

Maricopa Regional Continuum of Care: Governance Charter, Policies, Standards, and Best Practices

Approved by the Maricopa Regional Continuum of Care Board, August 28, 2017. Subsequent revisions have been made. The most recent revisions were adopted by the Maricopa Regional Continuum of Care Board, September 30, 2019.

This document supersedes all previous versions and drafts of the Maricopa Regional Continuum of Care's Governance Charter, Operating Policies and Procedures, and Standards of Excellence.

Policies and Procedures around the Homeless Management Information System and the Coordinated Entry System are not included in this document but apply to community programs as well.

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Governance Charter and Policies

Introduction

Purpose of Charter

This Charter identifies the goals, purpose, composition, responsibilities and governance structure of the Maricopa Regional Continuum of Care (known to the U.S. Department of Housing and Urban Development (HUD) as the Phoenix/Mesa/Regional Continuum of Care).

Background

The Maricopa Regional Continuum of Care (“CoC”) has worked with a diverse array of partners to develop regional solutions to end homelessness. Each year, the expertise of the CoC, its member agencies, and community partners has resulted in more people being housed and supported in their quest for stability. Staffed by the Maricopa Association of Governments since 1999, the CoC has successfully competed in the national application for funding for housing and services; the amount of funding awarded to the CoC by HUD has increased over the years, and now supports more than 46 homeless assistance programs in 13 different agencies in the region. This HUD funding has been an important and consistent source of funding for the community.

The CoC-funded programs include permanent supportive housing for disabled persons, rapid re-housing, supportive services (including a Regional Coordinated Entry System), and the Homeless Management Information System (HMIS).

In response to the HEARTH Act, changes are being made to improve the efficacy of the Continuum of Care. These changes have been identified and championed by talented partners throughout the region. Thanks to the dedication of the people involved, the Continuum of Care is positioned to continue making a difference in the lives of those who experience homelessness.

CoC Mission

The mission of the CoC, as set forth in the federal HEARTH Act and its implementing regulations (specifically, the CoC Program Interim Rule, 24 CFR Part 578 (“the Interim Rule”), is to:

- Promote communitywide goals to end homelessness.
- Provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation to those persons.
- Promote access to, and effective utilization of, mainstream programs.
- Optimize self-sufficiency among individual and families experiencing homelessness.

CoC Guiding Principles

The Maricopa Regional Continuum of Care (CoC) is committed to developing and maintaining a strong homelessness housing and services system that is responsive, efficient, effective, and accountable. To achieve this system, the CoC will identify and create Committees, Subcommittees, and workgroups to develop policy and procedures for CoC Board approval. The CoC values robust participation and community involvement through these groups. We create a positive, collaborative and solutions-oriented culture. We encourage questions accompanied by specific proposals for improving the policies and procedures we adopt.

The CoC is client-centric and strives to get client feedback when making decisions.

To further the CoC's Mission, in line with its Guiding Principles:

The CoC Board (defined below) will:

- Clearly define roles, responsibilities, and expectations
- Provide timely responses and decisions

The CoC Board, Collaborative Applicant, Homeless Management Information System (HMIS) Lead, Committee, and Subcommittees (defined below) will:

- Recognize common goals
- Operate in the best interest of community
- Acknowledge accomplishments and contributions
- Provide timely solutions and feedback

The Collaborative Applicant, HMIS Lead, CoC Committee, Subcommittees, and workgroups (defined below) will:

- Conduct activities in a transparent, open, and direct manner
- Seek consensus
- Identify concerns and issues with specific suggestions on how to address those concerns and issues
- Provide continuous updates to and involve CoC staff through regular communication and inclusion in meetings
- Make recommendations in advance of CoC Board meetings
- Make data-driven and outcome-focused decisions and recommendations
- Solicit input and involvement in planning activities
- Provide timely solutions and feedback

CoC Governance Structure

The CoC will have a Board, Continuum of Care Committee, Subcommittees, and ad hoc stakeholder work groups established to accomplish the responsibilities of the Continuum of Care, as defined in the Interim Rule and available in the “Duties of the Continuum of Care” section below.

The charter and governance structure will be reviewed every other year and updated as necessary (see below under Continuum of Care Board).

Continuum of Care (CoC) Board

CoC Committee

Coordinated Entry
Subcommittee

Data
Subcommittee

ESG
Subcommittee

Rank and Review
Subcommittee

*COC WORKGROUPS

Workgroups are responsible for identifying a workgroup leader who will staff and facilitate the group. Staffing the group includes, but is not limited to, convening the group, creating meeting discussion topics, materials, taking notes, drafting and distributing documents for meeting discussion and review, communicating to the CoC staff and following CoC Board process for bringing recommendations to the Board.

Considerations:

- The CoC Board and five key lateral groups reporting to the Board are empowered to create their own workgroups to accomplish work, as needed, and might consider including special populations in representation of workgroups. Special populations include, but are not limited to, chronic homeless, Veterans, families, and youth.
- MAG Continuum of Care staff needs to be made aware of and invited to workgroup meetings, especially if the discussion/work impacts the CoC housing and service system, to ensure continuity between the Continuum of Care Board, community, and MAG.

Duties of the CoC

Each HUD-funded CoC is governed by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, as well as the implementing regulations set forth in the CoC

Program Interim Rule. The Continuum of Care will ensure it meets all aspects of HEARTH Act compliance, as well as its duties under the Interim Rule.

The three primary duties of a Continuum of Care set forth in the Interim Rule are to:

1. Operate the Continuum of Care.
2. Designate an HMIS for the Continuum of Care.
3. Plan for the Continuum of Care.

The Interim Rule also stipulates that,

“The U.S. Department of Housing and Urban Development (HUD) has delineated certain operational requirements of each Continuum to help measure a Continuum’s overall performance at reducing homelessness, in addition to tracking of performance on a project-by-project basis. In addition, each Continuum is responsible for establishing and operating a centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services. HUD has also defined the minimum planning requirements for a Continuum so that it coordinated and implements a system that meets the needs of the homeless population within its geographic area. Continuums are also responsible for preparing and overseeing an application for funds. Continuum will have to establish the funding priorities for its geographic area when submitting an application.”

To fulfill these duties, the CoC will perform the following activities:

1. *Operations* (Activities governed by the CoC Board and carried out by ad hoc working groups, as needed)
 - Hold meetings.
 - Annual invitation to new members.
 - Adopt and follow a written process.
 - Appoint Committee, Subcommittee and Working Groups as needed.
 - Adopt and follow a Governance Charter.
 - Establish and monitor performance targets and take action on poor performers.
 - Monitor performance and outcomes of Emergency Solutions Grant (ESG) and CoC programs and report to HUD.
 - Establish and operate a Coordinated Assessment system.
 - Establish standards for CoC funding, assist and consult with ESG recipients.
2. *HMIS* (Activities governed by the CoC Board and carried out by the HMIS Lead Agency)
 - Designate HMIS.

- Review, revise, and approve privacy, security, and data quality plans.
 - Ensure participation of recipients and sub-recipients in HMIS.
 - Ensure HMIS is in compliance with HUD regulations.
3. *Planning* (Activities governed by the CoC Board and completed by the Continuum of Care Collaborative Applicant, Committee, Subcommittees and ad hoc working groups as needed)
- Coordinate and operate housing and services system.
 - Conduct a PIT Homeless Count.
 - Perform a gaps of needs and services.
 - Provide information for consolidated plans.
 - Consult with ESG recipients on allocating ESG funding and performance of programs.

Continuum of Care Board

Overview and Relationship to CoC

The Continuum of Care Board is the policy setting and decision-making body for the CoC. The Board is empowered to create ad-hoc working groups to achieve its purpose and goals.

Meetings, Participation, and Conduct

Meetings

The CoC Board is expected to meet at least bi-monthly, with suggested meeting dates in January, March, May, July, September, and November of each year.

The CoC Board will follow open meeting rules. MAG will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by MAG with input from the Board Co-Chairs and posted on MAG’s website. Each meeting agenda will include an opportunity to request future agenda items.

Quorum

The CoC Board will operate under open meeting law quorum rules. A number equal to a simple majority of the representatives serving on the CoC Board shall constitute a quorum for the purpose of taking action on any business at a CoC Board meeting. Action cannot be taken on any item if there is no quorum present and voting will not occur in such case. Informational items on the agenda may be heard but not discussed.

Meeting Minutes

Proceedings of the CoC Board meetings are documented concisely in minutes and posted on the Collaborative Applicant's website at www.azmag.gov.

Participation

CoC Board members are expected to attend CoC Board meetings in person or by phone. After four consecutive absences by a particular Board member, the CoC Board shall consider that member's seat vacated. After three consecutive absences, a Co-Chair or MAG will notify the Board member of a pending violation of this policy. The notification will request a response from the member stating her/his interest in continuing to serve on the CoC Board and inform the member that if he/she does not attend the next scheduled meeting, the seat will be considered vacated.

Code of Conduct

A CoC Board member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item. [Each Board member should sign a conflict of interest statement annually to acknowledge this rule.]

Membership Policy

The CoC Board membership will be developed and implemented in compliance with requirements from the U.S. Department of Housing and Urban Development (HUD), as defined in the Interim Rule. There are three required elements: definition of membership structure, selection of members, and ongoing analysis and refinement of membership.

Membership Structure

There will be a minimum of 7 and maximum of 14 Board members at any time, led by 2 Co-Chairs. Certain categories (set forth below) must be satisfied. Membership on the CoC Board pertains to the agency and not the individual.

Required Board Membership Categories:

- **Formerly or Currently Homeless Representative:** An individual who was at one point experienced, or is currently experiencing, homelessness.
- **Emergency Solutions Grants (ESG) Program Recipient's Agency Representative:** HUD defines ESG recipients as state governments, metropolitan cities, urban counties, and U.S. territories that receive ESG funds from HUD and make these funds available to eligible

sub recipients, which can be either local government agencies or private nonprofit organizations.

- **Policy/Advocacy Representative:** Individual(s) who represent local government, county or state agency, AHCCCS, advocacy or policy-making group, member of the MAG Regional Domestic Violence Council, or other local policy/advocacy group recommended by the Continuum of Care.
- **Funder Representative:** Individual(s) who represent local government, state agency, federal agency, foundation or other entity that funds homeless services programs.
- **Community Seat:** Individual(s) that represent the public housing authorities, businesses, faith-based organizations, jails, hospitals, universities, neighborhood groups, or other entities that are impacted by or interact with people experiencing homelessness. This may include victim service providers, school districts, mental health agencies, affordable housing developers, law enforcement, organizations that serve veterans, local child welfare representative or other community seats as recommended by the Continuum of Care.
- **Geographic, racial diversity and LGBTQ Representation:** The Board will seek to balance representation by seeking representatives of underrepresented groups and geographic areas.
- **CoC-Funded Provider Representative:** An agency that operates a Continuum of Care Program funded homeless assistance program. The CoC-funded provider seats should represent one or more of the following homeless subpopulations:
 - Single individuals
 - Families with children
 - Veterans
 - Persons who are chronically homeless
 - Persons with HIV/AIDS
 - Unaccompanied youth
 - Persons with behavioral health issues
 - Persons who are victims of domestic violence

The requisite numbers of members for each category are as followed:

Category	Number of Board Seats
Formerly Homeless Representative	1
ESG Recipient’s Agency Representative	1
Policy/Advocacy Representative	2
CoC Funded Provider Representative	1-3
Funder	1-3
Community Seat	1-4

Members are elected for a term of three years. Members, with the exception of the CoC-funded provider representatives, may choose to extend their terms for one additional three-year term, but must rotate off the Board for at least one year following the second term before seeking to rejoin the Board. In cases of vacancies in the middle of a term, the new member filling the vacant position will be elected to a new three-year term and will not be held to the remaining term of the vacant position.

Exceptions may be made to the term limits with approval from the Board if no other members can be found to represent a certain category.

The Co-Chairs of the Continuum of Care-Board shall be selected by Board Members. The Co-Chairs will serve staggered two-year terms, with each rotating out of the co-chair position at the end of his or her respective term. When a Co-Chair's term is finished, MAG will invite letters of interest from the CoC Board members to serve as the new Co-Chair. If the Co-Chair is seeking a second term, the Board may elect the member to continue as Co-Chair or select another member to serve. The CoC Board will review letters of interest and vote to fill the Co-Chair vacancy.

One of the Co-Chairs may be an elected official from a town, city, County, or Native American Community within Maricopa County, but that is not required. The second Co-Chair will represent a nonprofit agency or other relevant stakeholder from within Maricopa County. The second Co-Chair may also be an elected official as long as they fulfill this definition of representation. Representation is not defined as employment with the stakeholder.

Membership Selection

The process to select the CoC Board membership will be transparent, inclusive, and democratic in nature. The CoC Board member selection process will include consideration of geographic balance, representation of homeless subpopulations, and knowledge of the issues pertaining to the Continuum of Care and/or persons experiencing homelessness in the region.

When a vacancy occurs, a Membership Workgroup may be formed to recommend new members **if** the Board decides to recruit new members. If the current membership consists of seven or more members, the Board may decide not to add members. If the Board decides to add members, the Membership Workgroup may include members of the Board and members of the community with a total of five to seven members. To solicit new Board members, an invitation will be extended by the Collaborative Applicant to the CoC Committee and stakeholders requesting potential members to submit a resume and complete a brief application. The Collaborative Applicant will prepare a list of people who submitted applications with the category(ies) they represent to the Membership Workgroup. The Membership Workgroup will review the list, resumes and applications and make recommendations to the CoC Board for membership. The CoC Board will review recommendations and vote to fill vacancies on the

Board. Members cannot vote for themselves. The CoC Board will base the decision on ensuring diverse representation on the Board in compliance with the Interim Rule and local priorities.

Ongoing Analysis of Membership

The CoC Board will review its membership every year in accordance with HUD regulations and to make adjustments as needed to comply with federal and local policies. Changes can be made to the composition of the CoC Board membership if determined necessary to comply with HUD regulations or to meet the goals of the CoC.

Primary Roles and Responsibilities

The CoC Board's roles and responsibilities include, but are not limited to:

1. Holding regular meetings.
2. Adopting a process to select Board members.
3. Inviting new members.
4. Establishing committees and subcommittees, as necessary, and ensure appropriate membership representation.
5. Designating a single Homeless Management Information System (HMIS) for the geographical area.
6. Designating an eligible applicant to manage the CoC's HMIS (the HMIS Lead).
7. Developing, following, and annually reviewing and updating a governance charter in consultation with MAG staff and the HMIS Lead to ensure it remains consistent with the objectives and responsibilities of the CoC in accordance with the HEARTH Act and HUD regulations.
8. Recognizing accomplishments, providing support to and taking appropriate action on the performance of agencies and organizations in the CoC.
9. Making strategic planning and policy decisions for the CoC.

Collaborative Applicant/MAG

Overview and Relationship to CoC

The Maricopa Association of Governments (MAG) is the Collaborative Applicant for the Maricopa Regional Continuum of Care. As the Collaborative Applicant, MAG is the recipient of the planning grant from HUD to carry out planning activities and staffing of the CoC. MAG is empowered to create ad-hoc working groups to achieve its purpose and goals.

Primary Roles and Responsibilities

As the Collaborative Applicant, MAG's roles and responsibilities include, but are not limited to:

1. Coordinating a housing and service system.
2. Conducting an annual gaps analysis of the homeless needs and services available within the geographic area.
3. Designing, operating, and following a collaborative process for the development of a collaborative application and seeking approval of the submission of the application in response to HUD's annual CoC Program Competition for funding (aka CoC NOFA).
4. Consulting with HUD-funded recipients and sub recipients to establish performance targets.
5. Monitoring performance and evaluating outcomes of HUD-funded projects.
6. Providing information required to complete the Consolidated Plan(s) within the CoC's geographic area.
7. Consulting with State and local government ESG program recipients on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients.
8. Establishing priorities for CoC funded projects, including but not limited to development and use of objective scoring criteria, and seeking CoC Board approval of those priorities.
9. Providing technical assistance to poorly performing CoC-funded projects.
10. Staffing, facilitating, and participating in CoC meetings of the Board, Committee, and subcommittees. Staffing, facilitating, and participating in workgroups (when necessary).
11. Planning for and conducting (in collaboration with community volunteers), at least biennially, a point-in-time count of homeless persons within the CoC's geographic area that meets HUD's requirements.
12. Recognizing accomplishments, providing support to, and carrying out action taken by Board relating to the performance of CoC-funded projects.
13. Completing activities defined in the CoC Planning Grant, as approved by HUD.

MAG will undertake the following activities to staff the CoC:

- Develop the consolidated funding application to HUD on behalf of the CoC.
- Prepare agendas and minutes, meeting materials, and communications.
- Maintain records and distribution lists.
- Evaluate performance and monitor HUD-funded programs within the CoC.
- Coordinate year-round planning activities such as the Annual Homeless Street and Shelter Counts, gaps analysis, and housing inventory.

To develop and maintain meaningful partnerships that support the work of the CoC, the Collaborative Applicant will, among other things:

- Support Board-approved resolutions to join national initiatives to end homelessness.
- Collaborate with ESG recipients on setting and measuring community wide goals and performance measures.
- Forward advocacy issues to the Arizona Coalition to End Homelessness.
- Work collaboratively with other community stakeholders toward ending homelessness throughout the Region.

Continuum of Care Committee

Overview and Relationship to CoC

The Continuum of Care Committee is a collaborative of cross-sector stakeholders providing housing and services to people experiencing homelessness in Maricopa County. The purpose of the Committee is to leverage relationships and diverse expertise to actively advance the broad community goals of preventing and ending homelessness throughout the region. The Committee will provide input and recommendations to the Continuum of Care Board and communicate to the community. The Committee is empowered to create ad-hoc working groups to achieve its purpose and goals.

The Committee will prioritize the following work within the Continuum of Care:

1. Continuously improve program and system quality.
2. Promote education and training opportunities.
3. Inform community planning efforts and decision-making.
4. Foster communication and collaboration.

Meetings, Participation, and Conduct

Meetings

The CoC Committee is expected to meet bi-monthly with potential meeting dates in February, April, June, August, October, and December of each year.

The CoC Committee will follow open meeting rules and the Collaborative Applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the Collaborative Applicant with input from the Chair and Vice Chair and will be posted on the Collaborative Applicant's website. Each agenda will include an opportunity to request future agenda items.

Quorum

The CoC Committee will operate under open meeting law quorum rules. A number equal to a simple majority of the representatives serving on the CoC Committee shall constitute a quorum for the purpose of taking action on any business at a meeting. Action cannot be taken on any item if there is no quorum present and voting will not occur in such case. Informational items on the agenda may be heard but not discussed.

Meeting Minutes

Proceedings of the CoC Committee meetings are documented concisely in minutes and posted on the Collaborative Applicant's website at www.azmag.gov.

Participation

CoC Committee members are expected to attend CoC Committee meetings. After four consecutive absences, the CoC Committee shall consider the seat vacated. After three consecutive absences, the Chair or Collaborative Applicant will notify the member of a pending violation of this policy. The notification will request a response from the member stating her/his interest in continuing to serve on the CoC Committee and inform the member that if he/she does not attend the next scheduled meeting, the seat will be considered vacant. A member may send a representative to act as her/his designated proxy. If the member is represented by a proxy, the member is considered "present" for that meeting.

CoC Committee members are required to serve on at least one ad-hoc committee, sub-committee, and/or work group. The committee/work group may be either be a committee/work group staffed by the Collaborative Applicant or an established CoC committee/work groups staffed by another representative **and** among the committee/work groups acknowledged and of interest to the CoC Committee. Meeting sign in sheets will be collected and a matrix of attendance established and reviewed by the CoC Committee.

Code of Conduct

A CoC Committee member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item.

Membership Policy

Membership Structure

CoC Committee membership may include representation for all the categories required by HUD, which are set forth below. One member may represent more than one category. The intent of the membership structure is to be inclusive and representative of the racial and geographic diversity in the region. Membership on the CoC Committee pertains to the agency and not the individual.

Each of the following categories may be filled by these “relevant organizations” (24 CFR, Subpart B, 578.5):

- Nonprofit homeless assistance providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Organizations that serve veterans
- Homeless and/or formerly homeless individuals

The Committee will be led by two Co-Chairs, representing different categories who will serve two-year staggered terms. The Collaborative Applicant will solicit letters of interest from the CoC Committee membership and stakeholders to fill a Co-Chair position when a vacancy occurs. The Collaborative Applicant will provide a list of the names and the categories they represent to the CoC Committee with the letters of interest. The CoC Committee will vote on recommendations for the Co-Chair, to fill the vacancy. Strong consideration will be given to those candidates who have demonstrated ongoing, active engagement in the Continuum of Care.

Membership Selection

For members representing HUD CoC program-funded agencies, the agency Executive Director/Chief Executive Officer (ED/CEO) will designate the representative, and may change representatives as necessary. The ED/CEO will forward the name of the designated representative to the Collaborative Applicant. An email will be sent from the Collaborative Applicant to the agency ED/CEO annually, in January, soliciting a response from the ED/CEO to either maintain their current representative or appoint a new one. If the HUD CoC-program funded agency representative does not attend meetings in accordance with the policy described in the *“Maintaining CoC Committee Membership”* section below or leaves the agency they represent, the Chair or Collaborative Applicant will inquire with the ED/CEO about designating a new representative, without awaiting the new recruitment period.

For members representing the community and/or non-HUD CoC Program-funded agencies, there will be three-year staggered term limits. Terms will begin each year in January and end December 31. Seats filled by HUD CoC program-funded agencies whose funding is discontinued, may continue serving through December of the year in which their funding ends. If a community member seat is vacated during the year, it will remain empty until the next recruitment period. Annually, in October, the Collaborative Applicant will solicit letters of interest and résumés from prospective members representing stakeholders. Notification of vacancies for community members will be solicited through the MAG website, the CoC email distribution list, and announcements at CoC Committee and CoC Board meetings. Interested parties shall submit their résumé to the Collaborative Applicant. Once a résumé is received, the Collaborative Applicant will provide the applicant with an application requesting information about the applicant’s interest in the Committee, experience in areas related to homelessness, and willingness to participate in the work of the Committee. Applications and resumes will be reviewed by the CoC Committee Membership Workgroup (see below), and recommendations will be made to the CoC Committee. The CoC Committee will vote to approve applicants for membership.

Membership Review Workgroup

To address ongoing recruitment and membership need, a Membership Review Workgroup is established and shall be comprised of a subset of volunteer members of the CoC Committee. Members will serve a one-year term. The CoC Committee Membership Review Workgroup will review résumés and applications and recommend candidates for membership on the CoC Committee. At least one member of the Membership Review Workgroup, along with the Collaborative Applicant, will provide an orientation to new CoC Committee members and written materials outlining the CoC structure and its components.

Ongoing Analysis of Membership

The CoC Committee will review its membership every year in accordance with HUD regulations and make adjustments as needed to comply with federal and local policies. Changes may be made to the composition of the CoC Committee membership if determined necessary to comply with HUD regulations or to meet the goals of the CoC. The CoC Committee will consider the need to address racial inequity and geographic balance in conducting the annual review of membership.

Primary Roles and Responsibilities

Roles and responsibilities of the CoC Committee include:

1. Provide input on systems level data dashboard to MAG Staff, in consultation with the Data Subcommittee and identify areas of success and need.
2. Update annually the community best practices and provide input on their formal use to MAG Staff for recommendation to the Board.
3. Review and provide input to MAG Staff on the coordination of the housing service system.
4. Contribute content and feedback to the regional plan to end homelessness.
5. Guide and inform the scope of the working groups within the Continuum of Care Committee, based on the regional plan.
6. Support communication across working groups, Subcommittees, and all CoC entities established for the purpose of carrying out the roles and responsibilities of the Committee.
7. Propose clarification to definitions so that a common set of terms can be used across Subcommittees and other systems of care.
8. Serve as a resource to the MAG Staff to facilitate knowledge of unique program characteristics and processes.
9. Support the HMIS Lead to encourage community providers to participate in HMIS and to implement the HMIS Data Quality Plan and Data Privacy Plan for all HMIS uses.
10. Support transparency of HMIS and non-HMIS data for community research, evaluation, and dissemination purposes and provide opportunities for peer review in alignment with HMIS Data Privacy Plan.
11. Contribute feedback to the MAG Staff on evaluation tools, including the CoC program performance scorecard, for CoC performance evaluation.
12. Contribute feedback to the MAG Staff regarding the Performance Improvement Process.
13. Communicate feedback regarding data findings and needs of homeless populations to the Board and MAG Staff.
14. Serve as a resource to MAG Staff when completing the annual application to HUD.

Shared Responsibilities of the CoC Board, Collaborative Applicant (MAG), and CoC Committee

Roles and Responsibilities

Annual CoC Program Application for Funding

The **Collaborative Applicant** will design, operate, and follow a collaborative process for the development of applications and approval of the submission of applications to HUD for funding. The **CoC Board** will establish priorities for funding projects.

Feedback on Consolidated Plans

The **CoC Board** is responsible for providing feedback to the local governments (City/County) that have developed Consolidated Plans. At the direction of the **CoC Board**, the **Collaborative Applicant** will gather the consolidated plans and evaluate the plans based on criteria developed by the **CoC Board**. The **Collaborative Applicant** will report on the outcome of the evaluation for action by the **CoC Board**. The **CoC Board** action and feedback will be provided by the **Collaborative Applicant** to the responsible unit of local government. This review will occur on an annual basis.

Standards for Administering Assistance

The Collaborative Applicant will assist the CoC Board to develop standards for administering assistance in keeping with requirements set forth by HUD. The Committee will draft recommendations for review and approval by the Board. Annually, the standards will be reviewed by the Committee with recommendations to be developed for review and action by the Board.

Point-in-Time Count

Consistent with HUD requirements, an annual Point-in-Time (PIT) count will be conducted. Participation in the PIT Count Working Group will be open to all interested. The Collaborative Applicant will lead coordination efforts to conduct the count with approval by the Board.

Coordination and Integration with Emergency Solutions Grant (ESG) Recipients

The **CoC Board** will consult and coordinate with ESG recipients to maximize resources available to prevent and end homelessness. Per federal guidance, this consultation will include an assessment of the most effective strategies to allocate funding, report on progress made, and

evaluate the performance of ESG recipients and sub recipients. The process to conduct this consultation will include the following steps:

1. The **CoC Board** will evaluate the region’s needs for emergency shelter, rapid re-housing, and homeless prevention for the different subpopulations within homelessness such as single individuals, families, and veterans.
2. The **Collaborative Applicant** will convene the local ESG recipients and State recipient to determine how the needs identified by the **CoC Board** are currently being addressed and what can be done to address the stated needs more effectively. State ESG funding may be targeted to supplement funding available from the local ESG recipients. A plan will be developed collaboratively by the **Collaborative Applicant**, local ESG recipients, and state recipient to maximize the resources available to meet the needs identified by the **CoC Board**.
3. The **CoC Board** will review the plan, provide input, and support the implementation of the plan. Short, medium, and long-term goals may be developed to best meet the region’s needs.
4. This process will repeat on an annual basis.

Coordinated Entry Subcommittee

The Coordinated Entry Subcommittee provides input and makes recommendations to the Continuum of Care Board on principles and guidelines for the Coordinated Entry System. The Subcommittee is empowered to create ad-hoc working groups to achieve its purpose and goals and communicates to the community.

Overview and Relationship to CoC

The Coordinated Entry Subcommittee (CESC – formerly CEOWG) provides input and makes recommendations to the Continuum of Care Board on principles and guidelines for the Coordinated Entry System. The Subcommittee is empowered to create ad-hoc working groups to achieve its purpose and goals and communicates to the community.

Membership Policy

Membership Structure

CESC Membership should be at least 9 seats with no more than 13 seats at any given time. If membership drops below 9 outside of the identified solicitation of new members, the subcommittee will send out a request for members in collaboration with the Collaborative Applicant. Representatives of approved Coordinated Entry Systems will serve on CESC as voting

members and will recuse themselves from voting and discussion on grievance and evaluation matters.

Recommended CESC Membership categories:

<u>Category</u>	<u>Number of Seats (Maximum)</u>
Community Resource and Referral Center Representative (Phoenix VA)	1
Regional Behavioral Health Authority Representative	1
Domestic Violence Provider Representative	1
Funder Representative	1
Youth Provider Representative	1
Families Provider Representative	1
Singles Provider Representative	1
HMIS Representative	1
CoC Board Member	1
Jails Representative	1
Access Point Representative	1
Coordinated Entry Leads	2
ESG Recipient	1

The CESC will have one leadership position: a board member selected by the members of the CoC Board at a regularly scheduled meeting.

Membership Selection

An organization may only have one representative on the CESC. If a member changes employment for an employer that does not serve the stakeholder group the member was chosen to represent, the seat will be considered vacant.

Annually, the Collaborative Applicant will solicit letters of interest and résumés from prospective members representing stakeholders. Notification of vacancies for community members will be solicited through the MAG website, the CoC email distribution list, and announcements at CoC Committee and CoC Board meetings. Interested parties shall submit their résumé to the Collaborative Applicant. Once a résumé is received, the Collaborative Applicant will provide the applicant with an application requesting information about the applicant’s interest in the Committee, experience in areas related to homelessness, and willingness to participate in the work of the CESC. Applications and resumes will be reviewed by the CESC and will be voted on by the CESC at a regular meeting.

The CESC will seek letters of interest from community stakeholders when openings occur (at least annually). The CESC will select members based on proposed contribution to the CESC weighing geographic, racial equity and program balance into the selection process. Applications will be scored competitively. CESC members will serve three year term limits, with the exception of the Coordinated Entry Leads, the HMIS Representative, and the CoC Board member. Members may reapply for their seats.

Attendance and Participation

The CESC has a robust workload and requires members to be active and engaged participants. Members who miss three (3) consecutive meetings or fail to meet the expectations of the group may be asked to step down from the group. Proxy member participation is not applicable to the CESC with the exception of the CE Leads who may be represented by whomever the Executive Director of the grantee agency designates to attend.

Members are expected to follow the established Code of Conduct for the CoC Board (see above).

Roles and Responsibilities

1. Establish, and recommend to the CoC Board, written standards for determining and prioritizing eligibility criteria for individuals and families.
2. Recommend prioritization principles and guidelines for the Coordinated Entry System.
3. Facilitate the integration of other systems of care, such as veterans, justice system, healthcare / behavioral health (including substance abuse), and domestic violence system.
4. Review data and recommend policy changes.
5. Provide feedback to the MAG staff on monitoring and evaluation of the Coordinated Entry System.
6. Recommend guiding principles to the Board for the Coordinated Entry system.
7. Ensure opportunities for peer review of Coordinated Entry data.
8. Consult with MAG staff on identified areas that need improvement within the current system.
9. Review and make recommendations regarding funding needs of the Coordinated Entry System to the Board.
10. Serve as a resource for problem-solving and/or grievances regarding the Coordinated Entry System and the integration of other systems of care, for example, behavioral health, domestic violence, Veterans, healthcare, etc.
11. Assist in the development of operations flow charts for community distribution.

12. Support communication across working groups, Committee, Subcommittees, and all CoC entities established for the purpose of carrying out the roles and responsibilities of the Subcommittee.

Data Subcommittee

Overview and Relationship to CoC

The CoC Data Subcommittee (DSC – formerly PSDQ Committee) provides input and makes recommendations to the CoC Board on policies related to HMIS. The DSC is empowered to create ad-hoc working groups to achieve its purpose and goals and communicate to the community. The objectives of the DSC are to:

- Develop system-wide performance measures and dashboard, in collaboration with the CoC Committee
- Collaborate with CoC stakeholders to develop a comprehensive data share plan
- Conduct analysis, and perform research as needed, per the direction of the CoC Board

Membership Policy

Membership Structure

DSC Membership should be at least 7 seats with no more than 13 at any given time. If membership drops below 7 outside of the identified solicitation of new members, the subcommittee will send out a request for members in collaboration with the Collaborative Applicant, and pending CoC Board approval. A representative of the HMIS Lead Agency will serve on the DSC as a nonvoting member.

Required DSC Membership Categories:

- ESG Recipient Agency: Individual representing and ESG recipient in Maricopa County.
- CoC Funded Provider Representative: An agency that operates a Continuum of Care Program funded homeless assistance program.
- Community Member (with data/evaluation experience): Individual representing relevant agencies with a connection to homelessness services and knowledge of HMIS. Including but not limited to, representatives from public housing authorities, universities, jails/re-entry programs, hospitals, businesses, non-profit organizations, or others as identified by DSC or CoC Board. Preference for individuals with a background in data analysis or program evaluation.
- Funder: Individual designated by State or local agency providing funding for homelessness services in Maricopa County.

- CoC or Community Stakeholder with HMIS background: Individual representing relevant agencies with a connection to homelessness services and knowledge of HMIS. Including but not limited to, representatives from public housing authorities, universities, jails/re-entry programs, hospitals, businesses, non-profit organizations, or others as identified by PSDQ or CoC Board. Preference for individuals with a strong background in HMIS report writing, and/or ServicePoint system administration.
- Coordinated Entry Service (CES) Provider Representative: Individual designated by one of the Board- approved CES operators
- HMIS Lead Agency Representative: Individual designated by the HMIS Lead Agency as a non-voting member. Not eligible for Leadership role.

The requisite numbers of members for each category are as followed:

Category	Number of Seats
ESG Recipient Agency	1
CoC-funded Provider Representative	1-4
Community Member (with data/evaluation experience)	1-2
Funder	1
CoC or Community Stakeholder with HMIS background	1-3
CES Provider Representative	1-2
HMIS Lead Agency Representative	1

The DSC will have two-tiered leadership positions. Each seat will be for a term of two years, with the secondary leadership position succeeding the primary leadership position at the end of the term. Leadership will be selected by the members of the DSC at a regularly scheduled DSC meeting. DSC will have at least 7 members prior to selecting leadership positions.

Membership Selection

The DSC will seek letters of interest from community stakeholders and distributed to the CoC distribution list. The DSC will present a slate of proposed candidates to the CoC Board including the names of those candidates not selected for membership. Membership is subject to approval by the CoC Board. If membership falls below 7, a request for candidates will follow the same process and letters of interest will be requested.

Attendance and Participation

The DSC has a robust workload and requires members to be active and engaged participants. Members who miss three (3) consecutive meetings or fail to meet the expectations of the group may be asked to step down from the group. Proxy member participation is not

applicable to the DSC.

Members are expected to follow the established Code of Conduct for the CoC Board.

Roles and Responsibilities

1. Ensure programmatic areas are feasibly measured using HMIS for project level data dashboards.
2. Review, revise and recommend approval of a privacy plan, security plan and data quality plan for HMIS;
3. Review and recommend HMIS policies and procedures including a system-wide data sharing policy.
4. Review and recommend non-HMIS data policies and procedures including system-wide data sharing policy and template.
5. Encourage and support data transparency for peer review purposes.
6. Establish common definitions for data elements (example, entry and exit).
7. Review and provide feedback to the MAG Staff on data dashboard for presentation to the Board.
8. Provide feedback on the HMIS evaluation tool.
9. Provide input into gaps analysis.
10. Provide feedback to the MAG staff on the feasibility of scorecard metrics.
11. Support communication across working groups, Committee, Subcommittees, and all CoC entities established for the purpose of carrying out the roles and responsibilities of the Subcommittee.

Emergency Solutions Grants Subcommittee

Overview and Relationship to CoC

The ESG Subcommittee provides input and makes recommendations to the Continuum of Care Board to foster collaboration and coordination for the homeless services system and partners with the CoC to comply with the requirements set forth in 24 CFR Subpart “Establishing and Operating a Continuum of Care” of the Interim Final Rule, responsibilities outlined in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, and HUD Notice of Funding Availability Requirements.

Membership Policy

Membership Structure

ESGC Membership consists of recipients of Emergency Solutions Grants funds in the region. Five ESG recipients: State of Arizona, Maricopa County, City of Glendale, City of Mesa, and the City of Phoenix will have representation on the Subcommittee (24 CFR, Subpart B, 578.5). In addition, the Subcommittee may include other funders in the region to align resources for services for individuals and families experiencing homelessness.

Roles and Responsibilities

The Subcommittee is empowered to create ad-hoc working groups to achieve its purpose and goals and communicates to the community on the following:

1. Provide input on the CoC's responsibility to "evaluate the outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD".
2. Work with the CoC "to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities" (FY 2016 HUD CoC NOFA).
3. Consult on the operation of the centralized or coordinated assessment system including the needs of families and individuals fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking but who are seeking shelter or services from non-victim service providers.
4. Consult on policies and procedures for "determining and prioritizing which eligible individuals and families will receive transitional housing assistance".
5. Consult on policies and procedures for "determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance".
6. Consult on policies and procedures for "determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance".
7. Consult and consistently follow standards for "determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance".
8. Support communication across working groups, Committee, Subcommittees, and all CoC entities established for the purpose of carrying out the roles and responsibilities of the Subcommittee.
9. Understand the inventory of ESG funded projects in the region and reviewing the Housing Inventory Chart.

(The language in quotes was copied from the Interim Rule, 24 CFR Part 578.)

Rank and Review Subcommittee

Overview and Relationship to CoC

The Review and Rank Subcommittee will review and evaluate all CoC project applications submitted in the local competition.

Membership Policy

Membership Structure

The Collaborative Applicant (MAG) recruits a non-conflicted Review and Rank Subcommittee (Subcommittee). The process for recruitment and selection will be transparent to the members of the CoC. The Subcommittee should include at least one non-conflicted provider (ideally a provider with experience administering federal, non-CoC grants), with a focus on having a diverse Subcommittee and some Subcommittee consistency from year to year. CoC Board members are prohibited from serving on the Subcommittee. Members sign conflict of interest and confidentiality statements. A Collaborative Applicant representative attends Subcommittee meetings to act as a resource.

Roles and Responsibilities

1. Subcommittee members are oriented to process, trained, receive applications and review materials and then over a one- to two- week period review and score applications.
2. Subcommittee members meet to jointly discuss each application and conduct short, voluntary interviews with applicants either in person, by phone, or video conference.
3. The Review Subcommittee may present multiple options to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. The meeting will be scheduled to allow for explanation, questions, and meaningful dialogue between the members of the Subcommittee and the CoC Board.
4. Projects are given feedback from the Subcommittee on quality of application and ways to strengthen the application before submission to HUD.
5. Applications for CoC Planning funds are reviewed by the Review and Rank Subcommittee.

(See Rank and Review Process for more information.)

Ad Hoc Stakeholder Groups

The Continuum of Care Committee and Subcommittees may establish Ad Hoc Stakeholder Groups or working groups as necessary. These groups can be ongoing or time limited and will meet as needed to accomplish the work defined by the Continuum of Care. Ad Hoc Stakeholder Groups may include, but are not limited to:

- Veteran’s Working Group
- Permanent Housing Workgroup
- Outreach Collaborative

Coordinated Entry Grantees

Overview and Relationship to CoC

The Coordinated Entry Project Grantee will carry out the activities defined in the Coordinated Entry contract, approved by the Continuum of Care Board and executed by HUD. The grantee will comply with HUD contract requirements and implement Coordinated Entry policy decisions, as directed by the Continuum of Care Board.

Roles and Responsibilities

The Coordinated Entry Project Grantee’s roles and responsibilities include, but are not limited to:

1. Operating a coordinated entry system.
2. Consistently following prioritization and eligibility standards, adopted by the CoC Board. Adhere to the Coordinated Entry requirements in the HEARTH Act.

Please refer to the most recently approved and adopted Coordinated Entry Policies and Procedures, hereby incorporated by reference.

Homeless Management Information System (HMIS) Lead Agency

Overview and Relationship to CoC

The Homeless Management Information System (HMIS) Lead Agency will carry out the activities defined in the HMIS contract, approved by the CoC Board and executed by HUD. The grantee

will comply with HUD contract requirements and implement the HMIS for the Maricopa Regional Continuum of Care.

Roles and Responsibilities

The HMIS Lead Agency's roles and responsibilities include, but are not limited to:

1. Ensuring consistent participation in HMIS by HUD-funded projects.
2. Ensuring the HMIS is administered in compliance with the requirements prescribed by HUD, including:
 - a. collecting unduplicated counts of individuals and families experiencing homelessness;
 - b. analyzing patterns of use of assistance provided for the geographic area involved;
 - c. providing information to project sponsors and applicants for needs analyses and funding priorities;
 - d. providing for an encryption for data collected for purposes of HMIS;
 - e. providing documentation, including keeping an accurate accounting, proper usage, and disclosure of HMIS data;
 - f. providing access to HMIS data by staff, contractors, law enforcement, and academic researchers; and
 - g. criminal and civil penalties for unlawful disclosure of data.

Please refer to the most recently approved and adopted HMIS Policies and Procedures, hereby incorporated by reference.

REVIEW, RANK and REALLOCATION PROCESS

The Review and Rank Process is used to review and evaluate all CoC project applications submitted in the local competition.

GENERAL PROCESS

A. Phase I - Renewal Project Scoring and Ranking

- The Collaborative Applicant (MAG) may receive input from HUD Grantees on the scoring tool (see attachment "Program Performance Report"). The Collaborative Applicant will finalize the scoring tool and review and rank process. The scorecard is based on objective criteria as reported in the project's Annual Performance Report submitted to HUD. Criteria include points for: serving clients with multiple conditions and those that enter

with no income; projects that serve clients entering from a place not meant for human habilitation; projects whose clients increase housing stability and income; effective use of federal funding; and, projects with reliable data measured by data quality measures. In addition, the CoC awards points for participation in Coordinated Entry and the Continuum of Care; cost effectiveness; alignment with Housing First principles; and, exists to homelessness.

- The Collaborative Applicant initiates the first phase of the performance evaluation, communicates expectations and deadlines to project applicants, and collects required materials. The Collaborative Applicant will coordinate the collection of all reports and materials needed for the scoring tool and coordinate the scoring process for renewal projects.
 - HMIS, Coordinated Entry, and renewal housing projects without an APR due to HUD by May 31, 2018 will be held harmless and need not submit any reports or materials for scoring.
 - Projects operated by Victim Service Providers or that do not use HMIS because they serve survivors of domestic violence, human trafficking, or sexual assault will submit data reports from the project's comparable database.
- The CoC Board will review data sources for community needs and gaps in the CoC program portfolio to make a data-informed decision on funding priorities.
- The CoC Board will review and approve a process and scoring materials, subject to necessary changes due to the NOFA.
- The Collaborative Applicant will recruit a non-conflicted Review and Rank Subcommittee (Subcommittee). The Subcommittee may include at least one non-conflicted provider (ideally a provider with experience administering federal, non-CoC grants), with a focus on having a diverse Subcommittee and some Subcommittee consistency from year to year. CoC Board members are prohibited from serving on the Subcommittee. Members sign conflict of interest and confidentiality statements.
- The Collaborative Applicant will finalize Subcommittee membership and compile renewal project application packets for Subcommittee review.
- Following release of the CoC Program NOFA, the Collaborative Applicant may collect

additional information that is necessary to submit a more competitive Consolidated Application.

- Review and Rank Subcommittee members will be oriented to the process, trained, and receive applications. They will review renewal project application materials over a one-to two- week period. They will review and score renewal project applications using the discretionary points embedded in the scorecard based on the narrative sections provided by applicants in the scorecard (additional details below in attachment “Discretionary Points and Explanatory Narratives”).
- CoC staff will ensure all renewal project applications pass Threshold Review (additional detail below).
- Subcommittee members will meet to jointly discuss each renewal project application and conduct short, mandatory interviews with applicants in person. Teleconference or videoconference accommodations may be requested, if applicant is unable to attend in person. The purpose of the in-person interview is to ask standardized and potentially clarifying questions about projects and/or applications. Projects may receive additional points based on their responses.
 - A Collaborative Applicant representative attends Subcommittee meetings to staff the meetings and act as a resource.
 - In addition to the numeric scores, the Subcommittee will consider qualitative factors such as subpopulation needs, improvement plans, project performance, and potential impact to the community’s system of care when generating recommendations for the CoC Board.
 - HMIS, Coordinated Entry, and renewal housing projects without an APR due to HUD by May 31, 2018 will be held harmless and ranked at the top of Tier I.
- The Review and Rank Subcommittee will develop three ranked list options for presentation to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. These ranked lists will include only renewal projects.
 - Option One: A ranked list based on raw scorecard scores.
 - Option Two: A ranked list based on scores as adjusted by the Subcommittee using the discretionary points embedded in the scorecard.
 - Option Three: A ranked list reflecting the Subcommittee’s consideration of

qualitative factors, as described above and incorporated into standardized interview questions.

- The Subcommittee will review the three options with the CoC Board to allow for explanation, questions, and meaningful dialogue between the members of the Subcommittee and the CoC Board. The CoC Board will not approve the rank order of renewal projects at this time.

B. Phase II - New and Expansion Project Scoring and Ranking and Project Application Review

- Following release of the CoC Program NOFA, all renewal project applicants and new agencies interested in applying will be invited to attend a NOFA launch session. Public notice will be sent to all agencies with renewal applications, the CoC general distribution list, local governments in the region, and posted on the MAG website. The public notice will seek renewal and new applications. New and expansion project application requirements, process and timeline will be explained.
- The Collaborative Applicant will coordinate the collection of all reports and materials needed for scoring and coordinate the scoring process for new and expansion projects.
- Applicants will prepare and submit project applications.
 - Late applications received after the deadline or incomplete applications will not be accepted.
- The Collaborative Applicant will complete a technical review of HUD e-snaps project applications for completeness and technical errors. Applicants will be notified if technical corrections are needed and must complete technical corrections as directed.
- Emergency Procedure: MAG staff will do everything possible to ensure that an application is submitted to HUD for all funds possibly available to the community. Therefore, if/when all on-time applications have been submitted and it appears that the community is not requesting as much money as is available from HUD, then the CoC staff may solicit additional applications. In addition, if, after the Subcommittee has reviewed applications and made priority determinations, an applicant decides not to submit their application to HUD, MAG staff may solicit and submit further applications for the full available amount, with projects representing HUD priorities.

- CoC staff ensure all new and expansion project applications pass Threshold Review.

Threshold Review

In addition to the scoring criteria, all new and renewal projects must meet a number of threshold criteria. A threshold review will take place prior to the review and rank process to ensure baseline requirements are met. All new and renewal projects must meet the following thresholds. If threshold criteria are not met, the Review and Rank Subcommittee will be notified to determine severity of non-compliance with threshold criteria:

- Project must participate or agree to participate in the Coordinated Entry system to the capacity the Coordinated Entry system is built out in the community.
 - Project must meet applicable HUD match requirements (25% for all grant funds except leasing).
 - All proposed program participants will be eligible for the program component type selected.
 - The information provided in the project application and proposed activities are eligible and consistent with program requirements in 24 CFR part 578.
 - Each project narrative is fully responsive to the question being asked and meets all criteria for that questions as required by the NOFA.
 - Data provided in the application are consistent.
 - Required attachments correspond to the list of attachments in e-snaps that must contain accurate and complete information that are dated between May 1, 2018 and September 18, 2018.
- Subcommittee members will review and score new and expansion project application materials over a one- to two- week period based on the scorecard for new projects.
 - The CoC Board will review the CoC Planning Grant funding application.
 - Review and Rank Subcommittee members will meet to jointly discuss each new or expansion project application and conduct short, mandatory interviews. Teleconference or videoconference accommodations may be requested, if applicant is unable to attend in person. The purpose of the in-person interviews is to ask standardized and potentially clarifying questions about projects and/or applications. Projects may receive additional points based on their responses.
 - A Collaborative Applicant representative attends Subcommittee meetings to

staff the meetings and act as a resource.

- In addition to the numeric scores, the Subcommittee will consider qualitative factors such as subpopulation needs and potential impact to the community's system of care when generating recommendations for the CoC Board.
 - Expansion projects will be evaluated using the same scorecard as new projects. If an expansion project receives a score higher than the renewal project it is expanding, the expansion project will be ranked immediately below the renewal project.
- The Review and Rank Subcommittee will develop three ranked list options for presentation to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. These ranked lists will include all renewal, new, and expansion projects.
 - Option One: A ranked list based on raw scorecard scores.
 - Option Two: A ranked list based on raw scores for new and expansion projects and on renewal project scores as adjusted by the Subcommittee using the discretionary points embedded in the scorecard.
 - Option Three: A ranked list reflecting the Subcommittee's consideration of qualitative factors, as described above and incorporated into standardized interview questions.
 - The CoC Board meeting will be scheduled to allow for explanation, questions, and meaningful dialogue between the members of the Subcommittee and the CoC Board.
 - The CoC Board will consider the three options presented and approve a rank order of new, expansion, and renewal projects. CoC Board members that have an application for funding must recuse themselves from the vote and will be asked to follow the same process as other project applicants.
 - The CoC Board's ranking decision is delivered to applicants with a reminder of the appeals process. Only projects receiving less funding than they applied for or that are placed in Tier II may appeal, and only on the basis of fact, as described in the "Appeals Process" below. Any projects eligible to appeal will receive a complete breakdown of scores awarded for each factor as well as a complete list of the recommended project ranks and scores. A non-conflicted work group of the CoC Board will hear appeals. To provide information and support, MAG staff and one member of the Review and

Rank Subcommittee will attend the Appeal Panel to provide information but will not be members of the Appeal Panel or have a vote.

- The CoC Board will meet to consider the ranked list generated by the appeals process and to approve a final rank order for submission to HUD.

REALLOCATION PLAN

It is possible that funds will be reallocated from projects that will not receive renewal funding, or whose funding will be reduced. This is a recommendation made by the Review and Rank Subcommittee, and approved by the Board, and will be based on HUD priorities and CoC Board priorities. When considering reallocation, the Subcommittee may consider:

1. Unspent funds and the ability to cut grants without cutting service/housing levels
 - Subcommittee members will receive guidance about the limitations related to spending CoC funds.
 - For projects receiving leasing or rental assistance, information about unspent funds will be presented together with information about agency capacity (serving the number of people the project is designed to serve)
2. Projects with consistently low scores
 - Scrutiny will be given to projects that scored in the bottom 10% in the past three years
3. Alternative funding sources available to support either new or renewal project(s) at-risk of not being funding
4. Impact on the community in light of community needs
5. Non-compliance issues identified during the Review and Rank process

The impact of this policy is that both high-scoring and low-scoring projects may be reallocated if these considerations warrant that decision.

APPEALS PROCESS

The Review and Rank Subcommittee reviews all applications and ranks them for funding recommendations for approval by the CoC Board to be forwarded to HUD for funding. The CoC Board's funding recommendation decision is communicated to all applicants by email

within 24 hours of the determination. All applicants are hereby directed to contact Kinari Patel at (602) 254-6300 (kpatel@azmag.gov) if no email notice is received.

1. Who May Appeal

An agency may appeal an “appealable ranking decision,” defined in the next paragraph, made by the Review and Rank Subcommittee concerning a project application submitted by that agency. If the project was submitted by a collaboration of agencies, only one joint appeal may be made.

2. What May Be Appealed

“An appealable ranking decision” is a decision by the Review and Rank Subcommittee that:

- a. Reduces the budget to a lower amount than applied for;
- b. Ranks the project in Tier 2, or;
- c. Recommends the project for reallocation.

3. Scope of an Appeal

The main questions for the Appeals Panel are:

- a. Was the review process followed consistently?
- b. Were all applicants evaluated in a similar manner?
- c. Did the Ranking Panel or the Continuum of Care make an error?

Disagreement with discretionary point allocations are not grounds for appeal. The Rank and Review Subcommittee will insure that discretionary points are applied consistently across projects.

If an error was made by the Rank and Review Subcommittee, the Board, or applications were not reviewed according to the same process, then an appeal may have merit and an appeal hearing may be granted.

An appeal does not have merit if the agency interprets the information differently or if they provide additional information after the application deadline and/or CoC Board decision.

There are issues that are important that are clearly beyond the scope of this body such as the importance of a program, the special needs of a target population, and the impact on other systems.

If the appeal hearing is not granted, the project remains on the project listing as approved by the Board.

If the hearing and appeal are granted, and project scoring and/or listing changes, the project listing will be revised accordingly. This would impact other projects and therefore, the Continuum of Care Board will need to establish quorum, meet, and take action on the final project listing. The decision of the CoC Board will be final.

4. Timing

The ranking decision is communicated to all applicants within 24 hours of Board funding decision. The Board funding decision will take place at least 20 days prior to the NOFA due date. Applicants have 48 hours after the CoC Board funding decision to submit their appeal and should contact Kinari Patel at (602) 254-6300 (kpatel@azmag.gov). Applicants who are eligible and decide to appeal should submit a formal written appeal (no longer than 2 pages) to Kinari Patel (kpatel@azmag.gov). If an appeal will be filed, other agencies whose rank may be affected will be notified as a courtesy. Such agencies will not be able to file an appeal after the appeals process is complete. They may file an appeal within the original appeals timeline.

5. Initiating the Formal Appeal

The Formal Appeal must be submitted within 48 hours of the CoC Board funding decision (time countdown begins on the time listed on the agenda when the Board meeting ends). The appeal document must consist of a short, written (no longer than 2 pages) statement of the agency's appeal of the CoC Board's decision. The statement can be in the form of a letter, a memo, or an email transmittal.

The appeal must be transmitted by email to Kinari Patel (kpatel@azmag.gov).

6. Members of the Appeal Panel

A three-member non-conflicted Appeal Panel will be selected from the CoC Board. These individuals will have no conflict of interest in serving, as defined by the existing Review and Rank Subcommittee conflict of interest rules. Voting members of the Appeal Panel shall not serve simultaneously on the Review and Rank Subcommittee; however, a Review and Rank Subcommittee member and MAG staff will participate in the Appeal Panel to inform discussion.

7. The Appeal Process, Including Involvement of Other Affected Agencies

The Appeal Panel will review the written appeal for merit. If the Appeal Panel believes there is merit to the appeal on the basis of facts, then an appeals meeting will be conducted either in person or by telephone with a representative(s) of the agency who

filed the appeal. The Panel then will deliberate and inform appealing agencies of its decision.

If an appeals meeting is held, the CoC Board will approve the final project list for submission. If an appeals meeting is not held, the original project list will be upheld. The decision of the CoC Board will be final. Final decisions for projects being rejected or reduced and the reason(s) for the rejection or reduction will be communicated in writing and outside of e-snaps no later than 15 days prior to the FY 2018 NOFA application deadline.

CONSOLIDATED APPLICATION

- The Consolidated Application will be made available to community for inspection on MAG's website at least two days prior to the FY 2018 NOFA application deadline.
- MAG will submit the Consolidated Application to HUD.
- Stakeholders will be advised that the application has been submitted.
- Projects will have opportunity to debrief scores with CoC staff. All projects are welcome to request a debriefing and receive a complete breakdown of their scores within 30 days.

Voluntary Reallocations

An agency may decide to submit a letter of request if they wish to voluntarily reallocate a project. Notification of voluntary reallocations must be given to the Collaborative Applicant in writing prior to the review of the Grant Inventory Worksheet by the U.S. Department of Housing and Urban development. An agency wishing to pursue a voluntary reallocation may submit a letter of request to pursue two options: 1) not apply for renewal funding which will result in those funds being available for new project applications; or, 2) reallocate funds to a new project within their agency.

In the case of the second option, the following procedure will apply:

- The existing project will be monitored to determine compliance and performance
- The new project must meet the Board-adopted priorities for the relevant NOFA cycle
- All other threshold criteria (see previous section) must be met by the new project

Requests for voluntary reallocation are subject to CoC Board approval with input from the Collaborative Applicant and if applicable, the Rank and Review Committee.

ESG and CoC Written Standards

Introduction

These written standards apply to all Maricopa Regional Continuum of Care (CoC) contracts and Emergency Solutions Grant (ESG) subrecipients. These standards must consistently be applied for the benefit of all program participants. These standards do not replace policies and procedures created by homeless services providers, but rather they provide an overall context for programs funded with U.S. Department of Housing and Urban Development (HUD) funding.

Prioritization for the activities included in this document will follow the adopted Maricopa Regional Continuum of Care Policies and Procedures. All ESG and CoC projects funded in the geographic area covered by the Maricopa Regional Continuum of Care must comply with the Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs final rule, 24 CFR Part 5 effective September 14, 2016.

ESG and CoC subrecipients agree to input client level records through the HMIS system and in accordance with approved Continuum of Care (CoC) data sharing policies and procedures.

Eligible ESG Activities

The CoC Board priorities for Emergency Solutions Grant funding are Rapid Rehousing, Emergency Shelter, and outreach. In addition, the CoC Board recommends that Emergency Solutions Grant recipients link their sub-recipient grants to outcomes that positively impact System Performance Measures as determined by the Maricopa Regional Continuum of Care.

Homelessness Prevention

ESG funds may be used to provide housing relocation and stabilization services and short-and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the "homeless" definition in § 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the "at risk of homelessness" definition, or who meet the criteria in paragraph (2), (3), or (4) of the "homeless" definition in § 576.2 and have an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short-term and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

Eligibility:

Category (2) Individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Category (3) 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:

- (i) Are defined as homeless under the other listed federal statutes
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless application
- (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
- (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category (4) Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

Has an annual income below 30% of AMI.

Street Outreach

ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. For the purposes of this section, the term “unsheltered homeless people” means individuals and families who qualify as homeless under paragraph (1)(i) of the “homeless” definition under § 576.2.

Eligibility:

Category (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a 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 and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Emergency Shelter

The term Emergency Shelter per 24 CFR Part 576.2 means ‘any facility, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements’. This definition excludes transitional housing. However, projects that were funded as emergency shelter (shelter operations) under the FY 2010 Emergency Shelter Grants program may continue to be funded under the emergency shelter component of the Emergency Solutions Grants program, regardless of whether the project meets the definition in 24 CFR Part 576.2.

Eligibility:

Category (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a 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 and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category (4) Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

Data Collection (Homeless Management Information System)

ESG funds may be used to pay for the costs of participating in and contributing to the HMIS designated by the Continuum of Care for the area.

Eligible CoC Activities

Transitional Housing

CoC funds may be used to provide transitional housing where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing as quickly as possible within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that may extend to 24 months.

Eligibility:

This assistance may be provided to individuals and families who meet the criteria in category (1) (2), (3), or (4) of the “homeless” definition in § 583.5 of the U.S. Department of Housing and Urban Development, Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homelessness” Final Rule, 24 CFR Parts 91, 582, and 583.

Permanent Supportive Housing

CoC funds may be used to provide permanent supportive housing—permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.

Eligibility:

This assistance may be provided to individuals and families who meet the criteria in category (1) and/or (4) of the “homeless” definition § 583.5 and “disability” definition § 582.5 of the U.S. Department of Housing and Urban Development, Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homelessness” Final Rule, 24 CFR Parts 91, 582, and 583.

Eligible CoC and ESG Activities

Rapid Rehousing

ESG and/or CoC funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

The Maricopa County Continuum of Care approved a financial assistance policy for Rapid Rehousing on January 30, 2017.

Eligibility:

Category (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a 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 and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category (4) Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

Special Protections in Compliance With Rules Set Forth in 24 CFR Part 578, which Covers CoC Responsibilities, Including Responsibilities Related to the Violence Against Women Act (VAWA) (Adopted by the Board 7/29/2019)

Federal regulations provide protections to and prohibit discrimination against program applicants and program participants who have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation. **All CoC-funded service providers are responsible for understanding and implementing these requirements, as written by HUD, within their programs.**

HUD prohibits denying assistance to program applicants and program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Similarly, HUD prohibits terminating program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Additionally, HUD-funded program participants cannot be evicted from housing because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking.

HUD Emergency Transfer Form (HUD Form 5383) will be required from the transferring party. Transferring the victim, bifurcation of lease, etc. may be used to address the victim needs.

Requirements:

The Maricopa Regional CoC and ESG providers must implement and document procedures to ensure compliance with the rules set forth in § 578.99(j) of the CoC Interim Rule:

- Persons may not be denied assistance, terminated from assistance or evicted as a result directly related to experiencing domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation.
- CoC funded programs must inform participants of Notice of Occupancy Rights and the Certification form for documenting the incident of domestic violence, dating violence, sexual assault, or stalking.
- Providers are to adhere to the CoC's adopted Emergency Transfer Plan.
- CoC programs must record the number of emergency transfer requests received and the outcomes associated with those requests.
- All housing providers will provide reasonable accommodations to this policy for persons with disabilities.

Prohibitions on Denying, Terminating, and Evicting Protected Program Participants:

HUD prohibits denying assistance to potential program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Similarly, HUD prohibits terminating program participants because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking. Additionally, participants in HUD-funded programs cannot be evicted from housing because they have experienced or are experiencing domestic violence, dating violence, sexual assault, or stalking.

Participants may be evicted, and assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking. Mutually agreed upon early lease termination will be facilitated by the housing provider to protect the victim and other tenants if there is known imminent danger to the participant or other tenants. Participants may be evicted and assistance terminated, if covered HUD-funded housing providers can demonstrate that not evicting or terminating the participant's assistance would present a real physical danger that:

- Would occur within an immediate time frame, and
- Could result in death or serious bodily harm to other tenants or those who work on the property.

If housing provider can demonstrate the above, the housing provider should only terminate assistance or evict if there are no other actions that could be taken to reduce or eliminate the threat.

Providing Notice of VAWA Protections:

All CoC-funded housing providers and ESG-funded Homelessness Prevention and Rapid Rehousing providers must provide notice to program applicants and participants of their rights under VAWA. **CoC program grantees must document that clients were informed of their rights and provided copies of the notices. A signed copy of acknowledgement must be maintained in client files.** HUD provides detailed guidance on the scope and timing of this requirement in 24 CFR 578.99(j)(4) and 24 CFR 5.2005(a).

1) All CoC-funded programs must provide applicants and participants the following documents:

a) HUD Form 5380: Notice of Occupancy Rights under the Violence Against Women Act form that explains the VAWA protections including the right to confidentiality, and any limitations on those protections.

b) HUD Form 5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, Stalking or Alternate Documentation form to be completed by the participant to document that the applicant or resident is a victim of domestic violence, dating violence, sexual assault, or stalking.

2) HUD forms 5380 and 5382 must be provided to each person seeking or receiving CoC or other HUD-funded housing assistance at the following times:

- a) When an individual or family is denied permanent or transitional housing;

- b) When a program participant is admitted to permanent or transitional housing;
- c) When a program participant receives notification of eviction; and
- d) When a program participant is notified of termination of assistance.

3) HUD forms 5380 and 5382 are available in multiple languages [here](#).

4) If a program participant in a CoC-funded program has not been notified of their rights under VAWA, and none of the above conditions apply, the program must provide HUD forms 5380 and 5382 at re-certification or lease renewal.

5) CoC-funded programs using funds for rental assistance are required to include VAWA notification and confidentiality requirements (specified in 24 CFR 5.2007(c)) in a contract with the owner or manager of the housing unit(s). The program must ensure that the owner or manager of the housing provides HUD forms 5380 and 5382 to the program participant with any notification of eviction.

Contract, Lease, and Occupancy Agreement Provisions:

CoC-funded programs must include language in agreements with housing owners or landlords detailing VAWA protections, including notification, prohibited bases for eviction, limitations, and other requirements. For specific requirements, see 24 CFR 578.99(j)(5).

For leases for tenant-based rental assistance existing prior to December 16, 2016, recipients and subrecipients must enter into a contract as specified by 24 CFR 578.99(j)(5) before the next renewal of the lease.

Emergency Transfer:

One of the key provisions the 2013 VAWA updates and subsequent HUD regulations is the ability of an eligible program participant to be offered information about VAWA protections and the opportunity to request an Emergency Transfer from their housing unit to another, safer housing unit. The Maricopa Regional CoC has responded to this requirement by developing an Emergency Transfer Plan for victims of domestic violence, dating violence, sexual assault or stalking and an emergency response protocol for addressing incidents of domestic violence, dating violence, sexual assault, or stalking.

1) Ensuring Low Barrier Access

Program providers should be informed of signs of victimization and abuse and should proactively help participants understand their rights and protections under VAWA. If a participant indicates a need for protection or communicates a lack of safety, programs have a responsibility to help

participants understand their rights and access their options. Program participants do not have to specifically request an emergency transfer or mention VAWA directly to be eligible for VAWA protections.

2) Emergency Transfer Request

HUD requires that its approved Emergency Transfer Request form be used to initiate Emergency Transfers. The form details the eligibility criteria for requesting an Emergency Transfer as well as the documentation and information that is necessary for completing the Emergency Transfer Request.

Providers are responsible for taking actions directed toward immediate client safety and should do this by first connecting the client to a Victim Service Provider for safety planning. By providing a direct referral to a Victim Service Provider, a risk assessment and safety planning will help the survivor navigate appropriate steps toward safety and determine what actions (including an emergency transfer) are in the best interest of their own safety.

3) Emergency Transfer Plan

HUD regulations require that its model Emergency Transfer plan be adapted and used to initiate and document Emergency Transfers under VAWA. The Maricopa Regional CoC has adopted HUD's Emergency Transfer Plan. Providers receiving HUD CoC and ESG funds must utilize the guidance provided in the Maricopa Regional CoC Emergency Transfer Plan to initiate Emergency Transfers.

Requesting an Emergency Transfer does not guarantee a program participant will receive a successful transfer opportunity and/or be located to another HUD-funded housing unit.

4) Emergency Response Protocol

In the interest of putting safety first, the Maricopa Regional CoC has adopted an Emergency Response Protocol that urges service providers to begin safety planning as the first step before initiating or requesting an Emergency Transfer.

- Providers in the Maricopa Regional CoC should contact SAFE DV Services, 480-890-3039, to begin assisting clients with safety planning and to help the Program Participant identify appropriate services. Providers are required to become familiar with this protocol and are encouraged to follow this protocol whenever safety allows.

Certification Documenting Incident:

Housing providers may, but are not required to, ask participants to provide documentation certifying incidents of domestic violence, dating violence, sexual assault, or stalking, to assert VAWA's protections. At their discretion, housing providers may apply VAWA to an individual based solely on the individual's verbal testimony. However, if the housing provider requests documentation, this request must be made in writing.

CoC programs must have written policies stating program requirements for requesting documentation to certify incidents and standard operating procedures outlining practices that prohibit discrimination and ensure client self-efficacy and confidentiality.

If a provider requires a participant to provide documentation of the event, the provider must submit the request to the participant in writing and inform the participant of acceptable forms of documentation. The program participant/victim can choose what form of documentation to provide. The program participant/victim has 14 business days to produce documentation and the housing provider may extend the timeframe if it is needed by the individual. Acceptable types of documentation provided by HUD are:

- 1) HUD Form 5382
- 2) Third party documentation includes statements provided by a victim service provider, medical professional, mental health professional, and/ or attorney. Must be signed by both the third party and the program participant/victim under the penalty of perjury. Persons requesting protection cannot be required to provide third-party documentation. However, in cases where two household members claim to be the victim and name the other household member as the perpetrator, the housing provider can require third-party documentation.
- 3) Police, court, or administrative records.
- 4) A written statement or other evidence provided by the participant.

Lease Bifurcation:

In accordance with 24 CFR 5.2009(a), housing providers may bifurcate a lease, or remove a household member from a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to such member who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking against an affiliated individual or other individual regardless of whether the household member is a signatory to the lease, and without evicting, removing, terminating assistance to, or otherwise penalizing a victim of such criminal activity who is also a tenant or lawful occupant.

Covered housing providers are encouraged to undertake whatever actions permissible and feasible under their respective programs to assist individuals residing in their units who are victims of domestic violence, dating violence, sexual assault, or stalking to remain in their units or other units under the covered housing program or other covered housing providers, and for

the covered housing provider to bear the costs of any transfer, where permissible. (24 CFR 5.2009(c)).

Continued Assistance:

If a family who is receiving tenant-based rental assistance under this part separates via lease bifurcation (24 CFR 5.2009(a)), the family's tenant-based rental assistance and any utility assistance shall continue for the family member(s) who are not evicted or removed. (24 CFR 578.99(j)(7))

For permanent supportive housing projects, members of any household who were living in a unit assisted under this part at the time of a qualifying member's eviction from the unit because the qualifying member was found to have engaged in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking, have the right to rental assistance under this section until the expiration of the lease in effect at the time of the qualifying member's eviction. (24 CFR 578.75(i)(2), also see 24 CFR 578.99(i)(7))

Otherwise, if a family living in a CoC-funded project separates via lease bifurcation, the remaining tenant(s) will be eligible to remain in the project. (24 CFR 578.99(i)(7))

Documenting and Reporting Outcomes:

Providers must document requests for emergency transfers, including the outcome of the requests, and are required to report these outcomes to HUD annually. All records related to emergency transfer requests must be retained for three years. All covered housing providers must maintain records on emergency transfers requested under 24 CFR 5.2005(e).

Protecting Sensitive Data:

Agencies must ensure they have policies and infrastructure in place to secure sensitive data. Policies should include access levels, user passwords and retention and destruction guidelines. Infrastructure includes servers, networks, back-up devices, and software updates to maintain databases and protection against breaches and malware. HMIS records may be locked if necessary to protect the privacy of the victim.

Financial Assistance Standards for Rapid Re-Housing

(Revised by CoC Board 1/26/2017)

The Maricopa Regional Continuum of Care understands the important role that rapid re-housing (RRH) plays in the region's efforts to end homelessness. RRH provides personalized interventions for individuals and families to quickly exit homelessness. Assistance may be provided for housing identification, move-in costs, rental assistance, case management and/or supportive services

depending on the client's needs. The community recognizes that is important to meet individuals and families "where they are" and limit assistance to only what is necessary to end his/her/their homelessness. Assistance must be tailored to the particular needs of each client to ensure that the community provides "just enough" assistance and the right assistance to ensure the client's success. Nevertheless, community standards are important so that RRH remains an effective intervention that is administered in a consistent manner throughout the community. Therefore, the Maricopa Association of Governments Regional Continuum of Care has adopted RRH Financial Assistance Standards.

As determined by the client and case manager, at any point while receiving assistance through the RRH project, if the client is able to pay 100% of contract rent, rental assistance may cease.

Rental Assistance During the First Three Months

Providers will determine for each client the number of months the assistance is needed—there is no such thing as an "automatic" approval for three months of assistance—some clients may receive no rental assistance, one month's rental assistance, or three months rental assistance. For those with zero income, 100% rental assistance allowed. For those with income that exceeds or is equal to the minimum Social Security Income, clients are expected to pay 33% contract rent. Exceptions may be made for wage garnishments. In addition, court-ordered voluntary child support payments, criminal fines, or any payments that would result in garnishment if not paid by the client may be exempted from the percentage of income required for rent. Documentation is required to show that payment is necessary. Documentation is also required that the payment was made by the client.

Rental Assistance During the Next Four to Six Months

Providers will determine for each client the number of months the assistance is needed. Reconfirmation will be done monthly to ensure assistance is still needed. If rent was paid during the first three months (as outlined in Section I), the expected client payment towards contract rent will be 67% of contract rent. If client did not pay a portion of the rent during the first three months, 100% rental assistance may be allowed for the first month (month four of RRH assistance). Evaluation of the need of further assistance is required monthly. Rental assistance of 100% assistance is allowed with appropriate documentation of need from the caseworker, however, it is expected that clients are gaining income and instances of zero income will be rare.

Rental Assistance for Months Seven to Twelve

All clients are expected to have income at seven months. In rare circumstances, exceptions may be made. At seven months, clients are expected to pay 67% of contract rent. Exceptions may be made for those clients that have recently gained income, however, in that case, it would be expected that client will pay at least 33% of contract rent. By month ten, if the client has not

moved towards paying full contract rent, evaluation should be made for other appropriate housing.

Other Financial Assistance

Programs may provide non-refundable fees and deposits, refundable security deposits, and utility deposits for program participants. Depending on the funding source, some programs may provide utility assistance payments and application fees.

Exceptions

It is recognized that circumstances will differ for each client and unexpected events can occur during the course of assistance. Exceptions can be made at any level of assistance for extraordinary circumstances if it will increase the likelihood of a successful housing outcome.

Regulation References

24 CFR 576.400(e)

(e)Written standards for providing ESG assistance.

(1) If the recipient is a metropolitan city, urban county, or territory, the recipient must have written standards for providing Emergency Solutions Grant (ESG) assistance and must consistently apply those standards for all program participants. The recipient must describe these standards in its consolidated plan.

24 CFR 578.7(a)(9)

(9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

(i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;

(ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

(iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;

(iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

(vi) Where the Continuum is designated a high-performing community, as described in subpart G of this part, policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix).

Community Adopted Best Practices

Background

The community approved best practices were developed to serve as a guiding document for all homelessness programs to achieve the highest service standards for people being served in our community. This document includes a framework that applies to our full continuum of services; including, Outreach, Coordinated Entry and Assessment, Emergency Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing. The shared best practices may be applied to any program, including non-HUD funded projects.

The shared best practices apply to all interventions. Practices specific to a particular service (e.g. Emergency Shelter or Permanent Supportive Housing) are outlined in the intervention specific documents that follow. These practices have been developed, and vetted, by a range of stakeholders; including the Regional Continuum of Care (CoC) Board, Regional Continuum of Care Committee, local service providers, faith community, ESG grantees, and ad hoc working group participants.

This document was developed in collaboration with both service providers and funders as a statement of what the community strives for in program design, operation and outcomes. This document is not designed as a tool for measuring program compliance in general, yet some of the best practices outlined in this document are required for Continuum of Care funded programs and are denoted as such with an *. This document is a companion to other documents, such as the HUD standards, and is intended to be used alongside them; projects should not rely on this document as an inclusive list of requirements and should consult with the requirements of HUD and other funders when implementing programs. This document replaces the Standards of Excellence, previously adopted by the CoC Board of Directors.

Shared Best Practices

Philosophical Approaches

Housing First (adapted from USICH Housing First Check List) (CoC programs should also reference the Scorecard):

- Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.
- Programs do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.” Should such a case arise, provide a warm hand-off to coordinated entry or another resource.
- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.
- Programs that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to shelter, housing, and services elsewhere.
- Housing and service goals and plans are highly participant-driven.
- Supportive services emphasize engagement and problem-solving.
- Participation in supportive services or compliance with service plans are not conditions of program entry or tenancy, but are reviewed with participants, and regularly offered as a resource.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some participants’ lives. Participants are engaged in non-judgmental communication regarding drug and alcohol use, and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself; without other program, or lease violations, is not considered a reason for eviction, or program exit.
- Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction or returns to homelessness is avoided.
- Ensure that leases are standard and program requirements are transparent and focused on the hardest to serve, screening in rather than screening out.

Alumni Involvement:

- Agencies will create opportunities for current and prior program participants in the operation and development of program delivery.

Continuity of Care:

- When possible, establish contact, and ensure continuity of care with new programs, or case managers; both interagency and intra-agency.
- When providing services or exiting households to Permanent Housing, provide orientation to the neighborhood and ensure connections with local resources, when possible.

Governance:

- Persons with lived experience will have opportunities to provide feedback to program managers, and the Board of Directors on the delivery of services. Programs should solicit Board membership to include those with lived experience.
- To assess the effectiveness of programs, evaluation of services and outcomes for program participants should be incorporated into program design and shared with the agency's governance structure.

Length of Stay:

- Individualized housing-based service plans (IHSP) are designed to meet the unique needs of each household, and are designed to facilitate the shortest possible stay, resulting in an exit to Permanent Housing.

Supportive Services:

- Participants have easy access to a comprehensive array of services designed to assist them in sustaining housing stability, and maintaining self-sufficiency.
- At minimum, service coordination and/or case management, based on the IHSP, are offered to every household.*
- Using a progressive engagement model, services are flexible, and individualized; services may include, but are not limited to, mental health, substance abuse treatment, life skills development, money management, benefits enrollment, primary health care, legal assistance, job training/placement, transportation, and education. All services may not be provided by a single project, and providers should make referrals and connections, as appropriate.
- The intensity of services is based on the needs of the household.
 - Utilize a client-centered, strengths-based approach to case management (e.g., motivational interviewing, trauma-informed care).

Operating Standards

Client Confidentiality:

- Program takes precautions to protect confidential client information.
- Client level data will only be shared in compliance with local data sharing agreements, and any associated signed client release of information.

Client Rights:

- Every household is clearly informed of client rights including protocols for expressing grievances during program stay, and potential reasons for involuntary exits from the program.

Compliance:

- Program is compliant with federal and state Fair Housing, Arizona Landlord Tenant Act, the HUD Equal Access to Housing Notice, the Americans with Disabilities Act, and the Violence Against Women Act, as applicable. This may not be an all-inclusive list.

Food Safety:

- Staff who will prepare & serve meals have a valid food handler card/certificate issued by any county in the State of Arizona, or by an American National Standards Institute accredited food handler training program.
- Plan meals that adhere to or exceed USDA's Dietary Guidelines where applicable.

Homeless Management Information System (HMIS) participation:

- Programs are fully implemented within the local HMIS system and data quality standards are upheld.
- Programs maintain documentation of every participant's stay in order to provide homeless certification, when needed, through the HMIS.
- Programs comply with the HMIS data standards, include timeliness standards.

Hot boxes:

- All site based programs employ hot box technology as prevention measure for bed bugs infestations. Service providers should use hot boxes for scattered-site housing when possible.

Identification:

- All households are assisted with obtaining all documentation needed to access employment, eligible benefits, and permanent housing (e.g., Social Security cards, divorce decrees, DD214s, income or disability verification, photo identification, etc.). It is important that documents are legible.

Income and Employment:

- All households are assisted in receiving, or maintaining, all eligible public benefits (cash & non- cash) and/or achieving earned income.* Providers engage in the SOAR process for rapid enrollment for eligible tenants in SSI/SSDI.

Mandatory Reporting:

- All staff are mandatory reporters of suspected abuse or neglect and complies with mandatory reporting statutes.

Participant Surveys, Assessments, and Focus Groups:

- Programs/providers will assess participants, through surveys, assessments, and/or focus groups.
- The CoC Board approved survey is made available to all providers to assess the satisfaction of services, and may use other community adopted assessments (e.g. SPDAT, F-SPDAT) to measure wellness.

Safety:

- The safety of clients, volunteers, and staff will be prioritized.
- Test staff for TB annually and on occasions of exposure (recommended by the CDC).
- Encourage updates of all booster shots.
- Programs will ensure that staff are available to maintain safety and operate necessary services.
- VAWA statement of rights will be distributed to all clients at program/project entry.

- Providers will engage in crisis and safety planning with clients.

Staffing:

- Employ multilingual staff. Ensure access to multilingual interpretation services.
- Ensure that all staff is culturally-competent & sensitive to all subpopulations.
 - Employ multi-disciplinary team, or establish a partnership, with specialist in housing who locates housing and may assist in navigating application processes.

Tenant Notice:

- All households receive a copy of Arizona Tenants' Rights and Responsibilities, as applicable.

Professional Development

Professional development for staff and managers is critical to ensure quality services for participants and to promote the safety and well-being of participants and staff. Providers engaging people experiencing homelessness should focus on training for staff, to include the following, as applicable:

- Boundaries
- Communicable diseases
- Conflict resolution
- CPR/First Aid
- Crisis Intervention
- Cultural, gender, gender nonconformity, and sexual orientation competency
- De-escalation
- Emergency health response
- Harm reduction
- Mental health first aid
- Motivational interviewing
- Secondary trauma
- Substance abuse and signs
- Symptoms of overdose
- Trauma informed care, including domestic violence sensitivity
- What to do in emergency situations

Intervention Specific Best Practices

Emergency Shelter

Case Management:

- Agency maintains appropriate ratio of case manager/housing specialist to clients.
 - Families: 1 case manager to no more than 20 families
 - Singles: 1 case manager to no more than 30 clients

Coordination:

- Programs will participate in Coordinated Entry as outlined in the Maricopa County Continuum of Care policies and procedures.

Family Separation:

- Resources or referrals are in place that will shelter families without separation.

Services:

- A housing –based service plan will be developed within 72 hours of entering shelter. This plan will be based on t the unique needs of the individual/household.
- Clients will be connected to a navigator as soon as possible to assist them in attain all documents necessary to move into permanent housing.

Transitional Housing

Case Management:

- Agency maintains a ratio of no more than 1 case manager/housing specialist to 20 households.

Leasing / Occupancy standards:

- Transparent leasing standards should focus on the hardest to serve, screening in rather than screening out.
- All residents must have a signed lease or occupancy agreement.

- Lease/occupancy agreements must be no less than one month and no more than 12 months in duration.

Program Duration:

- Length of stay in program not to exceed 24 months.
- Continuous assessment of client to determine appropriate subsidy and level of services.
- Re-evaluation is required, and continuation of the leasing subsidy / financial assistance is based upon household needs.
- Program exit strategy – need wording to include community connectedness in their permanent housing following program exit.

Rent:

- Tenant pays no more than 30% of their income of income toward rent.

Permanent Housing

These best practices apply to all permanent housing interventions. Permanent Supportive Housing (PSH), Other Permanent Housing (OPH) and Rapid Rehousing (RRH) specific Best Practices follow this section.

Housing Retention:

- Every resident in both scattered and single-site housing should have a housing retention plan to both maintain and prevent returns to homelessness.
- Residents at risk of eviction will be assisted in maintaining their housing or in finding other suitable permanent housing. Progressive engagement should be utilized when appropriate and available.

Mutual Rescission:

- Direct services parties will work to educate and advocate with both tenant and landlord on benefits of a mutual rescission, as opposed to eviction.

Scattered-Site Housing Selection:

- Service providers ensure households have choices among available housing units which meet the rent reasonableness guidelines and pass basic habitability and lead-based paint screenings.
- Staff will assist tenants in advocating for flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

Income:

- Tenants who have been in supportive housing for one year increase their income, if they moved in with no income and those who moved in with income, maintain that income.
- Providers should work with tenants who move into permanent housing to increase their income.
- Tenants, who enter supportive housing with income and/or employment, have maintained it.
- Avenues for employment are supported and encouraged for tenants.

Landlord Engagement:

- Upon program entry, programs are expected to engage with the landlord and develop an ongoing collaborative relationship.
- Programs are expected to intervene and mediate any landlord issues or leasing concerns.
- Programs are expected to educate landlords regarding program services and expectations.
- Programs should have a point of contact with landlords for any issues that arise.

Housing Requirements:

- Prior to execution of lease, units must pass basic Habitability and/or Housing Quality Standards Inspections, Lead-based Paint Screening and comply with rent reasonableness guidelines.
- Tenants are required to have a lease or occupancy agreement in their name for the appropriate length of tenancy as determined by funding source.
- Participation in services cannot be a condition of tenancy.

- Programs should educate clients on all aspects of the lease.
- With landlords, agencies must execute a Housing Assistance Payment contract (HAP) or rental assistance agreement based on the intervention.

Program Duration:

- Continuous assessment of client to determine appropriate subsidy and level of services.
- Re-evaluation is required for continuation of the leasing subsidy / financial assistance is based upon household needs.
- Households must also meet the requirements of the funder requirements.
- Case management may be extended beyond the end of financial assistance if needed by the household.

Services:

- Individualized Housing Stabilization Plan (IHSP) will:
 - Be developed within two weeks of the lease start date based on the unique needs of the household.
 - _IHSP should be client-centered and created with the active participation of the household.
- Identify activities that will:
 - Connect resident to resources that integrate residents into the community, and increase independent living skills and social interaction.
- Written program agreements clarify the services available and roles and responsibilities of both the service provider and tenant.
- The intensity of services is based on the needs of the household with a minimum standard of weekly contact initiated by the service provider and at least one monthly home visit.

Rapid Re-housing

These best practices are in addition to those in listed the Permanent Housing section above.

Referrals:

- All referrals come through the Coordinated Entry System and agencies will accept referrals in accordance with the Coordinated Entry Policies and Procedures.
- Agency has a plan for locating and engaging with the referred household from coordinated entry that includes connections with homeless, human service and mainstream resources.
- Multiple and varied attempts to contact the referred household must be made and documented before cancelling referral. A referral cannot be cancelled due to “not contact” prior to two weeks of attempted contact.
- HMIS and/or shared data systems should be utilized to identify last known location of the referred household.

Intake and Assessment:

- Agency utilizes an assessment process that is progressive, in that assessment and information gathering occurs when appropriate and relevant to service delivery and referral decisions and does not gather unnecessary information.
- Assessment of relevant housing barriers is focused on “tenant screening” barriers and “housing retention” barriers. Tenant screening barriers include employment, rental and criminal history, and other factors that would cause landlord to reject a tenant’s application for housing.

Case Management:

- Agency maintains a ratio of no more than 1 case manager/housing specialist to 20 households.
- The intensity of services are based on the acuity of the household with a minimum standard of one monthly home visit, or more as needed.
- Service providers should be actively involved in identifying and selecting a unit: the units should be affordable and sustainable over the long term and based upon the potential earned income of the client.

Financial Assistance Standards:

- Programs will use financial standards to determine appropriate portion of rent for which the client is responsible.
- CoC approved RRH Financial Assistance Standards are made available to all providers.

Training:

- Provide ongoing RRH specific training to service providers at least twice annually.

Permanent Supportive Housing

These best practices are in addition to those listed in the Permanent Housing section above.

Assessment:

- Move-on strategy should be developed when appropriate.

Case Management:

- Agency maintains a ratio of no more than 1 case manager/housing specialist to 15 households.

Leasing standards:

- Transparent leasing standards should focus on the hardest to serve, screening in rather than screening out.

Rent:

- Tenant pays no more than 30% of their income of income toward rent.

Services:

- Project-Based programs: o Property Management (PM) and Social Services (SS) are coordinated and have same approach/philosophy.
-PM and SS develop and maintain a clear delineation of roles and ongoing communication.
- Scattered-Site Projects:
-Social Services should be coordinated with private landlords, when possible.

Training:

- Provide ongoing PSH specific training to service providers at least twice annually.

Appendix A: Index of Central Roles and Responsibilities

This appendix is a quick reference list of which groups are responsible for major roles and responsibilities. More details about each responsibility is contained in the preceding document.

- I. Annual CoC program application (CoC Board, MAG)
- II. Coordinated Assessment (CoC Board, Coordinated Entry Grantees, MAG)
- III. Coordination and integration with ESG recipients (CoC Board, ESG Subcommittee)
- IV. Feedback on consolidated plans (CoC Board, MAG) V. HEARTH Act Compliance (MAG)
- VI. Meeting Minutes (CoC Board, CoC Committee, MAG)
- VII. Point-in-Time count (CoC Board, MAG)
- VIII. Quorum (CoC Board, CoC Committee)
- IX. Review of charter (CoC Board)

Appendix B: Glossary

From Community Adopted Best Practices:

ADA: The Americans with Disability Act of 1990 prohibits discrimination based on disability and requires programs to take reasonable steps to make programs accessible to people with disabilities.

Affordable housing: A general term applied to public- and private-sector efforts to help low and moderate- income people purchase or lease housing. As defined by the United States Department of Housing and Urban Development, any housing accommodation for which a tenant household pays 30% or less of its adjusted gross income.

Boundaries: In homeless programs, “boundaries” refers to limits to physical, mental, and emotional client-staff interactions to ensure that the rights and interests of clients are respected and that staff work reflects the agency's ethical values.

Case management: The overall coordination of an individual’s treatment plan and use of services, which may include medical and mental health services, substance use services, and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy, treatment planning and referral on behalf of individual clients.

Chronically Homeless: HUD defines chronically homeless as a person or family (head of household) who has been homeless and living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least a year or at least four separate occasions in the last 3 years and who can be diagnosed with a disabling condition.

Contacts: A contact is defined as an interaction between an outreach worker and a client designed to engage the client. Contacts may include activities such as a conversation between the street outreach worker and the client about the client’s well-being or needs, an office visit to discuss their housing plan, or a referral to another community service.

Continuum of Care: As a condition of funding, HUD requires local communities establish “Continua of Care” to oversee community planning around homelessness. Continuum of Care and Continuum are defined to mean the group that is organized to oversee community planning and carry out the responsibilities required to address homelessness within a specified geographic area. The Continuum is composed of representatives from various stakeholders from throughout the community.

Diversion: Helping people seeking shelter by identifying immediate alternate housing and connecting them with services and financial assistance to help them to return immediately to permanent housing. An emerging best practice, diversion programs can reduce the number of individuals and families becoming homeless, and thus the demand for shelter beds.

Emergency / Crisis / Bridge Housing: A facility providing temporary or transitional shelter for the homeless, sometimes for sub-populations of the homeless.

Engagements: Per the HMIS Data Standards, by agreement across all federal partners, an engagement date is the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. HMIS Universal Data Elements will be collected at this time.

Enrollment: An enrollment date is the date when a client has formally consented to participate in services provided by the Outreach project.

Exits: The date at which a client exits the program. Client may be exited prior to engagement and/or enrollment.

Harm reduction: Harm reduction is a set of practical strategies that reduce the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence. Congressionally mandated for all programs funded through the Department of Housing and Urban Development (HUD) homeless assistance grants. It is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

Hot Box: A heated box used to eradicate bed bugs in exposed furniture.

Housing First: The goal of "housing first" is to immediately house people who are homeless. Permanent housing is provided as quickly as possible no matter what is going on in one's life, and the housing is flexible and independent so that people are provided permanent housing easily and have access to sufficient supportive services to stay housed. Housing first can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements.

HUD: Department of Housing and Urban Development.

Individualized Housing & Service Plan (IHSP): A service plan created by case managers for

homeless clients to assist them in addressing barriers and maintaining stability.

Intake: Recordation of basic client data into a database upon entry into a program (e.g., capturing and loading required data to HMIS upon entry to emergency shelter).

Interim Housing: Sometimes referred to as “bridge housing”; temporary housing including emergency shelters, safe havens, transitional housing, and short-term hotel or motel vouchers. Provides temporary shelter during transition to permanent housing.

Motivational Interviewing: An approach that emphasizes a collaborative relationship in which the case manager /staff “draws out” the client’s own motivations and skills for change, thereby empowering the client.

Permanent Housing: Housing that is governed by a lease with no limits on length of stay. In terms of housing placement goals, the permanent housing category includes permanent supportive housing, rental by client (no ongoing subsidy), owned by client (no ongoing subsidy), rental by client (with ongoing housing subsidy), owned by client (with ongoing housing subsidy), and staying or living with family or friends (permanent tenure).

Permanent Supportive Housing (PSH): Affordable housing where the tenant pays no more than 30 to 40 percent of their income for housing costs. The tenants have a lease and there is an indefinite length of stay as long as the tenant complies with lease and/or funding requirements. Tenants should have easy access to a comprehensive array of individualized and flexible services, either on-site or in proximity to the housing site, that are designed to assist tenants in sustaining stability and productive lives in the community.

Rapid Re-Housing: Promptly housing individuals or families who become homeless, often through temporary assistance to obtain and retain content in housing.

Return to Homelessness / Recidivism: In homeless programs, “recidivism” refers to a return to homelessness after moving into permanent housing, as documented by HMIS.

Tenant: A person who resides in rented premises under the terms of a lease. Tenants of supportive housing should have the same rights and responsibilities as tenants of other lease-based, permanent housing.

Transitional Housing: Time-limited housing meant to help homeless people access permanent housing, usually within two years, through the provision of intensive supportive services.

Voluntary Services: The term "supportive" in supportive housing refers to voluntary, flexible services designed primarily to help tenants maintain housing. Voluntary services are those that are available to but not demanded of tenants, such as service coordination, case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children's programs, and money management. Services are voluntary for the tenant, but required engagement is expected from the service provider.

Warm Hand-Off: The transfer of a client from one provider to another, typically with a face-to-face introduction, in order to facilitate the transfer of the trust and rapport the client has developed, to the new provider. In homeless services, such transfers often occur between outreach workers and interim housing providers and between emergency shelter case managers and permanent supportive housing service coordinators.