and/or occupancy agreement for a term of at least one year (as required by HUD), which is terminable for cause. The lease must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.
3. There is no designated length of stay for program participants to ensure their choice to depart without consequence.
4. PSH projects use a Housing First approach and only terminate participants from the project in the most extreme cases such as, (but not limited to):
  - Conducting, participating, aiding or abetting criminal activity within the housing unit assisted
  - Conducting, participating, aiding or abetting activity that is legally defined as a threat to the safety and well-being of the participant or others present within the housing unit assisted.

Where there are HUD-funded PSH programs, participants experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. Participants are also not required to first enter a transitional housing program in order to enter permanent housing (required if CoC committed to Housing First practice as part of Housing First in NOFO).

Providers are encouraged to practice Trauma-Informed Practices, Motivational Interviewing, and Participant-Centered Housing Stability Planning. This standard may be flexible in cases of immediate safety concerns and other extreme circumstances. While barriers may not be present in the placement of participants in CoC-funded projects, there remain legal and ethical requirements where persons being placed in leased housing must follow agreed-upon tenant rules of occupancy.

## IV. RAPID RE-HOUSING ELIGIBILITY, RENT POLICIES AND PRIORITIZATION

### A. Rapid Re-Housing Eligibility

For Rapid Re-Housing (RRH) programs, individuals and households must meet HUD's definition of homelessness under Category I, any subsequent CoC Program Notice of Funding Opportunity (NOFO) eligibility requirements, and any additional funder eligibility requirements. RRH projects, whether funded by CoC or ESG resources, are expected to commit to the guiding principles of Housing First (see **Attachment B.**)

Families with a score between 4 and 11, and individuals with a score between 4 and 7 on the VI-SPDAT Tool are eligible for housing placement. Families or individuals with a higher score are prioritized.

### B. Rapid Rehousing Prioritization

The Upstate CoC has established the following priority populations for RRH programs for individuals and families. These priorities have been established because solving homelessness for Upstate CoC most vulnerable people and highest users of resources will enhance the CoC goal of quickly transitioning people who are experiencing homelessness to RRH and ultimately eradicating homelessness throughout all the entire geographic area. This prioritization encompasses Upstate CoC Coordinated Entry System. The CoC also takes into account household size and composition when assessing the viability of targeting households to appropriate units.

The Upstate CoC has a number of RRH program models based on national and local proven success. The Coordinated Entry System is designed to ensure that individuals and households with the highest vulnerability within the scoring range for RRH/TH are referred to the appropriate model of RRH/TH first. The process for prioritizing participants for RRH resources is based on the following prioritization:

1. Participants with a score ranging from 4 to 7 for individuals and from 4 to 11 for families on the VI-SPDAT Tool;
2. Households with the longest history of homelessness;
3. Households served with CoC funds that are expected to sustain housing once they have addressed housing barriers through case management;

*In the event a participant scores for PSH, but no such resource is available, the HDC may offer RRH or targeted Transitional Housing. These offers are evaluated on a case-by-case basis and are on the contingent of case conferencing by the HDC.*

Where a participant scores for PSH but is not deemed chronic (either because they do not have length of time homeless or do not have a disability) HDC may opt to offer RRH or targeted TH. These offers are evaluated on a case-by-case basis and are on the contingent of case conferencing by the HDC.

## C. Rapid Re-Housing Minimum Service Standards

The Upstate CoC provides short- and medium-term rental assistance for program participants; the length of rental assistance is determined on a case-by-case basis. All referrals to RRH are made through the coordinated entry system (CES). The following minimum standards are applied to all rapid re-housing programs:

1. Maximum participation in a Rapid Re-Housing program cannot exceed 24 months total in a three (3) year period; there is no minimum requirement for length of participation.
2. Minimum participation in a Rapid Re-Housing program may include financial support and/or case management.
3. Support services must be provided throughout the duration of stay in program and must be provided to resident participants at least monthly.
4. Program participants must be required to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 *et seq.*) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 *et seq.*) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services [24 CFR 578.37 Subpart D 578.37 (1.)(ii).F]. Failure to meet with a case manager monthly may result in termination from the program;
5. Participants are encouraged to formulate a plan and action steps with a goal of self-sufficiency;
6. Program participants must enter into a lease agreement with the landlord/owner for a term of at least 12 months if RRH program is CoC-funded, which is terminable for cause. The lease must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party;
7. RRH projects do not, as a condition of housing, impose programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program, except where required by funders. This does not include supportive services that are required to be provided on at least a monthly basis. Providers are encouraged to practice Trauma-Informed Practices, Motivational Interviewing, and Participant-Centered Housing Stability Planning. This standard may be flexible in cases of immediate safety concerns or other extreme circumstances;
8. Providers may provide supportive services for no longer than six (6) months after rental assistance stops (as minimum of CoC-funded programs,) and
9. Providers must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The provider may require each program participant receiving assistance to notify the provider of changes in the program participant's income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance.

When notified of a relevant change, the provider must reevaluate the program participant's eligibility and the amount and types of assistance that the program participant needs.

## D. Rapid Re-Housing Rent Guidelines

Regardless of the program model or funding source, rental assistance is based on household income (i.e. 30% of the household's monthly adjusted income).

RRH providers, at a minimum, shall adhere to the following standards:

1. Providers shall utilize the HUD Section 8, Chapter 5 income determination format ([https://portal.hud.gov/hudportal/documents/huddoc?id=DOC\\_35649.pdf](https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_35649.pdf)) or ensure the same criteria is being applied when determining participant income;
2. All participants shall pay a minimum of 30% of adjusted income in rent after the initial month of assistance unless special circumstances arise and are thoroughly documented; and
3. Providers must establish maximum monthly rent for proposed participant unit in the following manner:
  - a. Determination of the current available Fair Market Rent (FMR) for the location based on unit size as issued annually by HUD – see: <https://www.huduser.gov/portal/datasets/fmr.html>
  - b. Establishment of the unit reasonable rent including the consideration of unit calculated utilities as required by HUD to determine maximum rent to be paid for unit – (see **Attachment C.**)

## V. Transitional Housing Eligibility and Prioritization

### A. Transitional Housing Eligibility

For Transitional Housing (TH) programs in the Upstate CoC, households must meet the HUD definition of homelessness, under Categories I or IV (if qualifying for a TH program dedicated to serving survivors of domestic violence). Once meeting this eligibility requirement, households are then prioritized by the CoC target populations based on the unique criteria for the CoC's TH programs. Transitional Housing programs will specifically target individuals and households experiencing literal homelessness (Category 1 as detailed in Section III. A. 1. above), individuals and households actively fleeing domestic violence (Category IV as detailed below), and individuals and households containing only unaccompanied youth and their dependent(s).

Households qualify as Category IV if they meet the following requirements:

1. They are fleeing, or attempting to flee domestic violence; and
2. No subsequent residence has been identified; and
3. They have no resources or support networks to obtain permanent housing.

## B. Prioritization for Transitional Housing

The process for prioritizing households for TH first includes eligible households based on HUD's homeless definition, and then secondly based on the below prioritization. TH facilitates the movement of individuals and households who are experiencing homelessness to permanent housing within 24 months of entering TH.

In the Upstate CoC, each TH program has its own eligibility criteria. At entry, this may be based on the sub-population served—such as age, family composition, severity of behavioral health issues, etc. If multiple households meet the TH program's individualized eligibility criteria, then prioritization will take place in the following order:

1. Those with highest VI-SPDAT score- Families or youth with a score of 4 to 11 and individuals with a score of 4 to 7, on the VI-SPDAT Tool will be prioritized first. Those with a lower score will be prioritized thereafter beginning with highest score;
2. Length of time homeless;
3. Prioritize unsheltered then sheltered.
4. If TH or RRH are used as a bridge, the participant must have chronic status before entering program.

*In the event a participant scores for PSH, but no such resource is available, the HDC may offer RRH or targeted Transitional Housing. These offers are evaluated on a case-by-case basis and are on the contingent of case conferencing by the HDC.*

Where a participant scores for PSH but is not deemed chronic (either because they do not have length of time homeless or do not have a disability) HDC may opt to offer RRH or targeted TH. These offers are evaluated on a case-by-case basis and are on the contingent of case conferencing by the HDC.

## C. Transitional Housing Minimum Service Standards

All referrals to TH offered by CoC- and ESG-funded providers must come through the Coordinated Entry System. The following minimum standards will be applied to all CoC- and ESG-funded TH programs:

1. Maximum length of stay cannot exceed 24 months.
2. Assistance in transitioning to permanent housing must be offered and encouraged through participant-centered case management.
3. Support services must be offered throughout the duration of stay in Transitional Housing.
4. Program participants in TH must enter into a sublease or occupancy agreement for a term of at least one month. The sublease or occupancy agreement must be automatically renewable upon expiration, except on prior notice by either party.
5. Program participants must be provided a copy of the sublease or occupancy agreement that details program requirements including violations that will terminate the agreement.

## VI. Homelessness Prevention

Many organizations provide homelessness prevention services in the Upstate Continuum of Care to include:

### Fair Housing

Addressing landlord/tenant issues includes (but not limited to) wrongful eviction and potential eviction due to misunderstanding about maintenance responsibility. Community Development Block Grant (CDBG) and Home Partnership Investment Act (HOME) programs at the regional (Council of Governments) and local jurisdiction levels have staff members designated as Fair Housing Coordinators. This is required as a condition of expending any federal housing program funding. The coordinator provides educational materials and assistance with Fair Housing issues.

Refer to [HUD Fair Housing](#) information on the HUD Exchange website.

## VII. Emergency Transfer Plan for Individuals Facing Domestic Violence

The Upstate CoC has recognized the needs of individuals currently fleeing domestic violence and has adapted seven (7) key principles to address the needs of these individuals. In programs where the agency holds the master lease or owns the property, these will be the guiding principles. In cases where the tenant holds the lease, the agency will advocate for the tenant where possible.

These principles include:

1. Request for emergency transfer is initiated by the tenant through contact with the agency case manager or housing provider who placed the tenant into housing
2. Staff receiving the request conduct a brief assessment to determine the type of transfer required (internal, external, inter-jurisdictional) and the urgency of transfer to ensure safety.
3. A statement of confidentiality from the sender and recipient.
4. Immediate transfer (within 48 hours) upon availability of safe unit.
5. Trauma informed response
6. A participant choice-based placement such that if a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit.
7. Assisting tenants in accessing support services, through various providers in the CoC network serving victims of violence and the 2-1-1 referral system.

## VIII. CoC MONITORING POLICY AND PROCEDURES

### A. Purpose

The purpose of this document is to provide guidance for conducting Continuum of Care (CoC) monitoring. Based on Section 578.7 of the CoC Program Interim Rule, the Monitoring Committee of the CoC Advisory Council is responsible for monitoring and enforcing compliance by all CoC-funded

providers with all HUD requirements and will report compliance to the Continuum of Care and HUD. Each provider will be monitored on an annual basis. Monitoring shall be conducted using the CoC approved Monitoring tool. All the documentation related to the CoC monitoring will be posted on the Upstate CoC website at [upstatecoc.org](http://upstatecoc.org).

CoC Monitoring addresses compliance with the following: national objectives; client eligibility; project progress; fiscal policies; confidentiality; overall management systems; conflict of interest; financial management and audits, allowable costs; cost principles and adherence to federal grant regulations; program income and program disbursements; records maintenance; anti-discrimination, affirmative action and equal employment opportunity; documentation that there is a homeless/formerly homeless persons on Board or involved in other policy making group if available.

## **B. Process**

Monitoring will be a Two-Part process:

**Part I** will consist of remote monitoring evaluating risk assessment and program performance data tracking for rating and ranking purposes. Only programs deemed “high-risk” during remote monitoring will be required to comply with Part II of the monitoring process.

**Part II** consists of a site visit. During the site visit the detailed monitoring checklist will be utilized to thoroughly evaluate the program compliance. The monitoring team will consist of, at a minimum, one individual familiar with the CoC housing program process and one individual familiar with HMIS Compliance.

### **1. Risk Assessment**

The Monitoring Committee will complete the risk assessment and prioritize the programs deemed “high-risk” to be monitored.

### **2. Standardized Monitoring Notification Letter**

The Monitoring Committee will send each agency a Standardized Monitoring Notification Letter to the agency’s Executive Director and HMIS Agency Administrator or Program Manager most familiar with the CoC-funded projects. A minimum notice of 14 business days will be given from the postmark date on the letter. The standardized monitoring notification letter template shall be used to request materials necessary for review prior to the onsite visit. The Monitoring Committee shall use the standard monitoring notification letter. **(ATTACHMENT D.)**

### **3. Uniform Monitoring Instrument**

The Uniform Monitoring Instrument has been developed with CoC-wide input and shall be used by the Monitoring Committee without exception as the sole document in reviewing and recording all program reviews.

This Instrument shall accompany the Standardized Monitoring Notification Letter. This will allow the agency to properly prepare and provide materials needed to ensure a more efficient and transparent monitoring process.

#### **4. Preliminary Remote Monitoring**

The Monitoring Committee will complete remote monitoring using the online tool. If a site visit is warranted, a Monitoring Notification letter will be sent to the identified agency.

#### **5. Site Monitoring**

The Monitoring Committee will have an entry meeting with the Executive Director and HMIS Agency Administrator or Program Manager most familiar with the CoC-funded project(s).

The on-site monitoring visit will take place immediately following the entry meeting.

The Monitoring Committee will conduct an exit interview to explain preliminary results of the monitoring visit.

#### **6. Monitoring Summary Letter**

The Monitoring Committee will send a Monitoring Summary Letter that will contain any findings and concerns within 30 calendar days of the last date of the monitoring visit.

#### **7. Agency Response Letter**

If relevant, the agency will provide a response letter within 15 days of date of the Monitoring Summary Letter. The response letter must include materials addressing any concerns and findings and corrective action plans to address such if all materials clearing issues are not provided with the response letter.

The agency's Corrective Action Plans must provide a timeline in which the concerns and findings will be fully addressed for the agency to be in full compliance with the effected regulations.

The Monitoring Committee will review the agency's response letter, materials and corrective action plans and work with the agency to facilitate resolution of the concerns and findings.

#### **8. Appeal**



The monitored Agency has the right to appeal concerns and findings in the Monitoring Summary Letter within 15 days of the date of the Monitoring Summary Letter.

The appeal must be presented on agency letterhead and provided to the Upstate CoC Advisory Council Executive Committee and the CEO of the lead applicant, United Housing Connections. Both parties will review all materials and allow the Agency and the monitors to present information.

The Advisory Council may choose to visit the Agency location and do a physical inspection.

The appeal will be resolved within ten business days from the date of the agency's appeal letter.

#### **9. Monitoring Final Disposition Letter**

The Monitoring Committee will send a Monitoring Final Disposition Letter to the agency within 15 days of the date of the agency's response letter (see 7. Above.)

This Monitoring Final Disposition Letter may contain notice of referral of findings to State and HUD representatives if the Corrective Action Plans have not yielded agency compliance by the date of the Monitoring Final Disposition Letter.

This Monitoring Final Disposition Letter may contain notice of referral of findings to State and HUD representatives if the Corrective Action Plans have not yielded agency compliance by the date of the Monitoring Final Disposition Letter.

#### **10. Corrective and other Possible Actions on Program Non-compliance**

If there are compliance issues reported in the Monitoring Final Disposition Letter that are forwarded on to HUD, there may be remedial actions and sanctions as detailed in the HUD CoC Interim Rule in section 578.107. These may include but are not limited to the following examples:

- a) Reprogramming grant funds that have not yet been expended from affected activities or projects to other eligible activities or projects;
- b) Suspending disbursement of grant funds for some or all activities or projects;
- c) Reducing or terminating the remaining grant of a sub-recipient and either reallocating those funds to other sub-recipients or returning funds to HUD;
- d) HUD may suspend payments to the extent HUD determines necessary to preclude the further expenditure of funds for affected activities or projects;
- e) HUD may continue the grant with a substitute recipient of HUD's choosing;
- f) HUD may deny matching credit for all or part of the cost of the affected activities and require the recipient to make further matching contributions to make up for the contribution determined to be ineligible;

- g) HUD may require the recipient to reimburse the recipient's line of credit in an amount equal to the funds used for the affected activities;
- h) HUD may take other remedies that are legally available.

### **11. Annual Monitoring Cycle Completion**

Regardless of actions required, all monitoring activity (see C. Schedule, 3. Below) shall be completed at the local CoC level no later than April 30 of each calendar year.

The completed monitoring reviews will be filed at the Lead CoC Applicant Agency for a period of no less than three (3) years.

Members will only discuss monitoring results with Monitoring Committee members and identified agency until the process is complete.

### **C. Schedule**

1. Risk assessments will begin in November. For agencies identified as "high-risk", the process will be completed by April 30<sup>th</sup>.)
2. Given the comprehensive instrument adopted for use, project monitoring shall be scheduled throughout the six (6) month monitoring period to ease burden and time constraints of all involved.
3. All monitoring, including all follow-up, resolutions and referrals to HUD shall be completed not later than April 30.

### **D. Preparation**

1. The scheduling order of monitoring is determined by a risk assessment; each risk factor is weighted differently. The total score is 100 points. The projects will be monitored in order from highest to lowest according to the risk assessment (see E. below.)
2. For each project, the provider will be informed of the date and time of the visit at least 14 business days before the site visit in the form of a mailed and emailed monitoring notification letter. At least two CoC Advisory Council Monitoring Committee members will perform the monitoring visit.
3. The Monitoring notification letter will request standard documents be mailed or emailed to the monitoring lead prior to the site visit for initial review. These documents shall include, but not limited to, annual financial statement or single audit; board composition; etc.
4. Monitoring is agency or provider based; however, if more than one project is located in the same location, they will be monitored at the same time. Separate forms will be completed for each project.
5. It is possible that both HMIS and CoC monitoring will take place at the same visit. This will be determined by a combined risk assessment score.

## E. Risk Assessment

### HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Each recipient is evaluated annually out of 100 points to determine the risk inherent to the program. The recipients will be ranked from the highest score to the lowest score. Programs will be evaluated according to the following risk assessment:

Measurement	Risk Points Value
HMIS staff turnover	5
Provider staff not participating/behind in HMIS and relevant training	15
Provider Responsiveness – Has there been previous compliance or performance concerns including failure to meet schedules, submit timely reports and/or clear monitoring/audit findings?	10
Provider Responsiveness – Has there been previous issues with client entry and exit reporting not done within the prescribed time-period?	20
Data quality (96% or greater) (APR and Monthly Report Cards)	40
Previous year monitoring concerns	5
Previous year monitoring findings	5

### CONTINUUM OF CARE (CoC)

Each recipient is evaluated annually out of 100 points to determine the risk inherent to the program. The recipients will be ranked from the highest score to the lowest score. Programs will be evaluated according to the following risk assessment:

Measurement	Risk Points Value
Coc staff turnover	5
Provider participation in their relevant service area/s CoC Chapter/s meetings- Have they participated in 75% of scheduled Chapter meetings	15
Provider participation in CoC Advisory Committee meetings – Have they participated in 75% of Advisory Council Meetings	10
Provider Responsiveness – Has there been previous compliance or performance concerns including failure to meet schedules, submit timely reports and/or clear monitoring/audit findings? Provider Centric	20
Staff Responsiveness-- Has there been previous compliance or performance concerns including failure to meet schedules, submit timely reports and/or clear monitoring/audit findings? Staff Centric	40
Previous year monitoring concerns	5
Previous year monitoring findings	5

## **IX. HMIS MONITORING POLICY AND PROCEDURES**

### **A. Purpose**

The purpose of this section is to provide guidance for conducting Homeless Management Information System (HMIS) monitoring. Based on the HMIS Proposed Rule 580.9 (e) and Section 578.7 of the CoC Program Interim Rule, the Monitoring Committee of the CoC Advisory Council is responsible for monitoring and enforcing compliance by all HMIS and CoC funded providers with all HUD requirements and will report compliance to the Continuum of Care and HUD. Each provider will be monitored on an annual basis. **(See ATTACHMENT E for the updated HMIS Data Quality Plan).**

HMIS Monitoring addresses compliance with the following: national objectives; client eligibility; project performance; confidentiality and privacy policies; provider agreements with HUD; overall management systems; adherence to federal grant regulations; client records; records maintenance; anti-discrimination, affirmative action, and equal employment opportunity.

### **B. Process**

Full details of the HMIS Monitoring Policies and Procedures are included in a separate statewide document, available at [www.upstatecoc.org](http://www.upstatecoc.org)

All documentation related to the HMIS procedures will be posted on the Upstate CoC website at [upstatecoc.org](http://upstatecoc.org).

### **C. Objectives and Strategy**

Our objective is to monitor HMIS and CoC providers to:

- 1.** Ensure HMIS Privacy and Security regulations are being met
- 2.** Ensure that client records match HMIS client records
- 3.** Ensure that projects are meeting national data quality objectives (See ATTACHMENT E) for the HMIS Data Quality Plan).
- 4.** Ensure that projects are meeting national and local performance objectives.
- 5.** Documenting compliance with project rules and record requirements.

## **X. UPSTATE COC POLICIES & PROCEDURES FOR COC NOFO & COC ENDORSEMENTS (ESG & NOFO)**

- A.** All grantees including new potential grantees are required to participate in a minimum of 75% of Advisory Council Meetings.
- B.** All potential grantees (CoC and ESG) must participate in the CoC's Coordinated Entry System.
- C.** The CoC will provide specific annual CoC NOFO and ESG application training once a year.
- D.** Once the annual NOFO for the CoC Consolidated Application opens, the CoC will issue no further guidance on the CoC NOFO or ESG application processes.

- E. Documents needed for ALL NOFO project applications include:**
1. Letter of Intent (new or renewal projects)
  2. Active SAMS Registration
  3. Active DUNS Number
  4. Active UEI Number
  5. Completed project applications (downloaded PDF from eSNAPS)
  6. Commitment to HMIS participation
  7. Commitment to Coordinated Entry Participation
  8. list of your organization’s board members with the person serving on your board with lived experience (having experienced a period of homelessness) highlighted
  9. Last organization’s annual audit (preferred), or last completed 990
  10. Your program’s policies and procedures
  11. A completed Housing First Questionnaire/Commitment Form
  12. Match documentation (25% match of total grant, cash or in-kind)
  13. HUD form 2880 (found in eSNAPS on the applicant profile)
  14. HUD form LLL (found in eSNAPS on the applicant profile)
- F. Renewal Projects – all items listed in section “e” above, plus:**
1. Copy of the final grant drawdown from eLLOCS for each project application
  2. A copy of the project’s HUD monitoring results, or a statement from your approving official stating the agency had not been monitored by HUD in the last 12 months.
  3. Most recent grant closeout.
  4. Most recently submitted APR.
  5. Screenshot of date/time stamp of APR submission.
- G. New Projects (all items in the “all projects” list, plus:**
1. Eligibility to Apply: 501(c)3 Designation, or evidence of government entity
  2. Threshold Checklist – complete, signed copy
  3. Performance Outcomes – new project rating criteria completed
- H. Compliance for ESG & CoC Letters of Application Endorsement**
1. ESG grantees must have an HMIS data quality score of 96% or better.
  2. ESG grantees must attend at a minimum of 75% of the Continuum’s Advisory Council meetings.

## **XI. Program Income**

### **A. Definition**

Program income is the income received by the recipient or sub-recipient directly generated by a grant-supported activity. \$578.97 Program income. Program income is only generated when a participant is paying part of their rent to the provider administering a leasing project

## **B. Use**

Program income earned during the grant term shall be retained by the recipient and added to funds committed to the project by HUD and the recipient, used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided that the costs have not been charged to grant funds.

## **C. Rent and Occupancy Charges**

Rents and occupancy charges collected from program participants are program income. In addition, rents and occupancy charges collected from residents of transitional housing may be reserved, in whole or in part, to assist the residents from whom they are collected to move to permanent housing.

## **D. Match**

Program Income may be used as required CoC funding match.

## **XII. Definitions**

### Coordinated Entry System

A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the CoC's geographic area, is easily accessed by individuals and families seeking housing assistance, is well-advertised, and includes a comprehensive and standardized assessment tool.

### VI-SPDAT

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) is a survey administered to both individuals and families to determine risk and assist in prioritization when providing assistance to persons experiencing homelessness.

### Housing First

Housing First is a programmatic and systems approach that centers on providing people who are experiencing homelessness with housing quickly without any pre-requirements and then offering services as needed. Housing First does not require people experiencing homelessness to address all of their challenges or to graduate through a series of services programs before they can access housing. The Upstate CoC hereby implements a Housing First model that provides a range of housing services to persons experiencing or at-risk of homelessness, including outreach and engagement, emergency and transitional housing, rapid re-housing, homelessness prevention and permanent supportive housing. Through these standards, the Upstate CoC formally incorporates the Housing First approach as well as non-discrimination policies into the coordinated entry system and its funding priorities.

## Homeless Definition

- A. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- B. 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;
- C. 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
- D. 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;
- E. An individual or family who will imminently lose their primary nighttime residence, provided that:
  - 1. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - 2. No subsequent residence has been identified; and
  - 3. 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;
- F. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - 1. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
  - 2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
  - 3. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or

childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

**G. Any individual or family who:**

1. 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;
2. Has no other residence; and (iii) Lacks the resources or support networks, *e.g.*, family, friends, faith-based or other social networks, to obtain other permanent housing.

#### Chronically Homeless Person

An individual who is experiencing literal homelessness (living in an emergency shelter, safe haven, or place not meant for human habitation, has experienced literal homelessness continuously for at least one year or on at least four separate occasions totaling at least 12 months in the last 3 years, and has a long-term disability.

#### CoC Program

The CoC Program is designed to assist individuals (including unaccompanied youth) and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability.

#### Emergency Solutions Grant (ESG) Program

A federal grant program designed to help improve the quality of existing emergency shelters for persons experiencing homelessness, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to persons experiencing homelessness, and to offer resources to prevent homelessness.

#### HEARTH Act

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 was signed into law on May 20, 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes including: A consolidation of HUD's competitive grant programs.

#### Equal Access Rule

In February of 2012, HUD published an Equal Access Rule to make certain that housing assisted or insured by HUD is open to all eligible individuals and families without regard to actual or perceived sexual orientation, gender identity or marital status.



#### **XIV. ATTACHMENTS**

[CES Policies and Procedures](#)

Attachment A.

[HUD Housing First](#)

Attachment B.

[Rent Reasonableness](#)

Attachment C.

[Standard Monitoring Notification Letter](#)

Attachment D.

[HMIS Data Quality Plan](#)

Attachment E.