Charlotte-Mecklenburg Continuum of Care

Community Written Standards for Providing Assistance

To End Homelessness

For Continuum of Care and
Emergency Solutions Grant Programs

NC- 505

Approved by CoC Governing Board: ~~July~~ September2~~7~~6, 202~~3~~4
~~1/18/2024: Updated definition of Domestic Violence added~~

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INTRODUCTION

Background and Purpose

These written standards are intended to support the Charlotte-Mecklenburg Community's Continuum of Care (CoC) by establishing standards and expectations for homeless housing service providers and funders in Mecklenburg County. These standards also make the local priorities for use of funding transparent to the public. The standards comply with the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which provides Continuum of Care funding, and North Carolina Department of Health and Humans Services (NCDHHS) Emergency Solutions Grant requirements. The standards are subject to annual review and may be amended by the CoC Governing Board, per the Charter. The CoC's written standards were initially written for the Coordinated Entry system. Subsequently, written standards were added for other CoC-guided operations, such as Permanent Supportive Housing, Rapid Re-Housing, and other housing program models. In the fall of 2020, the CoC undertook a process of updating and consolidating its written standards, providing an opportunity to examine its underlying guiding principles, and ensuring that its policies and procedures are in conformance. The most current approved written standards, approved by the CoC Governing Board, will be posted on the CoC website. All programs regardless of funding source are encouraged to adhere to the guidelines laid out in this document.

The Mission

The mission of the CoC is to end homelessness and alleviate its negative impacts by:

- Engaging the community to address underlying causes,
- Providing prompt and straight-forward access to a coordinated continuum of shelter and affordable housing options and supports that meets the needs of diverse homeless individuals and families, and
- Expanding, sustaining, and developing new affordable housing options and supports to meet the changing circumstances of individuals and families who are at-risk of homelessness, currently homeless, or recently homeless in our community.

The Vision

Homelessness is rare, brief and non-recurring in the Charlotte-Mecklenburg community. Racial disparities are eliminated, and everyone has housing choices and prompt access to the housing resources and supports that meet their needs.

Governance

The CoC has a Governance Charter, which describes oversight, coordination, and planning responsibilities. The Charter is reviewed at minimum annually by the CoC membership and the Board.

Applicability of Requirements

Once adopted by the CoC Governing Board, the Written Standards will be applied to relevant programs based on funding source. Currently, programs and projects funded through the HUD CoC Program, NCDHHS ESG Program, City of Charlotte ESG Program, City of Charlotte HOME-

ARP and Mecklenburg County's Community Support Services Department must abide by the Standards. Agencies wishing to apply for funding under these programs must demonstrate alignment to and use of the Standards. For optimal coordination and outcomes across the Continuum, all agencies providing homelessness and housing services would adopt the CoC's Standards.

ESG funds may be used for: Street Outreach, Homelessness Prevention, Emergency Shelter, Rapid Re-housing, and Homeless Management Information System (HMIS).

CoC funds may be used for: Permanent Supportive Housing, Rapid Re-housing, Joint Transitional Housing-Rapid Rehousing ~~Transitional Housing~~, Supportive Services Only for Coordinated Entry, and the Homeless Management Information System.

Annual Project Selection

The CoC evaluates projects funded with CoC Program dollars annually in preparation for HUD's Program Funding competition. Locally developed objective criteria incorporate HUD's priorities laid out in the Notice of Funding Opportunity (NOFO) and CoC Program Interim Rule. The local evaluation informs project selection and ranking for the NOFO. The CoC also evaluates projects funded with North Carolina Department of Health and Human Services Emergency Solutions Grant funding. Locally developed objective criteria incorporate NCDHHS priorities. The CoC notifies project applicants whether a project is recommended for funding, according to HUD timelines.

STANDARDS FOR ALL PROJECT TYPES

Coordinated Entry

The implementation of Coordinated Entry (CE) is a requirement under 24 CFR 578.7(a)(8) for receipt of Emergency Solutions Grant (ESG) and Continuum of Care (CoC) funds from the U.S. Department of Housing and Urban Development (HUD) and is considered national best practice. CE is the front door of a process used to assess and assist homeless people to become re-housed as quickly and efficiently as possible. Key components include:

- Centralized call number as entry point for all persons experiencing homelessness
- A designated set of CE physical locations and staff members
- Street Outreach
- Fair and equitable access to housing
- The use of standardized assessment tools to assess consumer housing needs
- Referrals, based on the results of the assessment tools, to homelessness assistance programs, and other related programs when appropriate
- Capture and management of data related to assessment and referrals in a Homeless Management Information System (HMIS)
- Prioritization of HUD Continuum of Care and Emergency Solutions Grant Funds for consumers with the most barriers to returning to housing.

All CoC and ESG funded programs, and other programs as required by funding source, must follow the Charlotte-Mecklenburg Coordinated Entry (CE) Process. Additionally, other housing programs in the community are encouraged to participate.

The CE process is intended to serve people experiencing literal homelessness and those

at imminent risk of homelessness. Both populations are defined in accordance with the HUD definitions ~~linked in Appendix I~~ and record keeping requirements. People who do not meet the definition, but need assistance, are directed to other prevention or crisis-oriented resources that are available in the community.

All persons who are literally homeless or at imminent risk of homelessness call the CE hotline to be assessed for eligibility and referred to appropriate resources. Callers who identify as fleeing domestic violence, sex trafficking, dating violence, sexual assault and stalking are immediately referred to the Domestic Violence Shelter hotline and offered to participate in the CE assessment after understanding the risks & benefits of such. All participants who are assessed for crisis and housing needs receive individualized "next steps" that reflect the consumer's housing goals and circumstances. The "next steps" inform the consumer of available resources specific to their needs. Information about how to access Coordinated Entry can be found at: www.charmeckcoc.org.

CE Information ~~sheets, which list~~including CE hours of operation and sites throughout Charlotte-Mecklenburg~~NC 505~~, are posted on ~~the~~ websites of organizations across the County. ~~the City of Charlotte, Mecklenburg County and United Way. These sheets are widely distributed to homeless services providers and other agencies that interact with homeless persons in the community to facilitate access.~~

All homeless service providers (crisis services, prevention, permanent housing), mainstream agencies who provide essential support services that meet the needs of homeless or at-risk households, consumers, and others are provided opportunities throughout the year to meet with the Coordinated Entry Oversight Committee to coordinate activities and improve processes to enhance housing stability and safety of all persons in Charlotte-Mecklenburg.

The most updated version of the CE Policies and Procedures are found ~~in Appendix V of the Written Standards~~on the CoC website: charmeckcoc.org. ~~.~~

Homeless Management Information System (HMIS) or Comparable Database Participation

Participation in the HMIS is a requirement for all recipients and subrecipients of CoC and ESG funds other than organizations categorized as victim service providers. Programs that serve survivors of domestic violence, human trafficking, dating violence and/or stalking are required to use a comparable database.

The purpose of the HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless, housing and supportive services. The HMIS facilitates data collection to improve service delivery throughout NC-505. Participation in HMIS provides these benefits:

- Improves coordination of services for people participating in the programs
- Facilitates evaluation of system performance and program performance over time
- Facilitates exploration of disparities in outcomes among groups of consumers

The HMIS Lead Agency is the agency designated by the CoC to establish and operate the CoC's HMIS. From 2015 to 2023, the Charlotte-Mecklenburg CoC was part of NCHMIS, a multi-jurisdictional HMIS

implementation in North Carolina which has contracted with the Michigan Coalition Against Homelessness (MCAH) to carry out a significant portion of the HMIS Lead responsibilities. The multi-jurisdictional implementation is managed by the NCHMIS Governance Committee which includes representation from the member CoCs. In 2022, the CoC began an evaluation process to determine if the current HMIS was meeting the needs of end users and stakeholders. After engaging HUD TA and completing a comprehensive evaluation, the HMIS Sub-Committee initiated issued an RFP for a new vendor. After seeing multiple demos, the HMIS Sub-Committee recommended the CoC leave the NCHMIS implementation and contract with BitFocus Clarity Human Services. The CoC Governing Board approved this recommendation in December 2022.

Mecklenburg County's Community Support Services Department serves as the HMIS Lead and Local System Administrator for the HMIS in the Charlotte-Mecklenburg CoC. The HMIS Lead, in concert with the System Administrator, is responsible for:

- **Project management**: Oversees the general management of the HMIS project. May also supervise HMIS staff. Usually interacts with CoC leadership, program leadership, and the HMIS Lead agency's leadership.
- **System administration**: Manages the technical aspects of the day-to-day operations of the HMIS. Works directly with the end users and the HMIS software vendor to ensure authorized access to client information, accessibility of the HMIS software, software performance, correct set up and monitoring of system security, and adherence to CoC privacy policies within the software.
- **Training**: Develops, conducts, and documents training for HMIS users and data collectors.
- **Helpdesk support**: Receives, triages, and resolves technical issues in the HMIS experienced by the end users. Works with the system administrator to identify HMIS software issues and with HMIS training staff to identify end user training needs.
- **Data analysis and reporting**: Analyzes data for the CoC, including non-HMIS data. Interprets, visualizes, and presents data to the CoC. Ensures CoC reporting requirements are met.
- **Communications**: Disseminates information to the community and manages communications related to data on behalf of the CoC.

Key HMIS standards include items 1-5 below:

1. All participating agencies must have Data Use Agreement/Administrative Qualified Service Organization Business Associate Agreement (QSOBAA), Participation agreements, Sharing QSOBAA, Confidentiality Policy, Grievance Policy and Privacy Policy. Federal law prohibits Victim Service Providers from entering participant information into HMIS. Instead, the federal law requires Victim Service providers use an HMIS comparable data system.

2. Prior to every client's initial intake and assessment, staff must provide a verbal explanation that the client's information will be entered and stored into an electronic database and an explanation of the HMIS/Comparable Database Release of Information (ROI). A participant's refusal to sign a ROI does not disqualify a participant from access to services. Programs will maintain all applicable MeckHMIS or comparable dataset releases, case notes, verification of homeless status, and all pertinent demographic and identifying data as required by funding source.

3. All participating agency staff performing data entry must use the latest copy of the workflow guidance and consenting participants must be entered into HMIS or

comparable database no later than five (5) days from the intake date. Agencies must actively monitor project participation and participant exits. All participants must be exited within 30 days of last contact, unless project guidelines specify otherwise. All HMIS participant agencies are required to enter at minimum, the Universal Data Elements (UDEs). All required project information and additional updates must be collected as defined by the funding stream.

4. All participating agencies are required to have the HUD Public Notice on HMIS posted and visible to participants in locations where information is collected and at all Coordinated Entry access sites. Notices should be posted both in English and Spanish.

5. All participating agencies must uphold the privacy protection standards established by the MeckHMIS Operating Policies and Procedure and relevant State and Federal confidentiality laws and regulations that protect client records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Agencies must have appropriate Release(s) of Information (ROI) that are consistent with the type of data the agency plans to share and the time period for which the ROI is valid.

The complete MeckHMIS Operating Policies and Procedures and Mecklenburg Data Quality Standards are included in Appendices VI and VII of the Written Standards.

Requests for data from HMIS:

Entities may request data from HMIS for the purposes of

- Internal performance measure
- Research
- Advocacy
- Applications for funding
- Internal or external presentations

To request data from HMIS, the requestor must complete the data request form found on the HMIS tab at www.charmeckcoc.org. Once received, the HMIS Lead reviews the request and meets with the requestor as needed to clarify the request. In their review, the HMIS Lead ensures that the data requested will accurately answer the question(s) from the requestor and will benefit clients whose data they are requesting. Once the HMIS Lead approves the request, HMIS Lead drafts Data Use Agreement between requester and CoC to be reviewed at the following MeckHMIS GC meeting and then signed by requestor & CoC Board Chair. CoC Board will be informed of requests at subsequent meeting. Housing & Homelessness Research Coordinator monitors Data Use Agreement and reports outcomes to MeckHMIS GC. If requestor did not follow expectations agreed to in the Data Use Agreement, MeckHMIS GC notifies CoC Board to take action.

System Performance Measures

The federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act requires each CoC to establish targets toward reducing homelessness and to demonstrate annual progress. HUD has created system-level performance measures, which are calculated from HMIS data, to help communities to measure their progress. The Charlotte-Mecklenburg CoC's performance may be found

on the Progress Tab of the local Housing and Homelessness Dashboard (MecklenburgHousingData.org). Measures include:

- Length of time persons remain homeless
- Exits to permanent housing
- Number homeless for the first time
- Income growth
- Returns to homelessness
- Number of people homeless.

Programs in the community that enter data into HMIS contribute to the achievement of the Performance Measures.

See Appendix IX for a more complete description of System Performance Measures.

Housing First

Housing First is an approach that has been adopted by the Charlotte-Mecklenburg CoC to assist people experiencing homelessness to return to permanent housing as quickly as possible. This approach reduces barriers for the most vulnerable populations. Its five core principles are:

- Immediate access to housing with no readiness conditions
- Consumer choice and self-determination
- Recovery orientation
- Individualized and person-driven supports
- Social and community integration

Programs that receive CoC, ESG, Veterans Administration, and Mecklenburg County CSS funding are required to use the Housing First approach with the exception of any agency that was granted an exception by the City of Charlotte when Emergency Shelter Grants were converted to Emergency Solutions Grants. All programs that serve people experiencing homelessness in the CoC are encouraged to adopt a Housing First approach wherever feasible.

Housing Choice

All clients are entitled to express their housing preferences, and all program providers are required to do their best to meet those preferences within available resources. Examples of preferences include single versus scattered site, choice of neighborhood, access to public transit and shopping, shared living, etc. Program provider staff should be trained and equipped to assist clients to locate and obtain housing units that meet their preferences. This may include helping to identify units, transporting clients to view units recruited by a Centralized Landlord Engagement Entity, if identified, helping clients to find a roommate, etc.

Violence Against Women Reauthorization Act (VAWA)

To protect survivors across HUD's covered programs including CoC- & ESG-funded programs, the Violence Against Women Act final rule (VAWA Final Rule, 24 CFR, Part 5, Subpart L) prohibits any denial, termination, or eviction that is a direct result of the fact that the applicant or tenant is or has been a victim of domestic violence defined by HUD here- dating violence, sexual assault, and/or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy.

Policy Statement:

- DV Victim Services Providers are prohibited from contributing client-level data into the HMIS system. However, these programs must record client level data within a comparable database and be able to generate aggregate data for inclusion in reports.
- Non-victim service providers and CE shall protect the privacy of individuals and families who are fleeing, or attempting to flee domestic violence, dating violence, sexual assault or stalking by not including intake/treatment data in HMIS, unless the risks are discussed, and client gives consent. It is explained to survivors that they may opt out of having their data shared across the system, they may have their records locked down, or they may have their data entered as an anonymous record. Clients do not have to consent to have their information entered into HMIS in order to be eligible for housing assistance.
- Agencies shall train staff to:
    1. recognize signs of DV,
    2. proactively help participants to understand their rights under VAWA, and
    3. support survivors in accessing needed and requested services related to domestic violence while in housing.
- Programs must follow the established CoC-wide emergency transfer plan for those in CoC and ESG programs fleeing DV. See Appendix II for the Emergency Transfer Plan.
- Programs will comply with the VAWA requirement to provide participants with the following forms:
    - VAWA Lease Addendum
    - Notice of Occupancy Rights (HUD Form 5380)
    - Certification Form (HUD Form 5382) for documenting an incident of DV, Dating Violence, Sexual Assault or Stalking.

For a complete description of NC 505's policies to comply with VAWA, see Charlotte-Mecklenburg's VAWA Policies and Procedures in Appendix III .

Environmental Reviews

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Activities conducted with CoC or ESG funds are subject to Environmental Review under 24 CFR part 50. HUD-assisted projects are required to comply with the National Environmental Policy Act (NEPA) by conducting an Environmental Review to determine the potential environmental impacts of a project or, if applicable, by documenting its categorical exclusion or exemption from this requirement. Under §578.31 of the Interim Rule, CoC funded activities are subject to Environmental Review consistent with 24 CFR part 50. An Environmental Review for each CoC project type must be completed prior to committing or expending CoC Program funds or local funds on any eligible program activity or acquiring, rehabilitating, converting, leasing, repairing, disposing of, demolishing, or constructing property for a CoC funded project. Per 24 CFR 576.407(d), all ESG funded activities must also meet requirements for Environmental Review. Records of completed Environmental Reviews must be retained in accordance with 24 CFR 578.103(a).

See Appendix XI for a flow chart describing the Environmental Review process.

Participant Grievance

Consumers are entitled to a fair and efficient process to present and resolve complaints and grievances. Examples of grievances can include but are not limited to unfair program termination or disrespectful treatment by program staff, etc. Each CoC- and ESG- recipient and sub-recipient, Coordinated Entry and HMIS are required to have a written grievance process that recognizes the rights of affected consumers. All homeless and housing services agencies are encouraged to have a written process to respond to participant grievances.

The grievance process in each project shall include:

- Informing participants of their right to file a grievance upon program entry
- Accepting grievances in writing or orally
- Complying with and assisting as needed a participant's request to file a grievance once requested (if other attempts to mediate the situation have not resolved the participant's concerns)
- Directing participants to the appropriate staff or supervisor not involved in the grievance
- Providing an opportunity for the participant to review decisions
- Not retaliating against the participant during or after the grievance
- Participants must be notified of a decision within 15 business days of submitting a grievance

Any participant who wishes to exercise their right of appeal upon an unsatisfactory resolution of a properly filed grievance with the project may file an appeal in writing or verbally within 15 business days with the Coordinated Entry Oversight Committee in accordance with the CEOC appeals procedure described in the Coordinated Entry Policy and Procedures. Project staff must provide participant with CEOC contact information. The CEOC's decision will be final.

Equal Access and Affirmatively Furthering Fair Housing

CoC and ESG recipients and subrecipients in NC 505 must comply with the Equal Access to Housing Final Rule (2012) (also linked in Appendix X) and with the subsequently issued Equal Access in Accordance with the Gender Identity Final Rule (2016).

On September 21, 2016, HUD published a final rule in the Federal Register entitled "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs." Through this final rule, HUD ensures equal access to individuals in accordance with their gender identity in programs and shelter funded under programs administered by HUD's Office of Community Planning and Development (CPD). This rule builds upon HUD's February 2012 final rule entitled "Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity" (2012 Equal Access Rule), which aimed to ensure that HUD's housing programs would be open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. The final rule requires that recipients and subrecipients of CPD funding, as well as owners, operators, and managers of shelters, and other buildings and facilities and providers of services funded in whole or in part by any CPD program to grant equal access to such facilities, and other buildings and facilities, benefits, accommodations, and services to individuals in accordance with the individual's gender identity,

and in a manner that affords equal access to the individual's family.

In addition, CoC and ESG recipients and subrecipients in NC 505 must implement all funded programs in a manner that complies with the Fair Housing Act and that affirmatively furthers fair housing. This means that recipients and subrecipients must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap. Marketing should target those least likely to apply for services without special outreach, and records should be maintained of all marketing activities in the CoC. Where a recipient encounters a condition or action that impedes fair housing choice for current or prospective program participants, information on rights and remedies available under applicable federal, state and local fair housing and civil rights laws shall be provided. Recipients shall make a complaint when there is a perceived violation of the law.

Complaints related to Fair Housing are referred to the NC Human Relations Commission and may be made in writing to: 1318 Mail Service Center, Raleigh, NC 27601, or by telephone at 1-866-324-7474 or to the City of Charlotte Community Relations in writing at 700 Parkwood Avenue, Charlotte, NC 28205 or fairhousing@charlottenc.gov or by telephone at 704-336-5160 or online: https://charlottenc.seamlessdocs.com/f/HDComplaint.

All Coordinated Entry sites post information related to housing discrimination and how to file a complaint. All providers must be knowledgeable about fair housing laws and practices.

CoC and ESG recipients and sub-recipients must comply with the accessibility requirements of the Fair Housing Act (24 CFR part 100), Section 504 of the Rehabilitation Act of 1973 (24 CFR part 8), and Titles II and III of the Americans with Disabilities Act, as applicable (28 CFR parts 35 and 36). In accordance with the requirements of 24 CFR 8.4(d), recipients and sub-recipients must ensure that their program's housing and supportive services are provided in the most integrated setting appropriate to address the needs of persons with disabilities including, but not limited to, adopting procedures that will make information available regarding the services and facilities that are accessible to persons with disabilities. Recipients and sub-recipients are required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

Record Retention

Agencies must maintain their own written confidentiality policy. Confidential client information may only be released with the client's or the client's guardian's consent. Providers must ensure the protection of and ultimate destruction of paper copies of any client assessment received or performed. Client files should be securely maintained with access strictly reserved for case workers and administrators who need said information. A HUD and HIPAA compliant record retention policy and procedure must be developed and enforced by all recipients and sub-recipients. CoC and ESG recipients and sub-recipients must maintain records in accordance with regulations (24 CFR 578.103; 24 CFR 576.500 *et seq.)* Program participant records, including homelessness verification, must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served.

Area-Wide System Coordination with Targeted Homeless Services and Mainstream Resources

CoC and ESG recipients and sub-recipients will coordinate and integrate, to the maximum extent

practicable, with mainstream resources targeted to program participants in the area covered by NC-505. Examples include income, housing, health, employment, social services, education, childcare, youth programs, etc. CoC and CE staff should seek opportunities to streamline access to applications for these programs/benefits through the Mecklenburg County Community Resource Centers.

Participant Inclusion
Each CoC and ESG recipient and sub-recipient is expected to engage participants in program evaluation and quality improvement processes. Each program must have a process to obtain participant input and feedback. Each program must have participant representation on a governing or decision-making body and ensure clients know how to get connected to the CoC Lived Experience Committee.

Education Liaison
For CoC-funded projects that serve households with children, an individual(s) must be designated to ensure children:

- are enrolled in school,
- and, connected to appropriate services in the community, including Head Start and McKinney Vento education services.

Documenting Chronic Homelessness

HUD recordkeeping requirements provide that up to 25% of all households served by a recipient can use self-certification as documentation for the full period of homelessness in the rare instances where persons have been unsheltered and out of contact for long periods of time. Attempts to obtain third-party documentation and the reason(s) that documentation was not obtained must be documented.

For a client to be eligible to be considered for self-certification for more than 3 months, attempts must have been made to obtain HMIS or third-party documentation including requesting homelessness verification from all NC HMIS implementations (NC HMIS, HMIS @ NCCEH, Wake HMIS) and attempting to contact persons the client has indicated may be able to verify their homelessness. To obtain this exception, the case manager must complete an attestation describing these attempts and the results, which will be reviewed by CoC staff.

When gathering third party documentation of chronic homelessness, case managers should search all 4 North Carolina HMIS Implementations (NC HMIS, HMIS @ NCCEH, Wake HMIS, MeckHMIS) and made every effort to obtain 3rd party documentation. If, despite best efforts to obtain this documentation, the case manager is unable to obtain 9 months of 3rd party verification, the case manager should include their efforts to obtain 3rd party documentation in the application attesting that they made every effort to obtain 3rd party verification and then verify the client's remaining time homeless.

HOMELESS ASSISTANCE SERVICES AVAILABLE

Section 1: Street Outreach

STREET OUTREACH

Street Outreach provides services to individuals and families experiencing unsheltered homelessness, connecting them with emergency shelter, housing, and/or critical services, and providing them with urgent, non-facility-based care. Unsheltered homelessness is defined as having a primary night-time residence that is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including, but not limited to: a car, park, abandoned building, bus or train station, airport, or camping ground. An encampment is defined as a set-up of an abode or place of residence of one or more persons on public or private property or including an accumulation of personal belongings that is present even when the individual may not be.

Program Description	Essential Program Elements	Time Frame	Population	Desired/Expected Outcomes
This work is not office-based. Staff are out in the community and attempt to engage individuals and families experiencing unsheltered homelessness in the field at the area where they usually sleep with the goal of connecting them with emergency shelter, housing and other essential supports.	Engagement • Build trust & rapport with clients • Meet clients regularly where they currently live • Initial assessment of needs and eligibility • Crisis counseling • Addressing urgent physical needs • Actively connecting and providing information and referral • Document camps and location of unsheltered persons in the community • Assist with obtaining identification documents and access to mainstream benefits. • Housing-Focused Case management	None	Individuals and families experiencing unsheltered homelessness. Prioritization: Not Applicable.	Unsheltered individuals and families will be connected to shelter ~~and~~ or housing. ~~Indicators: Percent of persons served in Street outreach who exit to Emergency Shelter, safe haven, transitional housing or a permanent housing destination~~

	• Complete CE assessments • Assessing housing and service needs • Arranging, coordinating, and monitoring delivery of services • Connect clients to or directly provide: Emergency Health Services • Emergency Mental Health Services Transportation			

~~**Street Outreach Performance Benchmarks:**~~

~~**Measure**~~	~~**Benchmark**~~	~~**Report**~~
~~Exit destinations (anything other than unsheltered is positive)~~	~~50%~~	~~CAPER: 23c~~

Guiding Principles for Outreach activities are:

- Housing First, no barriers to entry
- Standard reasons for termination include safety
- Maintain engagement with participants with no expectation of compliance, behavioral norms or reciprocity.
- ESG- & County-funded street outreach positions should spend 90% of their time in the field actively engaging and building trust with clients experiencing unsheltered homelessness.

Required Components:

1. Enter into an MOU with the designated Lead Street Outreach agency, Hearts for the Invisible Charlotte, which is responsible for ensuring that the entire geography of Mecklenburg County has strategic street outreach coverage.
2. Receive referrals from Coordinated Entry
3. Complete Coordinated Entry assessments in the field or neutral setting as determined by client.
4. Assess client needs to develop person-centered goals related to obtaining housing
5. Assist with obtaining ID, Social Security Card, birth certificates, and access to mainstream benefits.
6. Assist with referrals to primary health, mental health, and substance abuse treatment and other benefits and services at client request.
7. Complete housing applications and documentation of chronic homeless verification, if applicable and participate in community match meeting(s) and facilitate warm handoff to housing program, if applicable

8. Advocate for client rights and appropriate treatment in the criminal justice system, institutional settings, and with housing providers
9. Follow up on referrals from the community (i.e., law enforcement, first responders, hospital social workers, faith-based organizations, etc.).
10. Ensure the unsheltered population is prepared for any inclement weather.
11. Document camps and location of unsheltered participants in the community.
12. Maintain client and program files with all information and forms required by funding source including service plans, case notes, referral lists, and service activity logs for services provided directly by the housing program and indirectly by other community service providers.
13. Coordinate with other agencies who are doing Street Outreach in the community to avoid duplication of services and to ensure the entire County is covered.
14. Participant information should be entered in HMIS in accordance with NC 505 rules, and any additional agency requirements.
15. Participant files must contain all information and forms required by HUD 24CFR576.500, the NC ESG office and/or the City of Charlotte ESG Office. Participant files shall be kept a minimum of five (5) years after the expenditure of all funds from the grant under which the program participant was served.
16. All Emergency Solution Grant (ESG) Outreach activities must follow local/state funders and HUD regulations.

Street Outreach Case management standards

- Hearts for the Invisible triages community referrals in the order in which they are received and determines which agency to respond to
- Receiving ~~C~~case managers should respond to referrals within 3 business days.
- Meet with clients as needed; aim for every 2 weeks but following client lead.
- Strive to connect participants to permanent housing within 30 days of engagement.
- Discharge clients who have been inactive for 30 days

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Section 2: Emergency Shelter

EMERGENCY SHELTER

Emergency Shelter provides temporary shelter for individuals and families in need of emergency housing with the goal of assisting them through their housing crisis by quickly assessing their needs and providing appropriate services.

Program Description	Essential Program Elements	Time Frame	Population	Desired/Expected Outcomes
Provide safe emergency housing for clients with a housing crisis, and facilitate moves from emergency shelter to permanent, stable housing.	**Shelter Services:** • Case management: assessing, arranging, and coordinating individualized services in order to assist clients to move into stable housing as quickly as possible. • Safe beds, meals, toilet, and shower facilities. • Access to assistance with employment and health and mental health needs.	90 days Goal is to exit to permanent housing as quickly as possible.	• Literally Homeless individuals and families, as defined by HUD, • and persons fleeing DV, sex trafficking dating violence, sexual assault, and stalking. • Salvation Army: families with children when space is available • Roof Above & Salvation Army have contract beds for Veterans • Prioritization: Roof Above: lottery process Salvation Army: Prioritizes families with children Safe Alliance: those in imminent danger due to fleeing domestic violence	**Indicators:** Clients exit to a positive destination and their stay in shelter is brief. ~~Average length of stay: 118 days. Median length of stay: 62 days.~~ ~~Exits to PH~~ ~~Returns to homelessness (2 years)~~ ~~Exits to safety (Safe Alliance)~~ HMIS entry date: TSA & RA: 1st night, SA after intake

Commented [NE3]: Ensure these match with most recent performance benchmarks

~~**Emergency Shelter Performance Benchmarks:**~~

~~Measure~~	~~Benchmark~~	~~Report~~

~~Utilization Rate~~	~~90%~~	~~APR 7b~~
~~Exits to Permanent Destination~~	~~40%~~	~~APR 23c~~
~~Length of Stay~~	~~68 days~~	~~APR 22a1~~

Guiding Principles: The Charlotte-Mecklenburg CoC's Guiding Principles for Emergency Shelter Activities are:

- Housing First, low barrier shelter.
- Standard reasons for termination include safety and/or criminal activity.
- Will not screen out based on employment status, history of disruptive behaviors in shelter settings outside of active bars or bans or criminal history. Shelters use own discretion regarding serving those on the sex offender registry.

Required components:

1. All NCDHHS- and City-ESG funded Emergency Shelter activities must follow HUD, state and local regulations including but not limited to: Participants must meet the program eligibility requirements in emergency shelter per HUD's definition for Literally homeless and/or Persons fleeing domestic violence, sex trafficking, dating violence, sexual assault and stalking.
2. Agencies must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
    a. Participant Self-certification
3. Programs can turn away individuals and families experiencing homelessness from program entry only for the following reasons:
    a. Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
    b. All program beds are full
    c. History of previously disruptive behaviors in shelter settings
4. Coordinate with other mainstream resources as referenced above (**Area-Wide System Coordination with Targeted Homeless Services and Mainstream Resources**).
5. Participant's information must be entered into HMIS - Comparable Database. Note: A participant's refusal to sign a Release of Information does not disqualify a participant from access to Emergency Services or other related services.
6. Shelters that receive ESG funding must receive clients through the Continuum of Care's Coordinated Entry process.
7. Shelters should maintain in participant case files all information and forms required by funding sources, including service plans, case notes, referral lists, and service activity logs, for services provided directly by the housing program and indirectly by other community service providers.
8. Assess for diversion at the front door and continue to assess for delayed diversion.

Case management standards

- Strive to ~~C~~connect clients with case managers within ~~7~~14 days of entry. RA: new entries are connected to case manager at entry.
- Develop housing-focused goals based on overall needs assessment with participant generally within ~~7~~30 days of entry.

Commented [NE4]: Clarify with shelters

Commented [NE5R4]: Roof Above: s/b 48 hrs

- Case managers will connect client to mainstream benefits as available including all potential income resources.
- Strive to Meet with clients every 2 weeks ~~at a minimum~~.
- Staff participate in community match meetings and assist client in getting "document ready" for housing program when matched and facilitate a warm handoff to the housing program, if applicable.
- Shelters strive to connect participants to permanent housing within 30 days of entering shelter.

Section 3: Diversion

DIVERSION Diversion assistance diverts entry to emergency shelter or reduces stay at emergency shelter to less than 14 days. Diversion should be attempted with all households seeking homeless services assistance.				
Program Description	**Essential Program Elements**	**Time Frame**	**Population**	**Desired/Expected Outcomes**
CE staff initiate a conversation to identify potential alternatives to the household entering homelessness. If household enters emergency shelter, the shelter staff follow up on those conversations to solidify alternatives and provide financial assistance, if needed. Examples: -financial assistance with household expenses to friends or family members	Financial assistance, if provided, must go to vendors, if applicable, but can also purchase gas cards or gift cards Initial assessment of needs and eligibility	Within 14 days of shelter entry	Those seeking homeless services assistance and have an identified solution to prevent homelessness.	Households avoid emergency shelter and/or homelessness Households don't return to homelessness at 6 months and at 12 months

Eligible Expenses

- Transportation to a confirmed housing solution
- Expenses related to maintaining or obtaining housing

Section 4: Homelessness Prevention

HOMELESSNESS PREVENTION Homelessness Prevention provides housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to prevent an individual or family from entering an emergency shelter, a place not meant for human habitation, or another place described in HUD's homeless definition.				
Program Description	**Essential Program Elements**	**Time Frame**	**Population**	**Desired/Expected Outcomes**
Provide housing relocation and stabilization services and rental assistance to prevent persons from becoming homeless.	• Assessment of housing barriers needs and preferences. • Housing search, outreach and negotiations with landlords • Assistance with submitting rental applications and understanding leases • Assistance with obtaining utilities and making moving arrangements • Monitoring and evaluating program participant progress • Assessing compliance with habitability of unit, lead-based paint and rent reasonableness requirements • Mediation with property owner and program participant to avoid participant losing housing • Short-term rental assistance (up to 3 months), Medium-	Short- and Medium-Term Rental Assistance based on assessment of client need. In no case can assistance exceed 24 months.	Individuals and families at risk or at imminent risk of homelessness and the household lacks the resources or support networks needed to obtain other permanent housing Prioritization: Targeting tool determines prioritization for ESG ~~& CARES Act-funded~~ Prevention Assistance Entitlement funding: Income at or below 30% AMI at entry; re-certify income every 3 months ~~CARES Act funding: at or below 50% AMI at entry re-certify every 6 months~~	Individuals and families at risk of homelessness will receive assistance that prevents them from becoming homeless and diverts them from having to access emergency shelter. Indicators: Exits to PH Maintaining PH

	term assistance (up to 24 months), and one-time payment of arrears (6 months maximum). Combination cannot exceed 24 months of assistance during 3-year period.			

Guiding Principles for Homeless Prevention Activities are:

- Housing First
- Progressive Engagement
- Standard reasons for involuntary termination
- Will not screen out based on poor credit history, criminal history including sex offender registry, employment status,or prior housing program participation

Required Components:

1. Agencies receiving ESG-prevention funds must receive referrals from the Coordinated Entry System, which utilizes a targeting tool to determine who receives assistance.
~~1.~~2. Homeless verification: imminent risk and at-risk of homelessness defined here.
~~2.~~3. Agency must determine amount of rent and utility costs each participant must pay while receiving prevention financial assistance using the CPD Income Eligibility Calculator or with the example income calculation worksheet here. (only applicable for Participants with income).
~~3.~~4. Participants should pay no more than 30% of monthly income minus utility allowance, which is calculated using the utility worksheet.
~~4.~~5. Agency must determine maximum number of months a program participant will be provided with rental assistance based on participant need and lease end dates.
~~5.~~6. Agencies will re-certify participants' income at minimum every 90 days to determine participant's ongoing eligibility for assistance.
~~6.~~7. ESG-funded prevention requires that ~~A~~agencies ~~must~~ demonstrate that the unit assisted meets current year Fair Market R~~r~~ent established by HUD, as provided under 24 CFR part 888 ~~and~~ AND complies with HUD's standard of rent reasonableness as established under 24 CFR 982.507.
~~7.~~8. Agencies must demonstrate that units meet the habitability standards as detailed in 24CFR576.403 including lead-based paint inspection.
~~8. Agencies must partner with the Centralized Landlord Engagement Entity, if identified to assist participants with housing search if client cannot maintain current housing unit.~~
9. Agencies must maintain participant case files that contain all information and

forms required by funding source, service plans, case notes, referral lists, and service activity logs, including services provided directly by the housing program and indirectly by other community service providers to avoid duplication of services.

10. Participate in MeckHMIS as referenced above (**Homeless Management Information System (HMIS) or Comparable Database Participation**).
11. Maintain client files as referenced above (**Record Retention**).
12. Coordinate with other mainstream resources as referenced above (**Area-Wide System Coordination with Targeted Homeless Services and Mainstream Resources**).
13. ~~12.~~ Participate in monthly Diversion/Prevention workgroup

See 24 CFR 576.105, 24 CFR 576.106, 24 CFR 576.500, 24 CFR 576.400

Section 5: Rapid Re-Housing (RRH)

Program Description	Essential Program Elements	Time Frame	Population
RRH is an intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again. Its three core components are: housing identification, rent and move-in assistance, and case management and services.	Receive referrals through Coordinated Entry. CoC & ESG-funded agencies must receive at least 50% of program referrals through the CoC match process **Housing Identification:** Programs consider the needs and preferences of households in terms of location, cost, transportation availability, etc. Programs actively assist participants to locate appropriate units ~~& partner with the identified Centralized Landlord Engagement Entity, if identified.~~ **Rent and move-in assistance:** Programs may assist with application fees, moving costs, security deposits, etc. Programs have clear policies and procedures for determining how much participant households will contribute toward the monthly rent payment, and for periodic review. **Case management:** Services are voluntary for the program participant. Case managers build rapport, use progressive engagement and a housing first philosophy.	Max. of 24 months of rental assistance	Literally homeless households. No income criteria at entry, but need to be at or below 30% at the 2nd year for ESG-funded programs; there is no income limit for CoC-funded RRH programs Chronically homeless households with homeless status documented at entry to RRH ~~can bridge~~can bridge to PSH pending resource ~~availability~~availability.

Rapid Rehousing Performance Benchmarks:

Measure	Benchmark	~~Report~~
Length of time from program intake to Housing Move in Date	60 days	~~APR 22c~~
~~Returns to homelessness within~~	~~22%~~	~~ART Gallery Report #701~~

~~2 years~~		
~~% of exits to positive destination~~	~~80%~~	~~APR 23c~~
% of clients who maintain or increase their income	70%	~~TBD~~

Guiding Principles:

- Housing First
- At a minimum, programs should assist clients in moving to a new unit at least once if the first housing placement did not work out.
- Will not screen out based on poor credit history, employment status, or history of disruptive behaviors in other housing programs. Persons with an extensive criminal history including sex offender registry will be considered individually and the program's ability to house the person will depend on availability of landlords willing to accept certain criminal charges.
- Standard reasons for termination include safety and/or drug-related concerns.

The three core components of rapid re-housing programs: housing identification, rent and move-in assistance, and case management and services.

A. Housing Identification

1. Housing Location Services

- Within five (5) business days of enrollment, program staff conducts a tenancy barriers assessment to identify and address any possible barriers including prior eviction(s) or criminal convictions. This assessment does not hinder participant access to services.
- Providers demonstrate attempt at ongoing, meaningful engagement with clients within one week of enrollment and leading up to lease signing.
- Rapid Rehousing & Homeless Prevention projects funded through ESG can bill for case management services for housing location for up to 30 days prior to lease signing. If ~~-~~clients are still in Emergency Shelter or in place not meant for human habitation after 30 days, the case management services must be charged to Emergency Shelter or Street Outreach.
- Program staff assists households in identifying their needs and preferences in terms of location, cost, number of bedrooms, ease of access for persons with mobility challenges, and other pertinent information when moving a household into housing.
- Program staff should define the housing process. A successful RRH program will use a multitude of creative housing options including shared housing. Shared housing may be the best option for both individual and family households, particularly in tight housing markets or when participant income may be severely limited and unlikely to increase.
- ~~Partner with Centralized Landlord Engagement Entity, if identified, to provide housing opportunities and address any concerns they have about participation.~~
- CoC & NCDHHS ESG funds can be used to house clients outside of Mecklenburg

County as long as the program can still provide case management services to the client.

2. **Inspection and Landlord Agreement:**
   - Programs will assess potential housing units for compliance with program standards for habitability including and lead-based paint prior to the individual or family signing a lease and the program signing a housing assistance payment agreement with the landlord.
   - Rental Assistance Agreement (or Housing Assistance Payment Agreement HAP): RRH programs may make rental payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided.
   - CoC-assisted units must demonstrate and document that units meet rent reasonableness as established by HUD under 24 CFR 982.507. Units assisted with ESG funding cannot exceed Fair Market Rent established by HUD, as provided under 24 CFR part 888 AND must meet rent reasonableness standards. FMR and rent reasonableness must be documented. ~~Assess unit for & document Rent Reasonableness or that unit meets Fair Market Rent. Fair Market Rent can be verified utilizing~~ HUD's Fair Market Rent ~~Dataset~~ standards are available ~~on~~via HUD's website. ~~For ESG, unit must meet Fair Market Rent and Rent Reasonableness.~~
   - Understand the needs of the landlord. It is important for RRH programs to recognize that landlords are running a business and have priorities they need to meet.

3. **Rent and Move-in Assistance**
   - Ensure clients have resources to cover move-in costs, deposits, and the rental and/or utility assistance necessary to allow people to move out of homelessness and to stabilize in permanent housing. This may be provided through available community resources or using grant funding as allowed. Programs are encouraged to assist clients in accessing available community resources prior to using grant funds for these expenses. Refer to funding regulations to determine eligible expenses.
   - In general, households ~~must~~ should pay 30% of their household income toward housing costs to include rent and utilities. For RRH programs, income must be reviewed at least annually or if there is a significant change in income or expenses, the household rent contribution should be adjusted. Programs are to remain flexible, taking into account the unique and changing needs of the household. The household's payment is to reflect the regulations of the subsidy funding source.
   - All rent payments made by program must be paid directly to the landlord or property owner and programs should ensure the immediate and timely issuance of rent checks.
   - Programs will review the amount of rental assistance paid for the participating household as stipulated by subsidy source or when there is a significant change in client's income.

- Case managers must accompany client to lease signing appointment.

4. **Duration of assistance**: Clients in ESG-funded programs are eligible to receive financial assistance as long as their household income remains below 30% AMI or until they reach 24 months of assistance in a 36-month period, whichever comes first. It does not need to be 24 months of consecutive assistance. Clients in CoC-funded programs are eligible to receive financial assistance until they have income that supports them paying no more than 30% of household income toward rent and utilities or they reach 24 months of assistance, whichever comes first. Support services may continue for up to 24 months after financial resources end. A minimum 24 months of rental assistance & supportive services must be available to clients

- Participants' income can be calculated using the CPD Income Eligibility Calculator available on the HUD website. ~~Fair Market Rent or Rent Reasonableness can be verified utilizing HUD's Fair Market Rent Dataset~~HUD's Fair Market Rent standards are available ~~on~~via HUD's website.
- Use with other subsidies: Except for one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified. Utility payments must be paid directly to the utility company.
- Resolve or navigate tenant problems (like rental and utility arrears or multiple evictions) that landlords may screen for on rental applications.
- Obtain necessary documentation for renting a unit or obtaining employment such as photo identification.
- Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner. Initial lease agreements must be for one year, renewable for a minimum term of one month. All leases must comply with N.C.G.S. Chapter 42 and HUD requirements. ~~HOME TBRA leases should not have prohibited lease provisions (24 CFR 92.253).~~ Master leasing is permissible if subsidy source allows. The intention of master leasing is to stabilize household and transfer lease to household. (Note: At annual lease signing (if applicable), case manager will verify and document household composition).

C. Case Management and Services

1. Ensure that services provided are client-directed, trauma-informed, respectful of individuals' right to self-determination, and voluntary. Unless basic, program-related case management is required by statute or regulation, participation in services should not be required to receive rapid re-housing assistance.
2. Develop a housing stability plan with participants. Housing Stability plans are directed by program participant and are initiated upon referral to program no later than move in day and reviewed every 3 months. Plans focus on how participants maintain a lease including identifying pathways to increase income and connecting to mainstream resources and identifying natural supports. Plans should address barriers to housing retention, including maximizing their ability to pay rent; improving understanding of landlord/tenant rights and responsibilities; and addressing other issues that have, in the past, resulted in a housing crisis or housing loss. Plans account for participant preferences/choices and include only goals created with and agreed to by the

participant. Plans also include discussion and action steps to address how participants will maintain permanent housing once financial assistance is exhausted.

3. ~~3.~~ Prepare participants for successful tenancy by reviewing lease provisions; and support other move-in activities such as providing furniture.
4. Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing.
5. Income is not a requirement at the beginning of a program. Case managers should offer to help participants review their budgets, including income and spending, in order to explore options. Options may include enrolling in public benefit programs and increasing employment and earnings over time.
6. ~~In partnership with a Centralized Landlord Engagement Entity, if identified, c~~Case manager~~s~~ must help participants avoid evictions before they happen and maintain a positive relationship with the landlord. This can be done by moving a household into a different unit prior to eviction and identifying a new tenant household for the landlord's unit. Eviction for unit does not equate to discharge from program, and program shall assist participant in identifying alternative permanent housing.
7. Clients in each CoC-funded program must be able to access peer support, if desired. Programs must connect client with a Certified ~~p~~Peer ~~s~~Support Specialist either internally or with an external agency, if desired. Per the CoC Lived Experience Committee, ~~according to the CoC Lived Experience Committee,~~ Peer Support is a best practice in providing services to persons experiencing homelessness or who have previously experienced homelessness. Clients in each CoC-funded program must be able to access peer support. This could be through a Peer Support Specialist on staff at the agency or through a partnership with an agency that provides peer support. Someone with lived experience that has recovered from homelessness, substance use, mental health and has removed themselves from those situations and has decided to give back to help others live effectively; how you navigated different systems yourself—homeless system, criminal justice, mental health, healthcare, substance use. Agencies can access peer support through Promise Resource Network, Amara Wellness, Alliance Health (if eligible for Medicaid), etc.

What is good peer support?:

Someone who:

- Leads with EMPATHY: ability to build trust to help client; your strength will shine through to clients and help develop hope; seeing someone who has made it through from hopelessness to hopeful
- Type of peer support matters: peer support specialists need to have experience similar to clients they are working with: homelessness, substance use, mental
- Has compassion and the ability to think outside of yourself
- Advocates for clients compassionately; someone to be on my side.
- Demonstrates empathy and compassion to providers
- Understands how trauma shows up in people and does not hold reactions against clients
- Understands how their own trauma shows up and has healthy coping skills and supports to process their own trauma

8. Monitor participants' housing stability and be available to resolve crises, at a minimum during the time rapid re-housing assistance is provided.
9. Home visits are to occur at least once per month at a time directed by program participant. Visits may take place outside regular business hours. During the time of a pandemic, case managers

should figure out a way to connect with clients at least monthly. This could be virtually, via phone or outside practicing safe distancing. Case managers must meet with clients bi weekly for 90 days post lease signing.

10. Participant and case manager should come to an agreement about when to terminate case management services, but under no circumstances can it exceed 24 months within a 36-month period. At termination, case managers are responsible for ensuring that all appropriate referrals have been made and information on available community assistance and how clients can access the program in the future, if needed has been shared with participant.

~~10.~~11. Maintain client files as referenced above.

~~11.~~12. All client information should be entered in the MeckHMIS in accordance with MeckHMIS, NC-505 and additional agency requirements.

~~12.~~13. Case managers should plan for termination throughout their time working with the client and ensure client is working toward being able to remain in permanent housing. If it becomes evident that client may not be able to determine a plan to remain in permanent housing at the end of their subsidy, the case manager should pursue a transfer following the transfer process outlined in this document.

Section 6: Permanent Supportive Housing

Program Description	Essential Program Elements	Time Frame	Population
PSH is a long-term rental subsidy (typically 3+ years) designed to provide housing and supportive services to assist chronically homeless households or families with an adult member with a disability to achieve housing stability. There is no time limit or service requirement.	**Receive all program referrals through the Coordinated Entry match process.** **Case Management:** Provide housing search and advocacy Strength-based practices Connect participants with available community resources, including health and mental health services **Rental Subsidy:** Provide rental and utility subsidy to make unit affordable Ensure coordination with property manager **Housing First Philosophy:** Services are voluntary for the participant No requirement for sobriety or treatment as a condition of housing.	No time limits Programs should seek out alternative housing options when a client no longer needs the intensive support services.	PSH programs must serves individuals, multiple adult households and households with dependent children if agency already serves households with dependent children. ~~**Prioritization:** Disabling condition and long-term, multiple episodes of homelessness. PSH programs follow NC-505's Coordinated Entry Prioritization Policy~~

Permanent Supportive Housing Benchmarks:

Measure	Benchmark	~~Report~~
~~Housing retention~~	~~95%~~	~~ART Gallery Report #706~~
Length of time from program intake to housing move in date	90 days	~~APR 22c~~
~~% of negative exits rehoused within 6 months~~	~~No proposed benchmark- monitor for this year~~	~~TBD~~
~~% of exits to positive destination as defined in HMIS standards~~	~~45%~~	~~APR 23c~~

Guiding Principles

- Housing First
- Will not screen out based on poor credit history, employment status, or history of disruptive behaviors in other housing programs. Persons with an extensive criminal

history including sex offender registry will be considered individually and the program's ability to house the person will depend on availability of landlords willing to accept certain criminal charges. MeckFUSE cannot house persons convicted of first- or second-degree arson or manufacturing methamphetamines.

- Standard reasons for termination include serious safety and/or drug-related concerns

Program Eligibility:

Documentation Requirements
1. Documentation of disability
2. Documentation of chronic homelessness status

A. Core Component Program Standards: Referral to Intake

1. Referring worker (usually an Emergency Shelter or Street Outreach worker)
   a. Prepare client for challenges they may face re: securing housing and encourage willingness to be open to options.
   b. Discuss best practices for success in housing and housing pitfalls with participants
   c. Provide additional documentation requested from PSH provider needed to confirm eligibility
   d. Engage in conversation prior to intake with PSH case manager to discuss client's challenges and strengths related to housing, that may not have been captured in the PSH common application.
   e. Participate in initial intake with client and PSH case manager/provider

2. PSH provider
   a. Provider must work with referring worker (street outreach and/or shelter provider) to engage with client who is working with the client to ensure a warm handoff for the client's benefit
   b. Provider must contact client within 5 business days of match and meet with client within 7 business days of match depending on client availability.
   c. If needed, provider must assist with getting disability verification or other documents needed to move into housing. Time from intake to housing placement: no more than 90 days, subject to extension due to rental market challenges

B. Required Services: Housing Identification Services

1. ~~In partnership with a Centralized Landlord Engagement Entity, if identified, t~~The PSH provider will take the primary role in housing search and advocacy but will partner with and encourage client to find available rentals. Assistance in housing includes but is not limited to: talking to landlords on the client's behalf, providing transportation and accompanying them in their search.
2. Within five (5) business days of enrollment, program staff conducts a tenancy barriers assessment to identify and address any possible barriers including prior eviction(s) or criminal convictions. This assessment does not hinder participant access to services.
~~2.~~ Providers demonstrate attempt at ongoing, meaningful engagement with clients within one week of enrollment and leading up to lease signing
3. Program staff assists households in identifying their needs and preferences in terms of location, cost, number of bedrooms, ease of access for persons with mobility challenges, and other pertinent information when moving a household into housing.
4. Programs should seek all available housing options including shared housing.

5. Case manager must attend lease signing appointment.

C. Required Services: Inspection and Landlord Agreement

1. Programs will assess potential housing units for compliance with program standards for habitability and lead-based paint prior to the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.
2. Lease: In Rental Assistance PSH programs, the program participant will sign a lease directly with a landlord or property owner. Grantees only make payments directly to the property owner. Initial lease agreements must be for one year, renewable for a minimum term of one month. In Leasing programs, the PSH program is the master lease holder with the landlord or property owner and then subleases with the program participant. All leases must comply with N.C.G.S. Chapter 42 and HUD requirements. (Note: At annual lease signing, case manager will verify and document household composition).
3. Rental Assistance Agreement: PSH programs may make rental payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided.
4. Rental Assistance projects must document rent reasonableness and Leasing projects must document Fair Market Rent. HUD's Fair Market Rent standards are ~~can be verified utilizing HUD's Fair Market Rent Dataset~~ available ~~on~~via HUD's website.
5. CoC funds can be used to house clients outside of Mecklenburg County as long as the program can still provide case management services to the client.

D. Allowable Financial Services: Rent and Move-in Assistance

1. Ensure clients have resources to cover move-in costs, deposits, and the rental and/or utility assistance necessary to allow people to move out of homelessness and to stabilize in permanent housing. This may be provided through available community resources or using grant funding as allowed. Programs are encouraged to assist clients in accessing available community resources prior to using grant funds for these expenses. Refer to funding regulations to determine eligible expenses.
2. PSH programs must calculate a household's rent amount using HUD's guidelines. (Note: Participants' income must be verified and documented at minimum annually).
3. Clients in CoC-funded programs are eligible to receive financial assistance until they have income that supports them paying no more than 30% of household income toward rent and utilities. Support services may continue when financial resources end. All other PSH programs must follow income limits set by the funder.

E. Core Component Program Standards: PSH Case Management Services

1. Ensure that services provided are client-directed, trauma-informed, respectful of individuals' right to self-determination, and voluntary. Unless basic, program-related case management is required by statute or regulation, participation in services should not be required to PSH financial assistance.

2. Clients in each CoC-funded program must be able to access peer support, if desired. Programs must connect client with a Certified Peer Support Specialist either internally or with an external agency, if ~~desired~~desired. Per the CoC Lived Experience Committee, ~~according to the CoC Lived Experience Committee,~~ Peer Support is a best practice in providing services to persons

experiencing homelessness or who have previously experienced homelessness. Clients in each CoC-funded program must be able to access peer support. This could be through a Peer Support Specialist on staff at the agency or through a partnership with an agency that provides peer support. Someone with lived experience that has recovered from homelessness, substance use, mental health and has removed themselves from those situations and has decided to give back to help others live effectively; how you navigated different systems yourself—homeless system, criminal justice, mental health, healthcare, substance use. Agencies can access peer support through Promise Resource Network, Amara Wellness, Alliance Health (if eligible for Medicaid), etc.

What is good peer support?:

Someone who:

- Leads with EMPATHY: ability to build trust to help client; your strength will shine through to clients and help develop hope; seeing someone who has made it through from hopelessness to hopeful
- Type of peer support matters: peer support specialists need to have experience similar to clients they are working with: homelessness, substance use, mental
- Has compassion and the ability to think outside of yourself
- Advocates for clients compassionately; someone to be on my side.
- Demonstrates empathy and compassion to providers
- Understands how trauma shows up in people and does not hold reactions against clients
- Understands how their own trauma shows up and has healthy coping skills and supports to process their own trauma

2. Develop a housing stability plan with participants. Housing Stability plans are directed by program participant and are initiated upon referral to program no later than move in day and reviewed every 3 months. Plans focus on how participants maintain a lease including identifying pathways to increase income and connecting to mainstream resources and identifying natural supports. Plans should address barriers to housing retention, including maximizing their ability to pay rent; improving understanding of landlord/tenant rights and responsibilities; and addressing other issues that have, in the past, resulted in a housing crisis or housing loss. Plans account for participant preferences/choices and include only goals created with and agreed to by the participant. Plans also include discussion and action steps to address how participants will maintain permanent housing once financial assistance is exhausted.

3. Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing.

4. ~~In partnership with a Centralized Landlord Engagement Entity, if identified, c~~Case managers or housing navigators help participants avoid evictions before they happen and maintain a positive relationship with the landlord. This can be done by moving a household into a different unit prior to eviction and identifying a new tenant household for the landlord's unit. Eviction for unit does not equate to discharge from program, and program shall assist participant in identifying alternative permanent housing.

5. Monitor participants' housing stability and be available to resolve crises, at a minimum during the time assistance is provided.

6. Case managers must meet with clients bi weekly for 90 days post lease signing. Then, ~~H~~home visits are to occur at least monthly at a time directed by program participant. Visits may take place outside regular business hours. During the time of a pandemic, case managers should figure out a way to connect with clients. This could be virtually, via phone or outside practicing safe distancing.

7. Participant and case manager should come to an agreement about when to terminate case management services. At termination, case managers are responsible for ensuring that all appropriate referrals have been made and information on available community assistance and how client can access the program in the future, if needed has been shared with participant. Programs should request a transfer following the process outlined below for all clients who are exiting their program and are at risk of returning to homelessness.

8. Maintain client files as referenced above (**Record Retention**).

9. All client information should be entered in the MeckHMIS in accordance with MeckHMIS, NC-505 and additional agency requirements.

PSH programs which receive CoC funding must adhere to the regulations in HUD's 24 CFR 578 and Core Component Program Standards.

NC-505 Transfer Policy

Through Coordinated Entry, a process has been established for assessing, prioritizing, and referring people who are experiencing homelessness to homeless designated housing interventions. In order of intensity of support, the interventions covered by this document are:

- Rapid Re-Housing (RRH)
- Permanent Supportive Housing (PSH)

There are cases when the type of housing intervention may not meet the needs of the household post-program entry. NC 505 prioritizes ensuring that all participants receive the type of services and placements they need to maintain stable and safe housing and make every effort to avoid participants re-entering homelessness. Therefore, transfers are prioritized over new entries. Transfers are appropriate for households with the following circumstances:

- The household has a current HMIS program entry for a homeless-dedicated housing program. and
- The needs of the household have changed since program entry; or
- The understanding of the needs has changed since program entry; or
- The household is at risk of re-entering homelessness at program termination; or
- The household needs to transfer to NC 505 from another CoC because of needing to flee an unsafe situation due to domestic violence, dating violence or stalking. If another CoC is seeking a transfer to NC 505 in this case, they should contact the CoC Manager at charmeckcoc@mecknc.gov to explore feasibility of such transfer.

In such cases there can be legitimate reasons for seeking a transfer to another housing program. In

considering the types of transfer that may be requested, the following decision rules will be applied:

Transfer type:
PSH ↔ PSH
RRH → PSH
RRH → RRH
RRH → OPH
OPH → PSH
PSH → OPH

Transfers

Households meeting eligibility criteria for a housing intervention can be transferred to that intervention, regardless of the funding stream of the household's current housing program.

The approval process for transfer requests will vary depending on the reason identified. The chart below outlines the order of priority and the approval process for each type of request.

Transfers due to fleeing/experiencing violence or accessibility to maintain a unit in the community will be prioritized above all other transfers and will have the fastest resolution possible.

All transfer requests due to the household's change in service need will be reviewed in a community setting at the Transfer Meeting. The group should be no smaller than 5 total. The agency submitting the transfer request must be present at the meeting when this is discussed. The group will critically review the transfer request and decide whether the agency has exhausted all other options and that a transfer is the most appropriate next step for the household. When applicable, the group will brainstorm with the agency on alternative solutions.

Transfer Priority Levels

Priority Level	Reason	Approval Time	Approving Body
1	Individual or Environmental Safety or Accessibility	As quickly as possible, no longer than two days	CE Lead
2	Household Composition	As quickly as possible, no longer than one week	CE Lead

3	Service Level or Client Choice	One to two weeks	PSH Transfer Meeting
	Defunded*	Please see defunded section below	CoC Collaborative Applicant

Reason	Definition	What it is not
Individual Safety	A household is fleeing violence and must move locations to reach safety. This includes fleeing physical, sexual, and psychological harm.	Dissatisfaction with neighborhood and/or neighbors such as disputes that can be mediated.
Environmental Safety	The space has become unsafe for the household, even if the household has not been hurt or threatened. As examples, someone has taken over the unit and the household can no longer live there, violence taking place in the apartment building, or tenants in the building harassing the participant, possibly related to their gender, sexual orientation, or disability.	Crime in the neighborhood that are not specifically targeting the household or building.
Accessibility	The household is unable to live in their home due to requiring accommodations that cannot be made. Examples can include requiring an elevator or larger door frame for a wheelchair in a building without these features, conditions of the housing negatively impacting a medical challenge of a household member such as ~~asthma, or~~asthma or need for a unit with an additional bedroom for a caregiver.	Accessibility accommodations needed that can be put into place such as grab bars or a lift.
Household Composition	The family size changes so that the household requires a smaller or larger unit. This can include the unit size impacting the household retaining or obtaining custody of children or households that included children and now only include the parent/s.	Desire for a larger unit that is not required based on family size.
Service Level	The needs of the household cannot be accommodated by the current provider or intervention and additional community supports without a ~~transfer, and~~transfer and is only utilized after other interventions are tested. This can include the need to move from a scattered site unit to a single site location or vice versa to accommodate service needs.	Client is challenging to engage in services or has ongoing conflicts with agency staff.
Client Choice	The household would be able to reach employment or educational goals living in a different location that cannot be obtained in the current program, or the household has identified that they require a different housing provider to successfully maintain housing.	Geographic preference that is unrelated to employment/education, preference for a larger unit, or preference for a different provider when challenges with the current provider can be resolved.

Communication

CE Match Team will acknowledge the receipt of a transfer request within two business days and will correspond with the referral agency weekly with status updates.

Housing providers will notify the CE Matching Entity if the transfer is no longer needed.

Transfer Request Protocols

To complete a transfer request between different agencies or different project types, the following must be submitted at one time in full prior to a determination being made.

1. Transfer Request Form
    a. Reason
    b. Narrative
    ~~b.~~c. Housing Retention Plan
    ~~c.~~d. Document Packet
        i. Documentation that verified eligibility (homelessness and disability, if applicable) at the time of entry into the project
        ii. Copy of the most recent annual service assessment
2. Required only if the household will be housed in the same unit after the transfer:
    a. copy of the lease,
    b. most recent HQS inspection,
    c. rent reasonableness documentation,
    d. rent calculation, and
    e. if applicable, an environmental review
3. Documents Recommended
    a. Photo Identification
    b. Income Documentation

***Defunded Process**

CoC Collaborative Applicant staff will work with agencies with defunded projects to determine next steps for all households and will communicate with providers what steps they must take to have transfers approved. A maximum of 5 consecutive transfers will occur from a defunded agency at any given time. After five matches are made from a defunded agency or agencies, the following five matches will not include households from defunded projects.

When a defunded project has a population eligible for a housing intervention with supply that is greater than demand, no limit will be placed by CE on consecutive referrals. As an example, if there are more HUD VASH vouchers available than eligible Veterans in a defunded project, CE will not limit the number of transfers made. Transfers related to fleeing violence will always be prioritized first, even ahead of defunded transfers.

Transfer requests for RRH to PSH or PSH to PSH or RRH to RRH or PSH or RRH to OPH or OPH to RRH or PSH are appropriate when the following criteria have been met:

- Referring provider completes transfer form. Agency leadership sends completed form to PSH Transfer Meeting lead at least 1 week before next scheduled meeting.
- For RRH or OPH to PSH transfers, the household must have qualified for PSH at entry to current program

including having documentation of chronic homeless status. Disability can be documented prior to entry into PSH

- If approved, the household would be prioritized for the next available appropriate PSH vacancy ~~at the next Match Meeting~~. Clients who are seeking a transfer who are at risk of re-entering literal homelessness will be prioritized. Transfers are not appropriate for reasons related to protected class status only, including race, color, national origin, religion, sex, disability, age, genetic information, marital status, sexual orientation, and gender identity.
- The program submitting the client for transfer will continue to work with client while waiting for an opening. The program will maintain contact with client once every 30 days to support the client in the Housing Retention Plan.
- Referring program attends the intake at the receiving program so there is continuity of care including reviewing the Housing Retention Plan together.
- NC-505 does not have a maximum number of transfers a client can receive.

PRIORITIZATION POLICY

Temporary Housing Prioritization Policy (in the time of COVID-19) People at high risk of developing severe COVID-19 symptoms (65+ and people of all ages with underlying medical conditions, per the Centers for Disease Control and Prevention (CDC) are at higher risk of death than other people living in congregate shelter settings or in unsheltered locations. Quickly re-housing this high-risk population will limit the spread and impact of COVID-19. Therefore, HUD guidance suggests that Coordinated Entry Systems support the swift assessment and re-housing of any person who meets any of the COVID-19 risk factors. The Temporary Housing Prioritization Policy, adopted on May 28, ~~2020~~2020, by the CoC Board reflects these considerations. It shall remain in effect until rescinded by the CoC Board.

Appendix VIII contains the NC-505 Prioritization Policy.

This document will be regularly updated to reflect the policies and resources of the Charlotte- Mecklenburg Continuum of Care. Please ensure you are using the most recently updated version of this document. Community process for updating written standards ***The most recent version was approved by the CoC Governing Board ~~on July~~on July 27, 2023. To submit public comment about this document, please email charmeckcoc@mecknc.gov.***