

Written Standards for the Maine and City of Portland Continuums of Care

*Developed for Housing and Services Funded through
McKinney-Vento Homeless Assistance Programs*

Approved on: August 16, 2016

Disclaimer: Emergency Solutions Grant (ESG) and Continuum of Care (CoC) funding recipients and subrecipients shall comply with the minimum written standards as established by the Maine and City of Portland Continuum of Care. While ESG and CoC recipients and subrecipients may to set additional standards for the provisions of ESG and CoC assistance, those standards should not unnecessarily add barriers to admission and program participation.

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Appendix I: Definitions

1. Introduction

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) enacted into law on May 20, 2009 consolidated three of the separate homeless assistance programs administered by the U.S. Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act into a single grant program. The HEARTH Act also codified into law the Continuum of Care (CoC) planning process, a longstanding part of HUD's application process to assist persons experiencing homelessness by providing greater coordination in responding to their needs. The interim regulation was published in the Federal Register on July 31, 2012 and became effective August 30, 2013.

The purpose of the CoC program is to promote a community wide commitment to the goal of ending homelessness; providing funding for efforts by nonprofit providers, and State and local governments to quickly rehouse individuals and families experiencing homelessness while minimizing the trauma and dislocation caused to individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by individuals and families experiencing homelessness; maximize resources; and optimize self-sufficiency among individuals and families experiencing homelessness.

The CoC program includes transitional housing, permanent supportive housing, rapid rehousing, supportive services, and Homeless Management Information Systems (HMIS). A CoC is a geographically based group of representatives that carries out the planning responsibilities of the CoC program (24 CFR part 578). These representatives come from organizations that provide services to persons experiencing homelessness, or represent the interests of the homeless or formerly homeless. The three major duties of a CoC are to (1) operate the CoC; (2) designate a HMIS for the CoC; and (3) develop a plan for the CoC. In Maine there is the Portland Continuum of Care (PCoC), which covers the City of Portland, and the Balance of State, which covers the rest of the State of Maine (MCoC).

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC) must develop Written Standards to ensure that *persons experiencing homelessness* who enter programs throughout the CoC *will be given similar information and support to access and maintain permanent housing*. The following Written Standards

- *establishes community wide expectations on the operations of projects within the community,*
- *ensures that the system is transparent to users and operators,*
- *establishes a minimum set of standards and expectations in terms of the quality expected of projects,*
- *makes the local priorities transparent to recipients and sub-recipients of funds, and*
- *creates consistency and coordination between recipients' and sub-recipients' projects.*

All programs that receive CoC funding are required to abide by these Written Standards and program procedures should reflect the standards described herein. The CoC strongly encourages all programs that serve persons experiencing homelessness to accept and use these written standards regardless of funding.

These written standards have been developed by the Maine and Portland Continuum of Care in conjunction with ESG recipients/subrecipients (City of Portland and State of Maine), and with service providers and community stakeholders. This collaboration allows for input and transparency regarding the procedural components of the Coordinated Entry System (CES), written standards, performance measures and the process for full implementation of the standards throughout the CoC.

The Continuum of Care Board of Directors will initiate review of the Written Standards at a minimum of once per year. Agreement to abide by the Written Standards will be a condition of CoC funding.

2. Maine's Plan to End and Prevent Homelessness

Maine has developed a Plan to End and Prevent Homelessness. The Plan very simply calls for everyone who is experiencing homelessness to secure permanent housing with an adequate support network.

There are four specific goals:

- 1) That emergency shelters and outreach programs work together to quickly engage people and move them into housing, and provide them with support that follows them from emergency through to stability in the community.
- 2) That there is an adequate supply of appropriate housing and rental subsidies to allow stability.
- 3) That issues such as mental illness, substance abuse, and traumatic brain injury receive adequate support or treatment to allow stability.
- 4) That all other issues underlying homelessness, such as poverty, self-esteem, and skill development are addressed, and an adequate support system is in place to allow stability.

The Plan specifies how to accomplish each of these goals.

Each population will be met where they are at, and supported in ending their homelessness, prevented from recidivism, or prevented from becoming homeless in the first place.

The plan identifies tactics and tools for each population, including: families, adult singles (chronic), adult singles (circumstantial), victims of domestic violence, and unaccompanied youth. Information can be found in *Appendix A: Maine's Plan to End and Prevent Homelessness, A Summary* which summarizes the strategies for solving 80% of homelessness for each population.

a. Maine's Priorities for Ending Homelessness

In addition, Maine has developed a Prioritization Guideline, a tool developed by the Statewide Homeless Council and adopted by the Continuum of Care Board of Directors, the Regional Housing Councils, the Portland and the Maine CoCs, and the Emergency Shelter Assessment Committee (ESAC). The Prioritization Guideline is used to prioritize housing referrals for households who are shelter guests or are living in places not meant for human habitation, who are not able to resolve their homeless episode without assistance, and who may require permanent supportive housing (PSH). The following is a brief summary of the priorities developed:

1. **Long Term Stayers/ Chronically Homeless Individuals** who have been homeless greater than or equal to 180 days in a 365-day period; or VI-SPDAT flagged including medically compromised.
2. **Long Term Stayers Families** who have been homeless greater than or equal to 180 days in a 365-day period or VI-SPDAT flagged.
3. **a. Domestic Violence Families & Individuals** who have been homeless greater than 30 days.

- b. **Unaccompanied Youth unable to be reunited with their families** who have been homeless greater than 30 days.
- c. **Less than Long Term Stayers Individuals and Families** who have been homeless greater than 60 days but less than 180 days in a 365-day period or VI-SPDAT flagged including medically compromised.
- 4. **Persons in Institutions** greater than 90 days.
- 5. a. **Circumstantially Homeless,**
 - b. **Unaccompanied Youth** (working toward reunification/ stability) who have been homeless less than 30 days & not flagged on the VI-SPDAT.

A full chart explaining the priorities is available in *Appendix B Ending Homelessness Prioritization Chart*.

3. General Standards for Administering Programs

The following standards are meant for programs to administer programs fairly and methodically allowing for standardization of data and ensures all participants are able to access the same level of services and resources. CoC funds may be used for projects under five program components: Permanent housing (PH), Permanent Supportive Housing (PSH), Transitional Housing (TH), Rapid Rehousing (RRH); Supportive services Only (SSO), and HMIS. Eligible costs include: CoC planning activities, Unified Funding Agency costs, acquisition, rehabilitation, new construction, leasing, rental assistance, supportive services, operating costs, HMIS, project administrative costs, relocation costs, and indirect costs.

a. Participation in the Coordinated Entry System

All homeless projects in the state of Maine must participate in the State of Maine's Coordinated Entry System. Domestic Violence provider participation is defined in the Coordinated Entry Written Standards. This includes using the common assessment forms, following the agreed upon referral process, using the common PSH waitlist, and anything else as appropriate. Additional information about the State of Maine Coordinated Entry can be found in the Appendix C State of Maine's Coordinated Entry System or the Coordinated Entry Written Standards.

b. Participant Eligibility

Eligibility to receive assistance under all CoC-funded programs will be based on the guidelines outlined by HUD, and defined in the HEARTH Act of 2009. The Homeless Definition includes four categories of eligibility: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes, and 4) Fleeing /Attempting to Flee Domestic Violence. A full definition of homelessness can be found in *Appendix D: HUD Definitions of Homelessness*.

Evaluation and eligibility policies and procedures are developed in accordance with the Continuum's common assessment requirements set forth under § 578.7(a)(8) of HUD's Interim Rule that governs the regulatory implementation of the CoC program as well as any additional criteria as set forth in the CoC Program Notice of Funding Availability (NOFA).

CoC members will work together to identify which eligible persons could benefit the most from assistance. Upon initial evaluation, the type and amount of assistance deemed appropriate will be offered to ensure the individual's or family's needs are met to regain housing stability. A homeless service

provider may develop and follow its own internal policies and procedures that further outline the evaluation methods for the project it is administering.

In determining eligibility for assistance regarding:

- Annual income of an individual or family: The homeless service provider must use the standards for calculating annual income under 24 CFR 5.609 and 24 CFR 5.611(a). Other resources such as Federal, State, local, and private assistance available in obtaining housing stability may also be considered.
- Occupancy charges and/or rent for participants for CoC funded program: Recipients/subrecipients must follow the standards as set forth in 24 CFR 578.77.
- Short Term Rental Assistance: Eligible financial assistance may include housing search, rent application fees, security deposit, utility deposits and rent (maximum of one month). All applicants must be evaluated for eligibility by use of the standard centralized or coordinated assessment system. To be eligible, an applicant must meet the standards for homelessness (per HUD definition) or be facing an eviction with notice in hand and have an annual income of less than 30% of area median income. Applicants are eligible for future services only if they have no other housing subsidies from local, state, or federal sources and have no other viable resources to secure or maintain housing. The highest priority applicants for rapidly re-housing are those currently homeless in the “mid-range” (clients who have 14-179 bed nights) for whom a potential living unit has been identified and will be available in less than a month. Additional focus will be placed on clients who have WRAP Around Community Funds for Supports.

c. Program Requirements for All Programs

- Programs must coordinate with other homeless services within the CoC.
- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education, and youth programs for which participants may be eligible.
- Programs must have written policies and procedures and must consistently apply them to all participants.
- Programs that serve families, households with children, or unaccompanied youth:
 - Providers must ensure that placement efforts are coordinated to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs. The age and gender of a child under age 18 must not be used as a basis for denying any family’s admission to a project that provides shelter for families with children (CoC Program Interim Rule 24 CFR 578.93).
 - A staff person must be designated as the educational liaison that will ensure that children and youth are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services. Allow parents (if accompanied) to make decisions about school placement. Children or unaccompanied youth are not required to enroll in a school as a condition for receiving services (CoC Program Interim Rule 24 CFR 578.23).

For more information regarding Involuntary Family Separation or Education Policies see

Appendix E: Family and Education Policies.

- Programs must protect the privacy and safety of domestic violence survivors and to uphold client choice by presenting a range of housing and service options.
 - Programs which are primarily for survivors of violence are prohibited from contributing client-level data into the HMIS. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.
 - Non-victim service providers shall protect the privacy of individuals and families who are fleeing or attempting to flee violence, by not including intake/treatment data in HMIS.
 - The location of Domestic Violence shelters/ programs shall not be made public.
 - Staff responsible for coordinated entry shall receive training on protecting the safety and privacy of individuals who are fleeing, or attempting to flee violence.
 - For documentation of domestic violence and Certification of Homelessness see *Appendix F: Documentation of Domestic Violence and Certification of Homelessness*.
- Programs receiving ESG, CoC and RHYA funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. However, all homeless programs are strongly encouraged to participate in HMIS.
- Programs must meet minimum HMIS data quality standards.
- Programs providing Domestic Violence or Legal Services may use HMIS participation or a comparable database to collect HUD required data elements.
- Programs must participate in the Coordinated Entry System and use the prioritization criteria established in this document.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved. Each program must adopt a formal appeals process as described by their CoC Governance.
 - Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination.
 - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
 - Termination does not necessarily preclude assistance at a future date.
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- Programs must make their resources available to individuals and families without regard to actual or perceived sex, sexual orientation, or gender identity. For guidance serving transgender persons in sex-segregated facilities see

- *Appendix G: Serving Transgender Persons in Sex-Segregated Facilities.*
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.
- Programs targeting unaccompanied youth, especially those funded by RHYA, are encouraged to participate in:
 - the Continuum of Care to ensure youth issues are understood
 - HMIS
 - the annual PIT count
 - the Statewide Homeless Youth Provider Group
 - be represented on the Board of Directors

d. Documentation Standards

Documentation of Homelessness must follow HUD's guidance, listed below in order of preference below and also explained in Appendix D:

- Literally Homeless (Category 1): third party verification; written observation by an outreach worker; or certification by the individual or head of household seeking assistance stating he/she was living on the streets or in a shelter.
- Imminent Risk of Homelessness (Category 2): a court order resulting from an eviction action notifying the individual or family they must leave within 14 days; OR for an individual or family leaving a hotel or motel- evidence they lack the financial resources to stay; OR a documented written or oral statement that the individual or family will be literally homeless within 14 days AND self- certification or other written documentation that the individual lacks the financial resources and support needed to obtain permanent housing.
- Chronically Homeless Individuals and Families with the most Service Needs (Category 3): third party verification; written observation by an outreach worker; or certification by the individual or head of household seeking assistance stating he/she was living on the streets or in a shelter.
- Fleeing or Attempting to Flee Domestic Violence (Category 4):

For Victim Service Providers: An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence and they lack resources. Statement must be documented by a self-certification or certification by the intake worker.

For Non-Victim Service Providers: Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and Certification by the individual or head of household that no subsequent residence has been identified; and Self-certification or other written documentation that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Additional Participant Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice, a copy of which should be made available to participants if requested, which includes information on data sharing among providers.
- A record of services and assistance provided to each participant.
- Documentation of any applicable requirements for providing services/assistance.
- Documentation of use of the Coordinated Entry System.
- Documentation of use of HMIS.
- Records must be retained for the appropriate amount of time as prescribed by HUD.

Financial Recordkeeping Requirements include:

- Documentation for all costs charged to the grant.
- Documentation that funds were spent on allowable costs.
- Documentation of the receipt and use of program income.
- Documentation of compliance with expenditure limits and deadlines.
- Retaining copies of all procurement contracts as applicable.
- Documentation of amount, source and use of resources for each match contribution.

e. Occupancy Standards for All Programs

All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificates of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards)

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents.
- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable.
- Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings.
- Each room must have a natural or mechanical means of ventilation.
- Must provide access to sanitary facilities that are in operating condition, private and clean.
- Water supply must be free of contamination.
- Heating/cooling equipment must be in working condition.
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances.
- Food preparation areas must have suitable space and equipment to store, prepare, and serve food in safe and sanitary manner.
- Building must be maintained in a sanitary condition.

- Must be at least one smoke detector in each occupied unit of the program, and where possible near sleeping areas. The fire alarm system must be designed for hearing impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide.

f. HMIS Standards

Minimum standards for data are:

- Providers, except for victim service providers, shall actively utilize the Homeless Management Information System (HMIS), to enter data on people served and assistance provided
- Victim service providers shall actively utilize a comparable data system that meets HUD's standards (24 CFR 576.107).
- HMIS Lead
 - Every five- ten years, the Portland and Maine CoCs will engage in a procurement process to select the HMIS lead and to manage the HMIS system. The HMIS lead will be responsible for CoC, ESG, and NHAP HMIS activities. Continuity is a critical factor in a well-run HMIS system; therefore, preference in the procurement may be granted to the existing provider.
 - The HMIS provider will recommend to the CoC an HMIS software solution.
 - The HMIS lead is responsible for:
 - Maintaining and updating the HMIS data system.
 - Providing training and support to all HMIS users.
 - Generating regular reports based on HMIS data including counts of homeless persons and performance reports on CoC and ESG funded providers.
 - Providing reports to HUD as required including the Annual Homelessness Assessment Report (AHAR).
 - Assist in implementing the Coordinated Entry System to be used in the CoC.

g. Housing First

Where applicable, homeless projects in the state are encouraged to adopt a Housing First Approach, which is recognized as a best practice and evidence based model. Adoption of Housing First practices will be documented via program policies and procedures, and any other relevant documents, that evidence the incorporation of the practices into the design and operation of the project.

At its most basic, Housing First is a model of housing assistance that centers on providing people experiencing homelessness with housing first and then providing voluntary services as needed and desired. Housing First programs operate under the assumption that everyone is ready for housing.

In addition to the basic idea of providing housing first, Housing First programs share a few critical elements, including:

- **Rapid exit from homelessness** - Whether at the emergency shelter or permanent housing point, Housing First providers work to get individuals and families experiencing homelessness out of homelessness and into permanent housing as quickly as possible. For shelter providers, this means working hard to identify any rapid re-housing assistance that may be needed to move the household out of homelessness, or referring to permanent supportive housing where available and appropriate. For permanent housing providers, this means speeding up and/or streamlining intake processes wherever possible, and ensuring that prioritized clients are coming from literally homeless locations.
- **Minimal barriers to program entry** - Remove barriers to entry to make programs and services available to those with the most severe needs and longest histories of homelessness. Program policies should only deny program entry in cases where a criminal history shows a pattern of violent offenses (including violent sexual offenses). Homeless program staff should do their due diligence to find alternative means of shelter/housing in the event that their program is unable to serve a client based on the client's criminal background or safety issues related to substance use.
- **Voluntary Supportive Services** - All supportive services be offered to clients on a voluntary basis. Refusal to participate in supportive services cannot be a reason to terminate someone from a homeless program. However, depending on the services they receive, clients may be required to participate in regular assessment of needs in order to determine if ongoing assistance is needed and desired.
- **Housing Focused Assistance** - Housing First programs offer voluntary supportive services that are focused on helping someone be successful in the housing.

h. Program Specific Standards

i. Permanent Supportive Housing Standards

Permanent Supportive Housing is a combination of housing and services designed for people with serious mental illnesses or other disabilities who need support to live stably in their communities.

Permanent Supportive Housing Eligibility

Permanent Supportive housing projects can serve individuals who meet HUD's definition of homeless for Category 1 - Literally Homeless and Category 4- Fleeing/ Attempting to Flee Domestic Violence. Additionally, Permanently Supportive housing clients must be disabled.

Permanent Supportive Housing Prioritization

All Maine PSH projects must prioritize chronically homeless individuals/families first, in all cases, and must follow the order of priority described in detail below. Furthermore, when multiple chronically homeless are identified, those individuals/families with the longest histories of homelessness and with the most severe service needs should be prioritized before other chronically homeless with less severe needs and/or shorter histories of homelessness.

HUD Notice CPD 14-012 calls for the following priorities for permanent supportive housing, and priorities for chronically homeless individuals.

- Order of Priority in CoC Program-funded Permanent Supportive Housing
- Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness
- Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

The Order of Priorities identified here can be found in *Appendix H: Order of Priority of CoC Permanent Supportive Housing*.

Assessing Severity of Need

Maine PSH projects should use the Coordinated Entry Tool to help determine the severity of service needs of persons experiencing homelessness on local PSH waitlists. Until implemented statewide, programs can utilize the VI-SPDAT to assess need. If information about a persons' use of local crisis services is available as well, this information may supplement the assessment information in order to better understand severity of need.

ii. *Transitional Housing Standards*

The purpose of Transitional Housing (TH) projects is to facilitate the movement of individuals and families experiencing homelessness to permanent housing as quickly as possible. TH projects should be targeted to persons who have been assessed as not being able to quickly resolve their homelessness on their own, but who do not have needs great enough to necessitate placement into Permanent Supportive Housing. Transitional Housing targets a two-year time frame.

Transitional Housing Eligibility

Transitional housing projects can serve persons who meet HUD's definition of homelessness for Category 1 - Literally Homeless, Category 2- Imminent Risk of Homelessness, and Category 4- Fleeing/ Attempting to Flee Domestic Violence.

Transitional Housing Prioritization

TH projects should be targeted to persons who have been assessed as not being able to quickly resolve their homelessness on their own, but who do not have needs great enough to necessitate placement into Permanent Supportive Housing. Appropriate target populations may include those with service needs that have been identified as being more long-term in duration, but not indefinite. Appropriate target populations may include domestic violence victims, individuals with histories of substance abuse disorders or those in early recovery, or transition age youth. Within identified target populations, TH projects should further screen applicants to identify people with longer lengths of homelessness and greater vulnerabilities and prioritize those applicants for assistance.

iii. Rapid Rehousing Standards

Rapid Re-Housing (RRH) emphasizes housing search and relocation services and short- and medium-term rental assistance to move persons and families experiencing homelessness (with or without a disability) as rapidly as possible into permanent housing.

Rapid Rehousing Eligibility

All Rapid Rehousing projects must serve persons who meet category 1 of HUD's homeless definition, Literally Homeless. For RRH, category 1 of the homeless definition ONLY includes individuals and families who are sleeping in a place not meant for human habitation or living in an emergency shelter meant to provide temporary living arrangements.

Rapid Rehousing Prioritization

Where possible, RRH projects should be targeted to individuals and households who are unable to resolve their homelessness on their own but do not have service needs so great as to necessitate movement into TH or PSH. Within this targeted population, RRH providers should prioritize for assistance those people with greater vulnerabilities and less likelihood of exiting homelessness "but for" rapid re-housing assistance. RRH projects should strive to serve as many appropriate participants as possible, adjusting the duration and amount of assistance in order to meet the individualized needs.

Additionally, in cases where an eligible homeless Veteran has been identified, and that Veteran is not eligible for VA programs, RRH providers should prioritize the homeless Veteran for assistance.

Rapid Rehousing Determining Rental Assistance Provided

Rental assistance is not to exceed two years, although programs have the authority to design projects with shorter durations. Tenants must contribute 30% of household income (with some adjustments) for rent. The program covers the remainder of the rent up to Fair Market Rent. Tenant is able to remain in the housing even if the subsidy is transitional.

iv. Homelessness Prevention

Recipients and subrecipients located in HUD-designated High Performing Communities (HPCs) may use CoC Program funds for homelessness prevention assistance for individuals and families at risk of homelessness. The services under this component may include housing relocation and stabilization services as well as short- and medium-term rental assistance to prevent an individual or family from becoming homeless. Through this component, recipients and subrecipients may help individuals and families at-risk of homelessness to maintain their existing housing or transition to new permanent housing. Homelessness prevention must be administered in accordance with 24 CFR part 576.

v. Support Services Only

The supportive services only (SSO) program component allows recipients and subrecipients to provide services to individuals and families experiencing homelessness not residing in housing operated by the recipient. SSO recipients and subrecipients may use the funds to conduct outreach to sheltered and unsheltered persons and families experiencing homelessness, link clients with housing or other necessary services, and provide ongoing support. SSO projects may be offered in a structure or structures at one central site, or in multiple buildings at scattered sites where services are delivered. Projects may

be operated independent of a building (e.g., street outreach) and in a variety of community-based settings, including in homeless programs operated by other agencies.

4. Performance Targets

Performance Measures	
Remain in or Exit to Permanent Housing (PH) Percent of all leavers who remained in or exited to PH/PSH	80%PSH 65% TSH 30% ESG
Exit with Employment Income Percent of adult leavers who exited with employment income	20% HUD goal MCOCCollected info only
Exit with Increased Income Percent of adult leavers who exited with maintained/ increased income from all sources	20% set as baseline
Main stream Resources Percent of stayers that maintained/ increased mainstream benefits	20% set as baseline
Occupancy Average daily bed/unit/ or program slot utilization	MCOCC & PCOC 85%
HMIS Data Quality Percent of null/missing and don't know/ refused values: Less than (add%)	C or better
Length of Stay (shelters only) Average length of stay	Decrease by 10% ESG
Recidivism/ Return to homeless within 6 months Return to homeless after DC shelter	15% or less ESG

5. Monitoring Performance of CoC Recipients

The CoC's are monitor each provider's performance, eligibility criteria, target populations, and cultural competence. Each CoC project is monitored annually. Projects are evaluated based upon performance measures, including: utilization rates, increasing housing stability, participant eligibility, length of time homeless, destination upon program exit, increasing participant income, and connecting program participants to mainstream benefits. The CoCs process for monitoring recipients is below: must describe the criteria and processes it uses for monitoring recipients, including how the CoC assesses project capacity to implement CoC Program requirements (e.g., timely submission of APRs, timely draws from LOCCS.)

The CoC's follow the following monitoring outline:

- The Monitoring Team, which includes members of the CoC, conduct the monitoring. A point person is identified for contacting projects and scheduling meetings and coordinating with

projects.

- Projects are notified in writing they will be monitored and receive a Monitoring and Evaluation Form. A Project Point person is identified.
- A date is chosen to conduct the monitoring.
- Each project completes the Monitoring and Evaluation Form and submits it to the point person.
- During the monitoring the Monitoring Team evaluates the project and meets with the project team.
- A follow up notification is submitted to the project summarizing the monitoring results. Project applicants have an option to revise and resubmit to correct any findings.

6. Coordination of Services

The CoC network of homeless service providers will coordinate to minimize duplication of services in order to provide the most effective and efficient assistance to those in need. Continuum members meet regularly to discuss issues such as evolving trends, challenges, and funding fluctuations in an effort to facilitate coordination between local homeless service providers and emergency shelters.

There are multiple efforts occurring within the Continuum of Care and throughout Maine that support coordination of services among providers and the community at large, including implementing the Coordinated Entry System.

The Coordinated Entry System (CES) is intended to divert and prevent homelessness, increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on needs, and prioritize persons with severe service needs for the most intensive interventions. Coordinated Entry helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner while also providing information regarding gaps in services and identification of additional resources required.

In addition, the Continuum will, to the maximum extent practicable, coordinate and integrate information with funded and unfunded organizations that provide similar services or mainstream support within the community.

APPENDICES

Appendix A: Maine's Plan to End and Prevent Homelessness, A Summary

The Plan calls for everyone who is homeless to secure permanent housing with an adequate support network.

1. There are four specific goals: 1) That emergency shelters and outreach programs work together to quickly engage people and move them into housing, and provide them with support that follows them from emergency through to stability in the community. 2) That there is an adequate supply of appropriate housing and rental subsidies to allow stability. 3) That issues such as mental illness, substance abuse, and traumatic brain injury receive adequate support or treatment to allow stability. 4) That all other issues underlying homelessness, such as poverty, self-esteem, and skill development are addressed, and an adequate support system is in place to allow stability.

The Plan specifies how to accomplish each of these goals.

2. Each population will be met where they are at, and supported in ending their homelessness, prevented from recidivism, or prevented from becoming homeless in the first place.

Ways to solve 80% of homelessness for each population

Families Provide rental subsidies. Poverty is the primary concern and rental subsidies level the playing field for housing stability. Affordable housing allows employment, stability, and a platform for any underlying issues to be resolved.

Key tools: Tenant based Housing Choice Vouchers (Section 8), General Assistance, STEP, funding for brief case management and system navigation.

Adult singles (Chronic) Provide rental subsidies in permanent supportive housing. Mental illness and substance abuse are primary concerns, and rental subsidies with support in the housing are the antidotes.

Key tools: Rental subsidies – Project based Housing Choice Vouchers (Section 8), Shelter + Care, BRAP. Bricks and mortar – MaineHousing Supportive Housing Program, CoC New Project funding. Services – a continuum of mental health and substance abuse services including case management, VA Services, and HUD/VASH. Disability determination and representative payee services are important tools for success.

Adult singles (Circumstantial) Provide basic affordable housing. Poverty is the primary concern and affordable housing allows employment, stability, and a platform for any underlying issues to be resolved.

Key tools: General Assistance, single room occupancies, day labor/employment support, funding for brief case management and system navigation.

Victims of domestic violence Provide rental subsidies in supportive housing with transitional services. Services address safety planning and support for survivors (and their children) to create lives free from abuse in long-term stable housing. Services target the full range of barriers to safety and stability with programming to promote financial, legal, and personal empowerment. Rental subsidies and affordability

allow the platform for success.

Key tools: State and DOJ funding for existing network of DV support services, project based and tenant based Housing Choice Vouchers (Section 8), STEP, MaineHousing Supportive Housing Program, CoC New Project funding.

Unaccompanied Youth Provide reunification with family, and outreach support for success in the family and in the community. Services and outreach services stabilize youth outside and inside their families/natural support systems. Substance abuse, mental health issues and illness, family domestic violence (including physical and sexual abuse histories), and sexual identity are major support needs. Given adequate individual and family support, including mobile crisis services and family therapy, many youth can remain or be reunited with their families. Others, where appropriate, require independent living skills, and basic affordable housing as with adult singles (circumstantial), along with transitional support services.

Key tools: State and federally funded youth support services, outreach workers, family therapists.

Appendix B Ending Homelessness Prioritization Chart

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2015 Ending Homelessness Prioritization Chart

	Priority	Homeless Category	Parameters	N	Resources	Process
5%	P1	Long Term Stayers (LTS)/Chronically Homeless: Individuals	Greater or equal to 180 days in a 365 period; or VI-SPDAT flagged including medically compromised	249	300 Dedicated S+C vouchers. 80 local Section 8 vouchers. For Vets: HUD/VASH with initial SSVF assistance.	1) 1 year of HMIS data, application; 2) CAA will centralize vouchers and award these to shelters/providers directly; 3) CAA will follow up to verify disability and criteria for chronic homelessness; 4) PHA commitments for Section 8; 5) PATH commitment to connect people who are homeless to housing resources.
	P2	Long Term Stayers (LTS): Families	Greater or equal to 180 days in a 365 period; or VI-SPDAT flagged	50	Home to Stay, GA, occasional S+C as family qualifies	STEP or Section 8 from Home to Stay; shelters use Home to Stay resources to solve for this population; GA
15%	P3	Domestic Violence Families & Individuals	Greater than 30 days	875	Dedicated transitional supportive housing, permanent supportive housing, Section 8, BRAP, S+C, GA	Transitional DV Resources, CHOM, ETC.
	P3	Unaccompanied Youth unable to be reunited with their families	Greater than 30 days	50	STEP, Transitional supportive housing, GA, Home to Stay, PHS, Wrap funds, Rent and security deposit for DHHS OCFS placements, RHYA resources	Transitional youth service partners/BRAP - LAA's
	P3	Less than Long Term Stayers (LTS) Individuals & Families	Greater than 60 days but less than 180 days in a 365 day period or VI-SPDAT flagged including medically compromised	290	Permanent housing, permanent supportive housing, transitional supportive housing, Section 8, BRAP, S+C, Wrap funds. For Vets: SSVF, or where appropriate HUD/VASH	Shelter case management, market apartments with outreach support, rapid re-housing
	P4	Institutions	Greater than 90 days	85	BRAP, PNMI	BRAP-LAAs, PNMI
80%	P5	Circumstantially Homeless	Less than 60 days & not flagged on VI-SPDAT	6066	SSVF, General Assistance	Existing mainstream resources - general assistance, allow them to house themselves
	P5	Unaccompanied Youth (working toward reunification/stability)	Less than 60 days & not flagged on VI-SPDAT; RHYA Programs	100	Wrap funds - Section 17, RHYA resources	Existing mainstream resources - general assistance. Traditional youth service providers

Veterans, the elderly, and the medically compromised could fit into any prioritization category as applicable (i.e., Veterans could fit into any category except youth).

KEY:

S+C = Shelter Plus Care
 PSH = Permanent Supportive Housing
 VI-SPDAT = Vulnerability Index & Service Prioritization Decision Assistance Tool
 SSVF = Supportive Services for Veteran Families
 BRAP = Bridging Rental Assistance Program

PNMI = Private Non-Medical Institutions
 HUD/VASH = Veterans Affairs Supportive Housing
 Home to Stay = Rapid Re-Housing Program funded through MaineHousing
 RHYA = Runaway and Homeless Youth Act

Appendix C State of Maine's Coordinated Entry System

Guiding Principles The goal of the coordinated assessment process is to provide each consumer with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help Maine meet these goals.

- **Adopt statewide standards:** but allow flexibility for local customization beyond baseline standard.
- **Consumer Choice:** Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.
- **Promote client-centered practices** – Every person experiencing homelessness should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for consumer participation in the development, oversight, and evaluation of coordinated assessment. Consumers should be offered choice whenever possible.
- **Prioritize most vulnerable** as the primary factor among many considerations – Limited resources should be directed first to persons and families who are most vulnerable*. Less vulnerable persons and families will be assisted as resources allow. *Vulnerability will be defined locally.
- **Collaboration:** Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoC's, providers, mainstream assistance agencies (e.g., Department of Health and Human Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment/entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the CES process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First:** The most successful model for housing people who experience chronic

homelessness is permanent supportive housing using a “Housing First” approach, which is a client-driven strategy that provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. Maine’s CES strongly encourages recipients of PH/PSH and TH, whenever possible funding to implement a Housing First approach. Coordinated assessment will support a housing first approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

- **Prioritizing the Hardest to House:** Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Transparency:** Make thoughtful decisions and communicate directives openly and clearly.

Appendix D: HUD Definitions of Homelessness

1. Literally Homeless	<p>Individuals who lack a fixed, regular, and adequate night time residence, meaning:</p> <ul style="list-style-type: none"> • Have a primary residence that is a public or private place not meant for human habitation; • 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); <u>or</u> • Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
2. Imminent Risk of Homelessness	<p>Unaccompanied youth or young adults who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> • Residence will be lost within 14 days of the date of application for homeless assistance; • No subsequent residence has been identified; and • The unaccompanied youth or young adult lacks the resources or support networks needed to obtain other permanent housing
3. Persons meet the homeless definition by another federal statute	<p>Unaccompanied youth or young adults or families that:</p> <ul style="list-style-type: none"> • Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; and • Have experienced persistent instability as measured by two moves or more during the preceding 30 days; and • Can be expected to continue in such status for an extended period of time due to special needs or barriers; and • The individual lacks the resources or natural support networks needed to obtain other permanent housing or to remain in a <i>doubled –up</i> situation for 120 days or more
Attempting to Flee External Harm to Self	<p>Any unaccompanied youth or young adult who:</p> <ul style="list-style-type: none"> • Is fleeing or disengaging, or is attempting to flee or disengage, domestic violence, sex trafficking, sexual exploitation, gang participation, and/or organized crime; and • Has no other residence; and • Lacks the resources or support networks to obtain other permanent housing

Appendix E: Family and Education Policies

Family Admission/ Separation Policies

Consistent with the CoC Program Interim Rule 24 CFR 578.93, neither CoC nor ESG program funded projects may involuntarily separate families. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds. The CoC will work closely with providers to ensure that placement efforts are coordinated to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs. Any client that believes that they or a family member has experienced involuntary separation may report the issue to the CoC. The CoC will investigate the claim and take appropriate remedial action.

Education Policies

Consistent with the CoC Program Interim Rule 24 CFR 578.23, all CoC and ESG programs assisting families with children or unaccompanied youth must:

1. Take the educational needs of the children into account when placing families in housing and will, to the maximum extent practicable, place families as close as possible to their school of origin so as not to disrupt such children's education.
2. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of the intake procedures.
3. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
4. Allow parents or the youth (if unaccompanied) to make decisions about school placement.
5. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/ interfere with regular day school or prohibit them from staying enrolled in their original school.
6. Post notices of student's rights at each program site that serves children and families experiencing homelessness in appropriate languages.
7. Designate staff that will be responsible for:
 - a. Ensuring that \ children and youth experiencing homelessness in their programs are in school and are receiving all educational services they are entitled to.
 - b. Coordinating with the CoC, the Department of Health and Human Services, The County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons and other mainstream providers as needed.

In order to ensure compliance and to assist providers in meeting these requirements, the CoC will provide training on these issues annually and will include these in the funding competition review and ranking process.

Appendix F: Documentation of Domestic Violence and Certification of Homelessness

Documentation of Domestic Violence

For each program participant who moved to a different Continuum of Care due to imminent threat of further violence under 24 CFR 578.51(c)(3) the CoC program must retain:

1. Documentation of the original incidence of violence. This may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance, medical or dental records court records or law enforcement records or written certification by the program participant to whom the violence occurred or by the head of household.
2. Documentation of the reasonable belief of imminent threat of further violence, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence. This may be written observation by the housing or service providers or a letter.

Certification of Homelessness for Victims of Domestic Violence

For Victim Service Providers

1. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence and they lack resources. Statement must be documented by a self-certification or certification by the intake worker.

For Non-Victim Service Providers

1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
2. Certification by the individual or head of household that no subsequent residence has been identified; and
3. Self-certification or other written documentation that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Appendix G: Serving Transgender Persons in Sex-Segregated Facilities

Emergency shelters in Maine must make their resources available to individuals and families without regard to actual or perceived sex, sexual orientation, or gender identity. Although emergency shelters with shared sleeping areas or bathrooms are permitted to inquire about sex or gender identity for purposes of determining room assignment, best practices suggest that where there is uncertainty about sex or gender identity shelter providers should ask where individuals feel most comfortable sleeping. This may mean that the person should be provided with a private changing, shower, and/or sleeping space, or stagger use of facilities so that the person may shower and change alone. Decisions about how and where someone is housed should be made on a case-by-case basis strongly taking into account the person's preference about where to sleep, and keeping safety a priority.

In situations where providers are unsure of a person's sex or gender identity, providers may not ask for documentation of sex or gender. The best way to proceed if a provider is unsure is to tell a client that the agency provides shelter according to the gender with which the client identifies. Do *not* ask, "What is your sex/gender?" Do say, "This is a shelter for women, if you would rather be in a different shelter, let us help you find one where you feel safe and comfortable." It is understood that not every facility can accommodate every gender expression. The spirit of this guidance is about helping people to feel safe and comfortable in their temporary accommodations. This may mean telling a client what the local options are, *without* asking about their gender, and doing the most possible to get that person to a place they want to be. Gender-based violence can be inflicted on transgender people and providers are obligated to protect transgender people from such violence the same way they protect women, for example, from violence.

Emergency shelters in Maine and other homeless program providers should review the HUD notice, *Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities*, in order gain a comprehensive understanding of how the notice affects both clients and providers, and guides protocols, policies, and procedures. The notice can be found at <https://www.hudexchange.info/resource/4428/notice-cpd-15-02-appropriate-placement-for-transgender-persons-in-single-sex-emergency-shelters-and-other-facilities>

Appendix H: Order of Priority in CoC Permanent Supportive Housing

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the CoC's written standards while also considering the goals and any identified target populations served by the project, and in a manner consistent with their current grant agreement.

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

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

<p>1st Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.</p>	<p>A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:</p> <ol style="list-style-type: none"> 1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and 2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.
<p>2nd Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness.</p>	<p>A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom both of the following are true:</p> <ol style="list-style-type: none"> 1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and 2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
<p>3rd Priority: Chronically Homeless Individuals and Families with the Most Severe Service Needs.</p>	<p>A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:</p> <ol style="list-style-type: none"> 1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and 2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
<p>4th Priority: All Other Chronically Homeless Individuals and Families.</p>	<p>A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:</p> <ol style="list-style-type: none"> 1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and 2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

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

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

CoC Program-funded non-dedicated and non-prioritized PSH should offer housing to chronically homeless individuals and families first, but minimally are required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless.

<p>1st Priority: Homeless Individuals and Families with a Disability with the Most Severe Service Needs.</p>	<p>An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.</p>
<p>2nd Priority: Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.</p>	<p>An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.</p>
<p>3rd Priority: Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.</p>	<p>An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.</p>
<p>4th Priority: Homeless Individuals and Families with a Disability Coming from Transitional Housing.</p>	<p>An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or in a safe haven.</p>

Appendix I Definitions

At-risk of Homelessness – An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the “homeless” definition (See Exhibit A and Exhibit B), and meets one if the following definitions defined under 24 CFR 578.3 (CoC program) or 24 CFR 576.2 (ESG program). This may also include a child or youth who qualifies as homeless under other Federal programs.

HMIS/HMIS – Community Management Information System (formerly the Homeless Management Information System) means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS/HMIS Lead Agency – The entity designated by the Continuum of Care to operate the HMIS/HMIS on its behalf.

Chronically homeless individual – An individual experiencing homelessness with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

Chronically homeless families - Families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

CoC/Continuum of Care – A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

ESG – Emergency Solutions Grant Program (24 CFR part 576)

Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical

impairment or combination, and is manifested before age 22, and is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency) AND reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long-continued and indefinite duration, substantially impedes the person’s ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 200; or Acquired immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

Emergency Shelter – Any facility, the primary purpose of which is to provide a 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.

Families – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to (a) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

Homeless – There are 4 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act); the most common definition being an individual or family who lacks a fixed, regular, and adequate nighttime residence under Category 1. See Exhibit A

Homeless Prevention – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the “at risk of homelessness” definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the “homeless definition and have an annual income below 30% of family median income for the area.

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

Permanent Housing – Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing and Rapid Re-housing.

Permanent Supportive Housing – Permanent Supportive Housing is a combination of housing and services designed for people with serious mental illnesses or other disabilities who need support to live stably in their communities.

Physical, Mental, or Emotional Impairment – Expected to be long-continuing or of indefinite duration; substantially impedes the person’s ability to live independently, and could be improved by more suitable housing.

Rapid Re-housing – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a individual or family experiencing homelessness move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period, and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the “homeless” definition.

Recipient – An applicant that signs a grant agreement with HUD.

Safe Haven – For the purpose of defining chronically homeless, supportive housing that means the following: (1) serves hard to reach persons experiencing homelessness with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low-demand services and referrals for the residents.

Street Outreach – The act of reaching out to unsheltered people experiencing homelessness; connecting them with emergency shelter, housing or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Sub-recipient – A private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

Transitional Housing – Facilitates the movement of individuals and families experiencing homelessness to permanent housing within 24 months.

Unsheltered Homeless – Individuals and families who qualify as homeless under Category 1(i) of the “homeless” definition. See Exhibit A

Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs