

**four occasions equals 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.

- ii. 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.

## **PSH Performance Benchmarks**

All PSH providers should meet or exceed project quality goals established by HUD and CoC guidelines which include the following:

- At least 80 percent of project participants either remained in permanent housing or exited to permanent housing;
- At least 20 percent or more of project participants have employment income (or other sources such as SSI and/or SSDI, for those who are not employable);
- At least 54 percent of project participants increased their income from sources other than employment in a given operating year;
- At least 56 percent of project participants obtained mainstream benefits; and
- 100 percent of the project participants came from the street or other locations not meant for human habitation, emergency shelters, or safe havens.

In addition, PSH providers must:

- Implement a housing first approach.
- Fill vacant beds with only chronically homeless persons.

## **Eligible Clients**

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded.

For dedicated permanent supportive housing beds, when a participant exits the program, the bed must be filled by another chronically homeless participant unless there are no chronically homeless persons located within the CoC's geographic area. This concept only applies to permanent supportive housing projects. (24 CFR 578.3, 2015 HUD CoC NOFA).

For permanent supportive housing beds within a CoC's geographic area that are not currently dedicated specifically for use by the chronically homeless, CoCs and projects are strongly encouraged to prioritize the chronically homeless in non-dedicated permanent

supportive housing beds as they become available through turnover. This concept only pertains to permanent supportive housing projects (24 CFR 578.3, 2015 HUD CoC NOFA).

### **Prioritizing Chronically Homeless**

PSH is not a one-size-fits-all approach and should only be offered to those households that truly need that level of support. Thus, in order to use our limited resources in the most effective means possible, the Riverside County CoC is committed to prioritizing those most in need through an established order of priority. Within that order of priority, all CoC-PSH funded programs are required ensure compliance with the “chronically homeless” definition and to fill vacant beds with chronically homeless individuals (CPD-14-012 (7/28/14)).

The Riverside County CoC has developed an order of priority to establish a uniform process for prioritizing placement into PSH through the CES. The overarching intent of this order of priority is to ensure that chronically homeless persons with the longest lengths of time homeless and the most severe service needs are prioritized for housing.

- 1) First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
- 2) Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness.
- 3) Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs.
- 4) Fourth Priority–All Other Chronically Homeless Individuals and Families.

**In compliance with HUD’s “Order of Priority in CoC Program-funded Permanent Supportive Housing”, the Riverside County CoC prioritizes as follows:**

- 1** Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
- 2** Chronically Homeless Individuals and Families with the Longest History of Homelessness.
- 3** Chronically Homeless Individuals and Families with the Most Severe Service Needs.
- 4** All Other Chronically Homeless Individuals and Families.

### **CoC Records**

In addition to the records required in 24 CFR 578.103, Riverside County CoC documents and maintains the following documentation:

1. Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC;
2. Evidence of a standardized assessment tool; The use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the geographic area.
3. Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.

### **Recipient Recordkeeping Requirements**

In addition to the records required in 24 CFR 578.103, recipients of Riverside County CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

1. Written Intake Procedures
2. Evidence of Chronically Homeless Status

## **Leasing Requirements**

Leasing projects involve the leasing of property or portions of property (including single units) not owned by the recipient for use in providing PSH or supportive services. With leasing projects, the lease is between the subrecipient and the landowner while the occupancy agreement or sublease is between the subrecipient and program participant. Leasing funds may be used to pay up to 100% of the costs of leasing a structure. When electricity, gas, and water are included in the rent, these utilities may be paid from leasing funds. If the landlord does not provide utilities, these utility costs are an operating cost, except for supportive service facilities. Leasing funds cannot be used to lease units or structures owned by the recipient, sub-recipient, or their parent, subsidiary, or affiliated organization. HUD has the authority, however, to grant an exception to the ownership clause for good cause.

### **PSH Written Standards #1 – No Designated Length of Stay**

**Program participants are provided housing without a designated length of stay that permits them to live as independently as possible.**

Consistent with the definition of permanent housing in section 401 of the McKinney-Vento Act and § 578.3 of this interim rule, the permanent housing component is community-based housing without a designated length of stay that permits formerly homeless individuals and families to live as independently as possible. The interim rule clarifies that Continuum of Care funds may be spent on two types of permanent housing: permanent supportive housing for persons with disabilities (PSH) and rapid rehousing that provides temporary assistance (i.e., rental assistance and/or supportive services) to program participants in a unit that the program participant retains after the assistance ends.

## **Leasing and Occupancy Agreements**

A key component in CoC leasing and rental assistance is leasing and occupancy agreements. All participants must have a signed agreement outlining the terms of their housing. Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household.

## **PSH Written Standards #2 – Lease Agreement**

**The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.**

HUD clarifies that to be permanent housing, “the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.” HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary (CFR 578.77).

### **Rental Assistance & Restrictions**

Rental assistance grants are differentiated from leasing grants in that these grants provide rental assistance to eligible persons for permanent housing. For rental assistance grants, the lease is between the program participant and the landowner or sub lessor. Grant funds may be used for permanent supportive housing rental assistance. Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.

## **PSH Written Standards #3 – Restricted Assistance and Disabilities**

**Permanent supportive housing can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.**

### **Supportive Services**

Once in housing, program participants have access to the support services that they need and want to live as independently as possible. Although PSH is designed for people who need supportive services, accepting these services is not a condition of housing. A person’s home is a place to live rather than a treatment setting. As such, supportive services are voluntary, but can and should be used to persistently engage tenants and ensure housing stability. Tenants receive assistance in defining their needs and preferences through annual assessments of service needs and individualized support plans that reflect those preferences. On-site residential supervision is provided as needed to facilitate the adequate provision of supportive services to the residents (CFR 578.37).

#### **PSH Written Standards #4 – Supportive Services**

**Supportive services designed to meet the needs of program participants must be made available to the program participants.**

#### **PSH Written Standards #5 – Duration of Supportive Services Assistance**

**Supportive services to enable program participants to live as independently as possible must be provided throughout the duration of their residence.**

Recipients and subrecipients may require the program participants to take part in supportive services that are not disability-related services provided through the project as a condition of continued participation in the program. Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication, which are provided to a person with a disability to address a condition caused by the disability. Notwithstanding this provision, if the purpose of the project is to provide substance abuse treatment services, recipients and subrecipients may require program participants to take part in such services as a condition of continued participation in the program (CFR 578.75).

***Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability*** - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.

#### **PSH Written Standards #6 – Supportive Services Agreement**

**Program participants may be required to take part in supportive services that are not disability-related services (including substance abuse treatment services) provided through the project as a condition of continued participation in the program. However, HUD tends to believe that these kind of requirements can be barriers and should be rare and minimal if used as all.**

## Housing Quality Standards (HQS)

Under the CoC Program, all housing that is leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable Housing Quality Standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance.

HQS dictates that, at a minimum, the unit must have a living room, a kitchen, and a bathroom. HQS requirements also dictate that the bathroom must be contained within the unit, afford privacy (usually meaning a door, although no lock is required), and be for the exclusive use of the occupants. Additionally, the unit must have suitable space and equipment to store, prepare, and serve food in a sanitary manner. This includes a requirement for an oven and stove or range, a refrigerator of appropriate size for the family, and a kitchen sink with hot and cold running water. Hot plates are not acceptable substitutes for stoves or ranges. However, a microwave oven may be used in place of a conventional oven, stove, or range if the oven/stove/range are tenant supplied or if microwaves are furnished in both subsidized and unsubsidized units in the building or premises.

The CoC Program also allows for shared housing/roommate situations in projects with leasing or rental assistance funds. **Each household must have the bedroom size that fits their household size. In other words, 2 individuals in a shared housing situation must have their own lease, and their own bedroom. The only situation where 2 people would be sharing one bedroom would be if they presented together as a household.**

### **PSH Written Standards #7 – One Person per Bedroom**

**Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household.**

## Program Income

Program income includes the following (CFR 578.97):

- (a) Defined. Program income is the income received by the recipient or subrecipient directly generated by a grant-supported activity.
- (b) Use. Program income earned during the grant term shall be retained by the recipient, and added to funds committed to the project by HUD and the recipient, used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross

income to calculate program income, provided that the costs have not been charged to grant funds.

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

### **PSH Written Standards #8 – Program Income**

**Program income generated from rent and occupancy charges may be collected from program participants and added to funds committed to the project by HUD and used for eligible program activities.**

### **Calculating Occupancy Charges and Rent**

Calculating occupancy charges and rent (b) (1) (2) (3) notes the following about occupancy agreements (CFR 578.77):

(b) Calculation of occupancy charges. Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of:

(1) 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(2) 10 percent of the family's monthly income; or

(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.

### **PSH Written Standards #9 – Calculating Occupancy Charges and Rent**

**If occupancy charges are imposed, they may not exceed the highest of: 1) 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses); 2) 10 percent of the family's monthly income; or 3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.**



Recipients or subrecipients must examine a program participant's income initially, and at least annually thereafter, to determine the amount of the contribution toward rent payable by the program participant. Adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified (CFR 578.77).

### **PSH Written Standards #10 – Examining Program Participant's Initial Income**

**A program participant's initial income must be examined at least annually to determine the amount of the contribution toward rent payable by the program participant and adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified.**

As a condition of participation in the program, each program participant must agree to supply the information or documentation necessary to verify the program participant's income. Program participants must provide the recipient or subrecipient with information at any time regarding changes in income or other circumstances that may result in changes to a program participant's contribution toward the rental payment (CFR 578.77).

### **Recordkeeping Requirements**

In order to use our limited resources in the most effective means possible, the Riverside County CoC has established uniform recordkeeping requirements for all PSH grant recipients. These requirements ensure compliance with HUD's definition of homelessness, chronic homelessness, and the recordkeeping requirements set forth in CFR 578.103 and Notice CPD-14-012. The following documentation of annual income must be kept by recipient or subrecipient:

- (i) Income evaluation form specified by HUD and completed by the recipient or subrecipient; and
- (ii) Source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of the evaluation;
- (iii) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or
- (iv) To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of

income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

### **PSH Written Standards #11 – Verifying Program Participant’s Initial Income**

**Each program participant must agree to supply the information or documentation necessary to verify the program participant’s income.**

### **Recalculating Occupancy Charges and Rent**

In order to use the resources of the Riverside County CoC in the most effective means possible, the Riverside County CoC has established uniform recordkeeping requirements for all PSH grant recipients. These requirements ensure compliance with HUD’s definition of homelessness, chronic homelessness, and the recordkeeping requirements set forth in 24 CFR 578.103 and Notice CPD-14-012. All records must be retained for the greater of 5 years.

Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant’s income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.”

### **PSH Written Standards #12 – Recalculating Occupancy Charges and Rent**

**If there is a change in family composition (e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.**

### **Termination of Assistance**

PSH program recipients may terminate assistance to a participant who violates program requirements or conditions of occupancy utilizing a formal process that recognizes the due process of law. Recipients may resume assistance to a participant whose assistance has been terminated.

Recipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate in the most severe cases.

### **PSH Written Standards #13 – Termination of Assistance**

Assistance may be terminated to a program participant who violates program requirements or conditions of occupancy by providing a formal process that recognizes the due process of law.

## **Determining Written Standards for Rapid Rehousing**

Rapid rehousing is considered permanent housing. Rapid Re-housing is an intervention designed to move homeless individuals and families into permanent housing as quickly as possible. Rapid Re-housing programs focus on eliminating barriers to moving individuals and families quickly into permanent housing by providing housing location services and financial assistance for housing related expenses (e.g. rent arrears, ongoing rental assistance, moving costs). Rapid Re-housing services are designed with a housing first approach to get individuals and families in permanent housing and keep them stable once they are there.

In Riverside County, Rapid Re-Housing is a critical strategy for ending homelessness for households with children due to the shortage of affordable housing. It is also a high priority for single adults who assess as self-sufficient and can address affordability through a combination of shared housing and increasing income.

Types of rapid rehousing assistance include:

- Rental assistance;
- Case management;
- Supportive services; and
- Security deposits.

### **Eligible Clients**

Eligible clients must meet HUD's Category 1 definition of homelessness which is: Individuals and families who lack a fixed, regular, and adequate nighttime residence:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, etc.
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals);
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; or
- An individual fleeing or attempting to flee domestic violence if also literally homeless;

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded.

## RRH Performance Benchmarks

All RRH providers should meet or exceed project quality goals established by HUD and CoC guidelines which include the following:

- At least 80 percent of project participants either remained in permanent housing or exited to permanent housing;
- At least 20 percent or more of project participants have employment income (or other sources such as SSI and/or SSDI, for those who are not employable);
- At least 54 percent of project participants increased their income from sources other than employment in a given operating year;
- At least 56 percent of project participants obtained mainstream benefits; and
- 100 percent of the project participants came from the street or other locations not meant for human habitation, emergency shelters, or safe havens.

In addition, RRH providers must:

- Implement a housing first approach.

## Prioritizing Rapid Rehousing

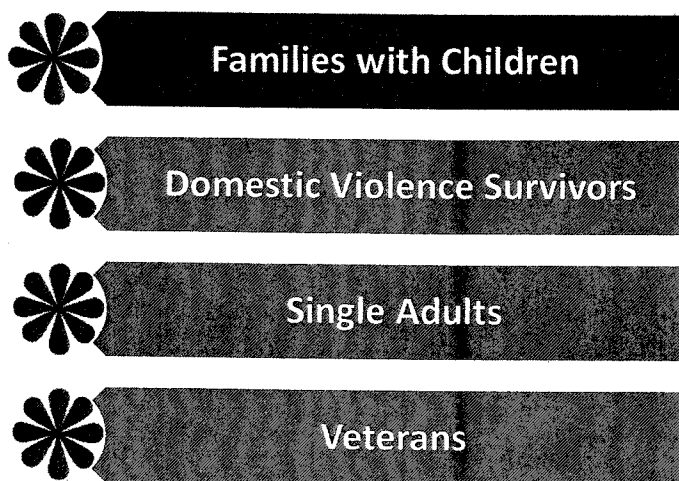
Recently, HUD provided guidance for rapid rehousing in terms of prioritizing subpopulations. HUD noted in a SNAPS In Focus: Rapid Re-Housing As a Model and Best Practice, August 6, 2014, that

Rapid re-housing can be effective for many populations, such as families with children, youth aging out of foster care, domestic violence survivors, single adults, and veterans, but should be targeted to those households that would not be able to get out of homelessness without the assistance. It is particularly a key strategy for achieving the Opening Doors goal of ending family, youth, and child homelessness by 2020 (*SNAPS In Focus: Rapid Re-Housing As a Model and Best Practice, 8/6/14*).

Rapid re-housing should prioritize people with more challenges, including those with no income, poor employment prospects, troubled rental histories, and criminal records. Providers should link participants with community resources that will help them achieve longer-term stability and well-being. Now is the time for communities to be working together to establish written standards for administering rapid re-housing and thinking strategically about how this type of assistance will be used most effectively within the CoC (*SNAPS In Focus: Rapid Re-Housing As a Model and Best Practice, 8/6/14*)."

Rapid re-housing is an effective intervention for many different types of households experiencing homelessness, including those with no income, with disabilities, and with poor

rental history. The majority of households experiencing homelessness are good candidates for rapid re-housing. The only exceptions are households that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction.



The Riverside County CoC will prioritize the following subpopulations:

- 1) families with children
- 2) domestic violence survivors
- 3) single adults
- 4) veterans that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction.

### **Lease Requirements**

In compliance with HUD requirements, Riverside County CoC clarifies that to be permanent housing, the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary.

## **RRH Written Standards #1 – Lease Agreement**

**The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.**

## **Rental Assistance**

The Riverside County CoC and ESG funds may provide supportive services and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing (CFR 578.51, 578.53).

## **RRH Written Standards #2 – Rental Assistance**

**Program participants may receive short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance.**

Riverside County CoC and ESG programs may set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent. For the purposes of calculating rent for rapid rehousing, the rent shall equal the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located (CFR 578.37).

### **RRH Written Standards #3 – Amount of Rental Assistance**

Standards for determining the share of rent and utilities costs that each program participant must pay, if any, will be based on the following guidelines:

- The maximum amount of rent that a participant will pay can be up to 100% of the rental amount;
- The maximum percentage of income paid by participants towards rent at program completion shall be no more than 50%. However, in certain circumstances, on a case-by-case basis, there may be participants whose rental share may exceed 50% of the rent based on their financial circumstances. In general, the goal will be that participants pay generally no more than 50% of their income in rent;
- 100% of the cost of rent in rental assistance may be provided to program participants. However to maximize the number of households that can be served with rapid re-housing resources, it is expected that the level of need will be based on the goal of providing only what is necessary for each household to be stably housed for the long term;
- The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

### **RRH Written Standards #4 – Duration of Assistance**

Program participants may receive up to 24 months of rental assistance. However, it is expected that program participants will only receive the level of assistance necessary to be stably housed for the long-term.

Grant funds may be used for rental assistance for homeless individuals and families. Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources (CFR 578.51).

### **RRH Written Standards #5 – Receiving Rental Assistance through Other Sources**

Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.



## Security Deposits

Grant funds may be used for security deposits in an amount not to exceed 2 months of rent. An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent (CFR 578.51).

### **RRH Written Standards #6 – Security Deposits including Last Month's Rent**

**Program participants may receive funds for security deposits in an amount not to exceed 2 months of rent.**

## Case Management

The Riverside County CoC has defined case management as a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes. Case management focuses on housing stability and placement, with an emphasis on the arrangement, coordination, monitoring, and delivery of services related to housing needs and improving housing stability.

A meeting with a case manager is required in order to receive RRH assistance, although it is not necessarily the first step. Some communities might have a screening, intake, assessment and eligibility determination process that precedes assignment to a case manager, while other communities will have case managers performing the eligibility task. Regardless of the arrangement, the meeting with the case manager should be regarded not only as a program requirement, but also as an early opportunity to help a household improve its housing stability during and beyond the period of RRH assistance.

### **RRH Written Standards #7 – Case Management**

**Program participants must meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability.**

## Supportive Services

Continuum of Care funds may provide **supportive services**, as set forth in § CFR 578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in § CFR 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.

#### **RRH Written Standards #8 – Supportive Services**

**Program participants may receive supportive services as set forth in § 578.53 (see Appendix B)**

#### **RRH Written Standards #9 – Duration of Supportive Services**

**Program participants may receive supportive services for no longer than 6 months after rental assistance stops.**

### **Re-evaluating Participants**

In compliance with HUD requirements, CoC and ESG programs must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant's income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program participant's eligibility and the amount and types of assistance that the program participant needs (CFR 578.37).

#### **RRH Written Standards #10 – Re-evaluation**

**Program participants must be re-evaluated, not less than once annually, in order to determine whether program participants lack sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing.**

## **Determining Written Standards for Transitional Housing**

Transitional housing means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended (CFR 578.3).

Riverside County CoC understands that there are families and individuals who need more assistance than rapid re-housing offers but who do not qualify for permanent supportive housing. Transitional housing should be reserved for those populations that most need that type of intervention – programs that serve domestic violence survivors and youth and those that provide substance abuse treatment come to mind first – rather than being used either as a holding pattern for those that really need permanent supportive housing or those that need less intensive interventions (*SNAPS Weekly Focus (9/18/2013)*).

## **TH Performance Benchmarks**

The Riverside County CoC strongly encourages sub-recipients to carefully review the transitional housing projects for cost-effectiveness, performance, and for the number and type of eligibility criteria to determine if rapid re-housing might be a better model for the CoC's geographic area.

All TH providers should meet or exceed project quality goals established by HUD and CoC guidelines which include the following:

- At least 80 percent of project participants exited from transitional housing to permanent housing;
- At least 20 percent or more of project participants have employment income (or other sources such as SSI and/or SSDI, for those who are not employable);
- At least 54 percent of project participants increased their income from sources other than employment in a given operating year; and
- At least 56 percent of project participants obtained mainstream benefits.

In addition, TH providers are required to answer "yes" as to whether the program implements a housing first approach.

## **Eligible Clients**

Individuals and families defined as Homeless under the following categories are eligible for assistance in TH projects:

- Category 1 – Literally Homeless
- Category 2 – Imminent Risk of Homelessness
- Category 4 – Fleeting/Attempting to Flee Domestic Violence

HUD's Category 1 definition of homelessness is:

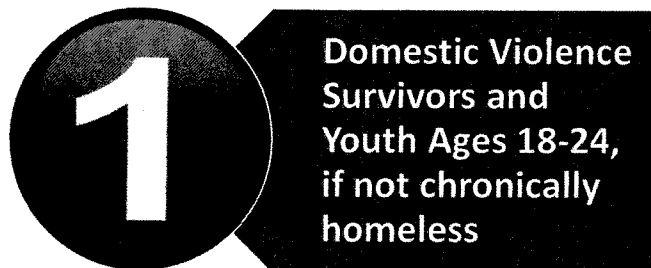
Individuals and families who lack a fixed, regular, and adequate nighttime residence:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, etc.;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded. The 2015 HUD CoC NOFA states that recent research shows that transitional housing is generally more expensive than other housing models serving similar populations with similar outcomes. HUD also recognizes that transitional housing may be an effective tool for addressing certain needs such as:

- housing for underage homeless youth;
- safety for persons fleeing domestic violence; and
- assistance with recovery from addiction.

## Prioritizing Transitional Housing



The Riverside County CoC prioritizes TH as follows (2015 HUD CoC NOFA):

- 1) Domestic violence survivors and youth ages 18 – 24 will be prioritized for transitional housing if they are not assessed as chronically homeless.<sup>1</sup>
- 2) All chronically homeless individuals and families will not be served through transitional housing unless other housing is not available (Coordinated Entry Brief, pg. 5).<sup>2</sup> Such households will be served by permanent supportive housing through a Housing First approach.

### **Leasing Requirements**

Riverside County program participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months (CFR 578.51).

#### **TH Written Standards #1 – Lease Agreement**

**The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.**

Transitional housing facilitates the movement of homeless individuals and families to PH within 24 months of entering TH. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services (CFR 578.37).

#### **TH Written Standards #2 –Duration of Leasing Agreement**

**The lease with program participant “must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.”**

EXHIBIT F

**Board of Governance Charter**  
County of Riverside Continuum of Care

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**ADOPTED APRIL 22, 2015**

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**BOARD OF GOVERNANCE CHARTER (BOG)  
OF THE COUNTY OF RIVERSIDE CONTINUUM OF CARE**

**Article I. NAME**

The name of this organization shall be "The County of Riverside Continuum of Care" and shall hereinafter be referred to in this charter as the "CoC."

**Article II. CONTINUUM OF CARE**

**Section 2.01 Mission**

The CoC is comprised of public and private agencies along with community residents including homeless and formerly homeless individuals. The CoC was designed to assess the need for homeless and affordable housing services and to develop and implement a Continuum of Care Plan for the region on behalf of individuals and families who are currently living in homelessness or at risk of becoming homeless.

**Section 2.02 Specific Purpose of the CoC**

The County of Riverside CoC is the planning body that coordinates the community's policies, strategies and activities toward ending homelessness.

In addition to the purposes of the CoC as stated in 24 Code of Federal Regulations 578.1, the CoC shall endeavor to:

- a. Make possible for homeless, at-risk for homelessness, very low, low and moderate-income individuals and families the ability to attain and maintain safe, decent, affordable housing and supportive services.
- b. Review and make recommendations regarding proposed homeless services projects through the U.S. Department of Housing and Urban Development (HUD) NOFA process.
- c. Be responsible for the coordination of the census of homeless persons in the County as required by the U.S. Department of Housing and Urban Development (HUD) or as defined by the CoC to meet the needs of the county.

**Section 2.03 Limitations**

No substantial part of the activities of this CoC shall consist of lobbying or propaganda, or shall otherwise attempt to influence legislation, except as provided in section 501(h) of the Internal Revenue Code of 1986. This CoC shall not participate in or intervene in (including publishing or distributing statements) any political campaign on behalf of or in opposition to any candidate for public office.

**Article III. PRINCIPAL OFFICE**

The principal office of the CoC shall be located in the State of California, County of Riverside in the City of Riverside.

**Article IV. ORGANIZATIONAL STRUCTURE**

The CoC shall be composed of three main bodies – the CoC membership, the Board of Governance (BOG) and HMIS Administrators' Council– as well as subcommittees and workgroups as created by the CoC.

## Article V. THE CONTINUUM OF CARE

### Section 5.01 CoC Roles

The CoC will address housing and supportive services issues for individuals and families who are currently living in homelessness or at risk of becoming homeless within the County of Riverside on a regional level. The CoC will be responsible to:

- a. Administer CoC directives;
- b. Implement U.S. Department of Housing and Urban Development (HUD) and CoC program rules and regulations;
- c. Implement CoC projects and activities;
- d. Advance activities and concerns relative to identified housing and supportive service needs of individuals and families who are currently living in homelessness or at risk of becoming homeless within the County of Riverside;
- e. Develop and coordinate a regional CoC service network;
- f. Provide a forum for the full CoC membership to discuss issues and propose resolutions relative to the advancement of homeless issues.

### Section 5.02 CoC Composition

The CoC shall consist of members of the public who reside in Riverside County and/or representatives from relevant organizations within the County of Riverside ("County") organized to carry out the duties provided for pursuant to rules and regulations promulgated by HUD. Relevant organizations include, but are not limited to: nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

### Section 5.03 Becoming a Member of the CoC

Any interested stakeholder within the County of Riverside may request to become a member of the CoC. All membership shall be voted on by the CoC. There are two forms of membership, membership of an organization or agency and membership as an individual. CoC members obtain and retain voting privileges through attendance and participation in accord with established policies.

To become a member of the Riverside County CoC, either as an agency/organization or an individual the following is required:

- Complete a membership application;
- Attend three consecutive meetings, and on the fourth meeting the membership request will be placed on the meeting agenda as a consent item for a vote.

In order to maintain membership in good standing, members are required to attend fifty percent plus one (50% +1) meetings per year. Paid employees/volunteers of a voting agency, who are the designated representative for that agency, are not allowed to also join the CoC as an individual member. Each agency or individual must select a delegate that will vote for the organization. An individual identified as the delegate for an agency cannot hold a dual membership as a public member. Each agency or organization shall also select an alternate delegate who will vote in the absence of the assigned voting delegate. The designation of the delegate and alternate for an agency/organization should be submitted in writing to the CoC Chair on agency letterhead.

## Section 5.04 Duties of the CoC

The CoC is required to perform the following duties:

### V.04.01 Operation of the CoC

- a. Designate and monitor a collaborative applicant, which shall include review of the MOU at least bi-annually;
- b. Conduct meetings of the CoC membership at a frequency agreed to by CoC membership but no less than semiannually;
- c. Issue public invitations at least annually for new members within the geographic area to join;
- d. Appoint committees, subcommittees, or workgroups;
- e. Update this charter to ensure compliance with federal regulations at least annually;
- f. Establish performance targets of the CoC, monitor the performance of recipients, evaluate outcomes of programs, and take appropriate action to achieve the goals of the CoC;
- g. Evaluate outcomes of projects funded under the Emergency Solutions Grants ("ESG") program and the CoC program, and report to HUD;
- h. Establish written standards and policies for providing assistance to the homeless population, including policies to determine who is eligible for assistance from the CoC funded programs.
- i. Provide direction and oversight to the regional working groups and standing committees of the CoC;
- j. Develop guidelines and provide oversight to the annual HUD application process;
- k. Responsible for all matters pertaining to CoC membership;
- l. Conduct an annual planning process that fulfills the vision and mission of the CoC;
- m. Ensure that annual election of BOG members is undertaken;
- n. Educate the community on homeless issues;
- o. Provide advice and input on the operations of homeless services.

### V.04.02 Operation of the HMIS

The CoC is accountable for the County of Riverside's Homeless Management Information System (HMIS), even if another organization is designated to operate it. The CoC is responsible for the following HMIS functions:

- a. Designate a single HMIS vendor for its geographic area.
- b. Designate and monitor a single eligible applicant to serve as the HMIS lead to manage HMIS, which shall include a review of the MOU at least bi-annually. Eligible applicants include nonprofits, state or local governments, or instrumentalities of State or Local governments.
- c. Ensure that HMIS is administered in compliance with requirements prescribed by HUD.
- d. Review, revise, and approve an HMIS privacy plan, security plan, and data quality plan.
- e. Ensure the consistent participation of recipients and sub recipients in HMIS.

### V.04.03 CoC Planning

- a. Coordinate the implementation of housing and service systems within the County containing outreach, shelter and support services, and prevention strategies;
- b. Conduct a point-in-time count of individuals and families who are currently living in homelessness or at risk of becoming within the County as required by HUD;
- c. Conduct an annual gaps analysis of the homeless needs and services available within the County
- d. Research, identify and develop additional sources of funding;
- e. Provide information required to complete the Consolidated Plan(s);
- f. Consult with ESG recipients within the County regarding the allocation of ESG funds.
- g. Develop annual goals and work plans for the CoC, including the evaluation of those goals, objectives, and programs (work plans).

## **Section 5.05 CoC Officers**

The CoC Officers should be comprised of a chairperson, a vice-chairperson, and a secretary.

### **V.05.01 Chairperson**

The Chairperson shall be elected by the CoC membership and shall serve for a term of two years. The Chairperson shall have the following responsibilities:

- Conduct all CoC meetings;
- Ensure the actions of the CoC/BOG are consistent with this Charter, the laws of the State of California and HUD rules and regulations;
- Review and protect the mission of the CoC;
- Speak or assign someone to speak on behalf of the CoC, as requested;
- Ensures that individual standing committees' performance is regularly reviewed and identifies the process for CoC renewal through recruitment of new members for the CoC and for standing committees;
- Sets the CoC meeting schedule and agenda with assistance of the collaborative applicant;
- Guides the CoC to move forward in addressing or implementing activities, issues, regulations, etc. that address issues of individuals and families who are currently living in homelessness or at risk of becoming homeless;
- Guides the CoC in short- and long-range planning;
- Ensures all CoC members are involved in the decision making process;
- Advocates for the mission of the CoC;
- Acts as liaison to the BOG by serving as an ex-officio BOG member;
- Ensures the CoC is in compliance with the Brown Act (California Government Code section 54950 et seq.).

### **V.05.02 Vice-Chairperson**

The Vice Chairperson shall be elected by the CoC membership and shall serve for a term of two years. The Vice Chair shall act when the Chairperson is unavailable to act.

### **V.05.03 Secretary:**

The Secretary shall be responsible for ensuring the records and minutes of the membership meetings are properly recorded, reviewed, and distributed in a timely manner. He/she will ensure maintenance of records of meeting attendance and performs other such duties as may be delegated.

## **Section 5.06 Voting**

Each member of the CoC is a voting member and is able to vote on any actionable item that is presented to the CoC for a vote. Each member shall designate a delegate and an alternate delegate who would be present to cast the member's vote.

Any member who has a financial interest in any outcome of any voting issue must declare a conflict and not cast a vote.

## **Article VI. THE BOARD OF GOVERNANCE**

A Board of Governance will be comprised of elected members who will advocate for and provide information and/or recommendations to the County of Riverside Board of Supervisors, local government and other elected officials will monitor the overall effectiveness of the CoC planning processes and activities.

### **Section 6.01 BOG Membership**

BOG Members are public and private entities, cities, agencies, non-profits, etc. who have been voted into office by the full CoC.

## **Section 6.06 Duties of the BOG**

The CoC delegates the following duties to the BOG:

- Advocates for and monitors the implementation of the 10-Year Plan to End Homelessness and any subordinate plans as appropriate;
- Monitors the overall effectiveness of the CoC planning processes and activities and provides guidance, feedback and advocacy as appropriate;
- Approves the annual HUD Consolidated Application Review Work Group recommendation on behalf of the CoC;
- Communicates concerns and recommendations to the County of Riverside Board of Supervisors regarding countywide homeless policies and issues;
- Provides information and/or recommendations to local governments and elected officials about regional affordable housing and homeless policies and issues;
- Performs other duties as established by the CoC.

## **Section 6.07 BOG Officers**

The BOG officers shall be comprised of a Chairperson, a Vice-Chairperson and a Secretary.

### **VI.07.01 Chairperson**

The Chairperson shall be elected by the BOG membership and shall serve for a term of two years. The Chairperson shall have the following responsibilities:

- Conduct all BOG meetings;
- Ensure the actions of the CoC/BOG are consistent with this Charter, the laws of the State of California and HUD rules and regulations;
- Review and protect the mission of the CoC;
- Speak or assign someone to speak on behalf of the CoC/BOG, as requested;
- Set the BOG meeting agendas;
- Guides the BOG to move forward in addressing activities, issues, regulations, etc. that address issues of individuals and families who are currently living in homelessness or at risk of becoming homeless;
- Advocate for the mission of the CoC;
- Ensure the BOG is in compliance with the Brown Act (California Government Code section 54950 et seq.).

### **VI.07.02 Vice-Chairperson**

The Vice Chairperson shall be elected by the BOG membership and shall serve for a term of two years. The Vice Chair shall act when the Chairperson is unavailable to act.

### **VI.07.03 Secretary**

The Secretary shall be an Ex-Officio, non-voting officer represented by the Collaborative Applicant. The Secretary shall be responsible for keeping the BOG records, all correspondence, and other documents/papers as may be related to the business of the BOG.

## **Section 6.08 CoC Board of Governance Attendance/Absence**

- BOG members shall not miss more than two (2) meetings during any calendar year.
- If unusual circumstances occur that may require a member to miss more than the two (2) meetings, a vote of the BOG shall be required to determine whether or not a member may retain their position on the Board.
- Vacancies shall be filled in accordance with Riverside County Board of Supervisors Policy A-21, Section 5(e)

## **Section 6.09 CoC Board of Governance Meetings**

The BOG shall meet at least four (4) times a year (preferably once a quarter).

Unless otherwise noted, BOG meetings shall take place at a location to be determined by the BOG members.

## **Section 6.02 BOG Membership Structure and Election of members**

The CoC BOG will be made up of 15 members of the BOG, with two members as Ex-Officio members: the CoC Chair and Secretary represented by the Collaborative Applicant. The Board will maintain an odd number of members and/or representatives from various groups or organizations as outlined below:

### **Private Sector: 7 Seats**

- 3 seats representing the private sector (For example: Banking, Health Care, and Housing)
- 3 seats representing the non-profit sector
- 1 seat representing an individual currently living in homelessness or who has formerly experienced being homeless.

### **Public Sector: 6 Seats**

- 5 seats representing government agencies (For example: Public Housing Authority, Dept. of Mental Health, Veterans' Affairs, law enforcement, and probation)
- 1 seat representing the County of Riverside Board of Supervisors

### **Ex-officio: 2 seats (non-voting)**

- 1 seat representing the CoC membership Chairperson
- 1 seat is the Collaborative Applicant, which serves as Secretary

## **Section 6.03 Term and Election of BOG members**

Each BOG member will hold office for a term of three (3) years from date of election to office. Consistent with the Riverside County Board of Supervisors Board Policy A-21, elections shall take place so that new board members will take office beginning on July 1 of the calendar year, with terms expiring on June 30th.

With the exception of election of BOG members in 2015, the CoC will hold elections for approximately 1/3 of the BOG members annually, so that every year 3 or 4 new BOG members are appointed.

Due to the fact that in 2015, the BOG will be all new appointees, the initial terms of the members shall be staggered so that four (4) members shall serve a one year term for the initial appointments and four (4) members will serve a two year term for the first appointments. Subsequent elections to fill each of those member's seats shall be for the full three-year term.

## **Section 6.04 Nomination Work Group**

The CoC Chair shall call for volunteers to form a nominating work group for BOG members. The role of this work group shall be:

- Select a chair
- Vet out the nominees
- Educate nominees on their roles and responsibilities as a BOG member
- Present their work to the CoC
- Create a ballot for BOG nominees
- Present ballot for CoC approval
- Identify possible dates for the vote

## **Section 6.05 Resignation from BOG and elections to fill vacancies**

A BOG member who desires to resign from office must submit a letter of resignation. Upon acceptance of a letter of resignation, a call for nomination through the full CoC membership will be undertaken through the normal election process, as outlined below, to fill the vacant position. Any BOG member who is appointed to fill a vacant seat shall serve out the term of the member who vacated.

## **Article VII. HMIS ADMINISTRATORS COUNCIL**

A Council of HMIS Agency Administrators, HMIS lead staff and others gathered to provide oversight, guidance and data quality assurance within the chosen HMIS system, on behalf of the County of Riverside CoC.

### **Section 7.01 Membership is comprised of**

- Designated HMIS Administrators of CoC programs (required participation)
- HMIS Lead Agency Staff
- Participating Agency staff
- Others as deemed appropriate by Council/CoC

### **Section 7.02 Council Essential Functions on behalf of the CoC**

- Holds regularly scheduled meetings;
- Determines of policies/procedures governing the HMIS system for CoC;
- Provides oversight to HMIS lead agency;
- Governs and oversight of HMIS planning, participation, coordination of resources, coordination of data and data integration;
- Oversees of the security policies which supports and protects the rights and privacy of clients;
- Oversees of development and maintenance of a coordinated data system;
- Oversees of determination of the software application used in HMIS system;
- Reviews HMIS data for accuracy, reporting and compliance on a regular basis;
- Ensures HMIS lead agency provides regular training on ethics and client confidentiality;
- Ensures HMIS is governed in accordance with CoC and HUD expectations;
- Monitors HMIS lead agency on a regular basis;
- Ensures monitoring is conducted by lead agency of participating agencies for compliance;
- Ensures agencies are collecting all necessary data to produce required reporting;
- Ensures agency participation;
- Ensures accuracy of CoC NOFA and AHAR reporting;
- Develops and regular updating the HMIS charter;
- Assists in the CoC Lead agency planning of the Point-in-Time count;
- Provides education about the HMIS system to the COC and others as needed;

## **Article VIII. STANDING COMMITTEES**

### **Section 8.01 Standing Committee Structure**

#### **VIII.01.01 The purpose of the Standing Committees are to:**

- Follow the goals and mission of the CoC
- Establish a work plan
- Make recommendations to the CoC
- Carry out approved work plan
- Provide an annual report of outcomes to the CoC

#### **VIII.01.02 The following Standing Committees are hereby established:**

- a. Housing Committee
- b. Planning Committee
- c. Membership Committee
- d. Funding/Finance Committee
- e. Discharge Planning Committee
- f. Standards/Evaluation Committee
- g. Employment and Self-Sufficiency Committee

**VIII.01.03 The roles of the Standing Committees are as follows:**

- a. **Housing Committee:** To address the various housing needs and barriers of individuals and families who are currently living in homelessness or at risk of becoming homeless within the County of Riverside.
  - b. **Planning Committee:** Develop and recommend plans, goals and strategies that will achieve the mission and goals of the CoC. Implement, assign strategies, plans and goals.
  - c. **Membership Committee:**
    - Recommend and carry out a strategy to recruit new members and expand CoC capacity.
    - Recommend outreach strategies and develop membership recruitment tools.
    - Develop an orientation packet that includes material relevant to the Continuum of Care and the responsibilities for all members to review.
  - d. **Funding/Finance Committee:**
    - Develop a funding strategy that would expand on existing resources currently used for assisting individuals and families who are currently living in homelessness or at risk of becoming homeless.
    - Identify various funding sources that include, but are not limited to private, federal and state grants that would support the provision of homeless services in the County of Riverside.
  - e. **Discharge Planning Committee:** Develop and implement a strategy to successfully reintegrate persons leaving institutional care to community based living and self-sufficiency through effective use of community services.
  - f. **Standards/Evaluation Committee:**
    - Recommend baseline/performance standards for CoC in compliance with or in addition to funding guidelines/thresholds.
    - Develop a process to evaluate performance of CoC and Emergency Solutions Grant (ESG) projects.
    - Establish, train and support an annual funding application work group that consists of non-conflicted individuals.
  - g. **Employment and Self-Sufficiency Committee:** The committee shall address the employment and self-sufficiency aspects related to the individuals and families who are currently living in homelessness or at risk of becoming homeless within the County of Riverside.
- 1) Each Standing Committee shall elect a Chair, Vice Chair, and Secretary to serve on the respective Committee.
  - 2) The Chair of each Committee shall be responsible for reporting activities, programs, projects, concerns, etc. of their respective Committee to the CoC.
  - 3) The respective Standing Committee members shall undertake vacancy of all other Standing Committee officers through election.
  - 4) No term of office, membership, or attendance criteria shall be established by the CoC or the BOG for the committees. It shall be the responsibility of the members of the respective committees to establish these guidelines in accordance with the Brown Act.

**Section 8.02 Standing Committee Meeting Criteria**

All Standing Committees shall meet on a quarterly basis at minimum, unless unforeseen circumstances prevent such a meeting schedule. In this instance, documentation must be made as to why the schedule was modified.

Quorum requirements shall apply.



## **Article IX. GENERAL ITEMS PERTAINING TO THE CoC**

### **Section 9.01 Compensation**

There shall be no compensation from the CoC for any CoC member, BOG member, HMIS Administrators Council member or Standing Committee members as a result of their services provided in association with the CoC.

### **Section 9.02 Location of Meetings**

Unless otherwise stated in this charter, meetings of the CoC membership, BOG, HMIS Administrator's Council, and any Standing Committee meetings shall be held at a location determined by the members of those respective committees; the Collaborative Applicant representative shall assist, if needed, in acquiring adequate meeting locations.

### **Section 9.03 Special and Emergency Meetings:**

Special and/or Emergency Meetings of the CoC membership, BOG, HMIS Administrator's Council, and Standing Committees may be called at any time, subject to compliance with the Brown Act, as needed. Quorum requirements shall apply.

### **Section 9.04 Meeting Notices and Agenda Packets**

All notices and agenda packets for any regular, special or emergency meeting of the CoC, the BOG, the HMIS Administrator's Council and/or Standing Committees shall comply with the Brown Act.

## **Article X. CODE OF CONDUCT**

- 1) The solicitation and acceptance of gifts or gratuities by officers, members and collaborative applicants for personal benefit is strictly prohibited. Gifts or donations, for the benefit of the CoC, and used to accomplish the mission and objectives of the CoC, are acceptable as per CoC and/or Collaborative Applicant policy.
- 2) Gifts or donations made to the CoC, BOG, HMIS Administrators Council, and Standing Committees shall be forwarded to the Collaborative Applicant for accounting and management (control).
- 3) Violations of this article will be remedied by appropriate administrative and/or disciplinary action(s) as defined herein. Administrative/disciplinary actions include suspension or termination of voting privileges. Administrative/disciplinary actions may be applied to a person, an agency or both and shall be determined by a CoC vote.
- 4) The CoC Secretary shall provide a copy of the Charter to existing and new members of the CoC and BOG. Revision of this Charter shall require that a copy of the approved Amended Charter be distributed to all CoC members by first-class and/or electronic mail. Members are bound by the Code of Conduct by virtue of having received a copy of the Charter.
- 5) The CoC Secretary shall certify in a written certification on CoC letterhead that a copy of the Charter and any Amendments have been provided to all CoC members and retained on file.

## **Article XI. QUORUM, VOTING, AND CONFLICT OF INTEREST POLICY**

### **Section 11.01 Quorum**

A quorum for the CoC, HMIS Administrators Council, and Standing Committees shall constitute fifty percent plus one (50% + 1) of members, organizations, persons, etc. present and without a conflict of interest. A quorum for the BOG shall be fifty percent plus one (50% + 1) of voting members present without a conflict of interest.

### **Section 11.02 Voting**

At all meetings of the HMIS Administrators Council and Standing Committees, all duly authorized organization members and community-at-large members shall vote in person. Each organization and each community-at-large member shall have only one vote for any one motion, as per stated in the Charter. A vote may be made by proxy for any agenda item, however said proxy must state the time that the proxy applies to and is only valid for that specific item. A vote of fifty percent plus one (50+1%) of a quorum shall be required to carry a motion.

### **Section 11.03 Conflict of Interest**

All members must declare any conflict of interest they or their organizations have on any voting issue. Members declaring a conflict shall not be counted towards determining a quorum for that particular action item. Organizations and Community-at-Large members are required to excuse themselves from voting on any issue in which they, or their organization, may have a financial interest.

## **Article XII. PARLIAMENTARY PROCEDURE**

Robert's Rules of Order-Revised (2004) shall be the authority for all questions of procedure at all meetings.

## **Article XIII. MISCELLANEOUS**

### **Section 13.01 Designation of Collaborative Applicant**

The CoC designates Riverside County Department of Public Social Services as the Collaborative Applicant.

### **Section 13.02 Designation of the HMIS Lead Agency**

The CoC designates Riverside County Department of Public Social Services as the HMIS Lead Agency.

### **Section 13.03 Fiscal Year**

The fiscal year of the CoC shall be July 1st through June 30th.

### **Section 13.04 Amendment of the Charter**

The Charter may be amended upon approval by fifty percent plus one (50%+1) of a quorum of the CoC members. The Collaborative Applicant shall mail or email to the full CoC a copy of any proposed Charter Amendment at least seven (7) days prior to the meeting at which Charter Amendment is to be considered for approval.

### **Section 13.05 Effective Charter Date**

This Charter shall be effective on July 1, 2015, upon approval by the CoC.

CERTIFICATE

This is to certify that the foregoing is a true and original copy of the Amended Charter of the County of Riverside Continuum of Care named in the title thereto and that such Charter is duly adopted by the CoC on the 22 day of April, 2015.

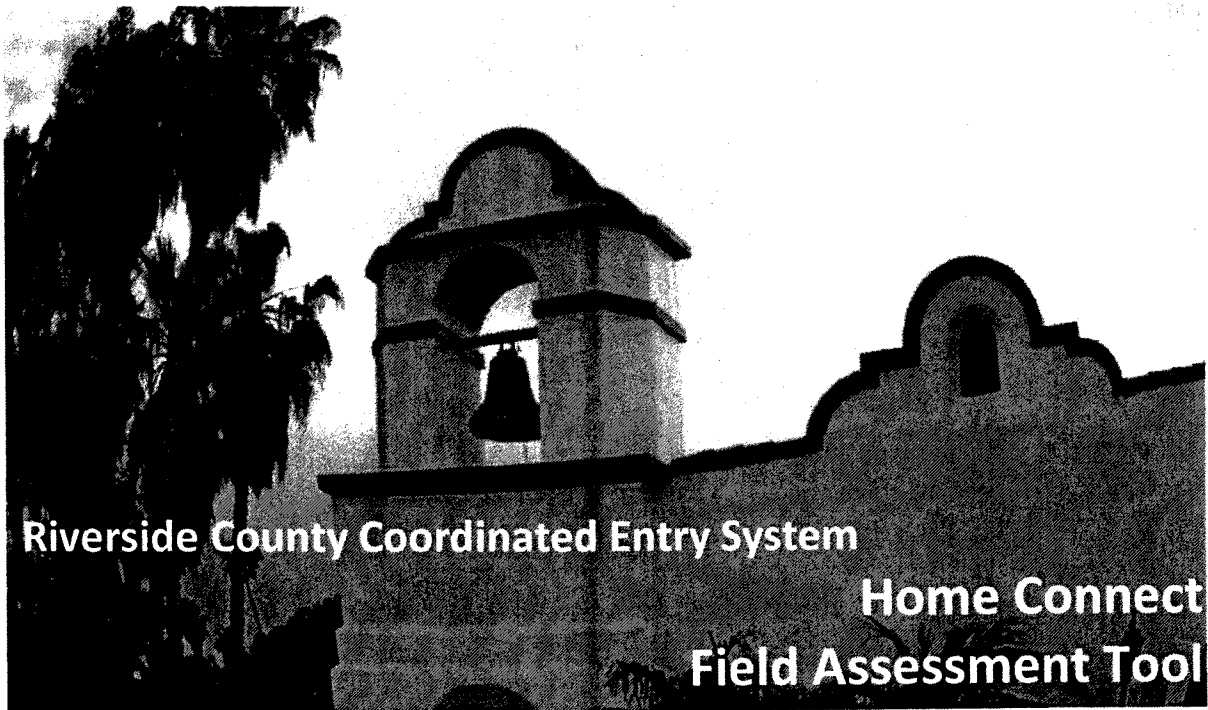
Dated: April 22, 2015

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

County of Riverside  
Department of Public Social Services, Homeless Programs  
Collaborative Applicant for HUD CoC Programs

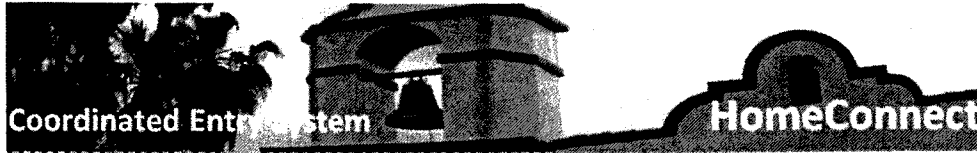


**Riverside County Coordinated Entry System**

**Home Connect  
Field Assessment Tool**

**Individual**

Name \_\_\_\_\_ VI-SPDAT \_\_\_\_\_



**VI-SPDAT Screener and Match Initiation Consent Form**

**Authorization to Share Protected Health information and Participate in Survey**

Participant Last Name	Participant First Name	DOB (mm/dd/yyyy)
Unique Client Identifier (UCI) Does not have to be filled in at time of initial survey)	UCI:	Social Security Number (or last 4 digits)
Street Name/Nickname	Contact Phone	Contact email

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in either/both of these surveys is completely voluntary. If you feel uncomfortable or upset during the interviews, you may ask the interviewer to take a break, skip any of the questions, or stop the surveys. At any time you can request that your information be removed from the database by contacting the Department of Social Services Homeless Unit. No one will be upset or angry if you decide not to be interviewed today.

Please **initial below** if you agree with the following statements:

\_\_\_\_\_ I agree to allow my responses to this survey or these surveys to be disclosed and received by the organizations that participate in the **Home Connect** system, which include but are not limited to:

- Valley Re Start Shelter
- Path of Life
- Coachella Valley Rescue Mission
- Veteran-service providers\*
- Riverside County Departments\*
- Supportive Housing providers of Riverside\*
- Affiliated Service Providers\*
- RUHS Departments\*
- Veterans Administration
- Housing Authority - County of Riverside

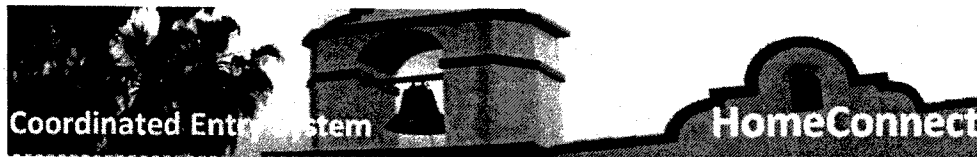
\*For a complete list of participating agencies, please contact Home Connect at 800-498-8847

Initials

\_\_\_\_\_ I understand that the information from this survey will be entered into a data information System and Performance Management database for **Home Connect**, as well as the countywide HMIS database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

\_\_\_\_\_ I understand that the following information can be shared with participating agencies in Riverside County as needed to help me find appropriate housing and services:

- Name
- Birth Date
- Gender
- Photo (optional)
- Housing and homelessness history
- Medical and/or Mental Health Treatment history
- Income
- Contact Information
- Additional information used strictly for matching me with suitable housing and/or services



## VI-SPDAT Screener and Match Initiation Consent Form

### Initials

\_\_\_\_\_ I allow my case manager or outreach worker to enter my responses to the interview survey questions into a secure database – the **Home Connect/HMIS** system. My signature below signifies my permission.

\_\_\_\_\_ I, or my outreach worker/case manager, can be contacted about my survey.

\_\_\_\_\_ I understand that the information I provide will be used to determine if I am eligible for participating housing, services or related programs.

\_\_\_\_\_ I understand that participating in the **Home Connect/HMIS** system does not guarantee that I will be called for a housing program.

\_\_\_\_\_ I understand that the **Home Connect/HMIS** system will act as the agency that matches my information against eligibility requirements of housing that becomes available for which I may be eligible.

---

### **Important Rights and Other Required Statements You Should Know**

- You may revoke this authorization at any time. All participating organizations of the Home Connect/HMIS system agree to use information provided to only link clients with housing or supportive service options.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it.

### **SIGN BELOW IF AGREEING TO BE INTERVIEWED**

Your signature (or mark) below indicates that you have read (or have been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

\_\_\_\_\_ Date                      \_\_\_\_\_ Signature (or Mark) of Participant                      \_\_\_\_\_ Printed Name of Participant

\_\_\_\_\_ I agree to have my photo taken (by initial or mark)

---

City & Location where I sleep/stay (example: City of XXXXX, camp by 3<sup>rd</sup> & Main St.)

# Homeless Management Information System (HMIS)

## CONSENT FOR RELEASE OF INFORMATION

As of \_\_\_\_\_ (Day/Mo./Yr) I, \_\_\_\_\_ (Head of Household Name)

And (All Household Members Names) \_\_\_\_\_,

\_\_\_\_\_

authorize \_\_\_\_\_ (Organization Name) to share the following

information with participating Contributory Homeless Management Information System (HMIS)

Organizations or CHO's:

- Last Name
- Birth Date
- Social Security Number
- Veteran Status
- Middle Initial
- Client Age
- Marital Status
- Ethnicity
- First Name
- Gender
- Relationship to Head of Household
- Race

The purpose of this disclosure is to coordinate with the County's participating homeless assistance/prevention network members excluding confidential care.

**I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with it. Unless revoked in writing, this release of information is valid. Once service provision is provided, re-disclosure of my records by those receiving the above authorized information may not be provided without my further written consent.**

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR PARTNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

**GENERAL INFORMATION/CONSENT**

1. Interviewer's First Name		2. Interviewer's Last Name	
3. Interviewer's Email		4. Interviewer's Phone Number	
5. When was this survey conducted? ____ / ____ / ____ Time: ____		6. Referring Agency: <i>If applicable</i>	
7. Location of Survey:			
1. In what language do you feel best able to express yourself?			
2. Unique Client Identifier			
How old are you?		3. Birth Month/Year: <i>(The 1<sup>st</sup> of the month has been selected as a proxy DOB)</i> ____ / <u>1</u> / ____	
If 60 years or older, then score 1.			Prescreen Score
PRE-SCREEN GENERAL INFORMATION SUBTOTAL			





**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
Prescreen for Individuals

**A. HISTORY OF HOUSING & HOMELESSNESS**

QUESTIONS			
If the person has experienced 24 or more cumulative months of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. How many months have you lived on the streets, in shelters or in a Safe Haven?		<input type="checkbox"/>	
2. In the past three years, how many separate times have you been homeless and then housed again?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Doesn't know	<input type="checkbox"/>	
<b>PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL</b>			
3. In the past three years, what is the total number of months you have been homeless (living on the street, in Emergency Shelters or Safe Haven)?		<input type="checkbox"/>	
4. During the last three years, have you been continuously homeless for at least a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	<input type="checkbox"/>	

**B. RISKS**

**SCRIPT:** I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 1, 2, 3, 4 and 5 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
1. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>	
2. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>	
3. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>	
4. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
5. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 6 or 7, then score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
6. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 8, then score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>



## Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for Individuals

8. Do you have any legal stuff going on right now that may result in being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 9 or 10; OR if respondent provides any answer <i>OTHER THAN</i> "Shelter" in question 11, then score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
9. Does anybody force or trick you to do things that they do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
<b>PRE-SCREEN RISKS SUBTOTAL</b>				

### C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS				
	YES	NO	REFUSED	Prescreen Score
If YES to question 12 or NO to questions 13 or 14, score 1.				
12. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Do you have any money coming in on a regular basis, through a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Do you have enough money to meet all expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 15, score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
15. Do you have planned activities each day other than just surviving that bring happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 16 or 17, score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
16. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	<b>YES</b>	<b>NO</b>		<b>Prescreen Score</b>
18. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PRE-SCREEN SOCIALIZATION &amp; DAILY FUNCTIONS SUBTOTAL</b>				



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

**D. WELLNESS**

QUESTIONS				
If Does Not Go For Care, score 1.	RESPONSE			Prescreen Score
1. Where do you usually go for healthcare when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 2 through 5 (Medical Conditions), score 1.				
<b><i>Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:</i></b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Medical Conditions</b>
2. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 6 to 14, then mark "X" in Other Medical Condition column.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Other Medical Conditions</b>
6. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

If any response is YES in questions 15 through 21, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
15. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have you blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>				
21. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 22 through 28, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
22. Have you ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Have you spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Have you had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>				
28. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.</i>				Tri-Morbidity

If YES to question 29, score 1.	YES	NO	REFUSED	Prescreen Score
29. Have you had any medicines prescribed by a doctor that were not taken, sold, stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	YES	NO	REFUSED	Prescreen Score
30. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN WELLNESS SUBTOTAL</b>				



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

**SCORING SUMMARY**

DOMAIN	SUBTOTAL	<p>If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p>If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.</p> <p>If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.</p>
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
<b>PRE-SCREEN TOTAL</b>		

**E. DEMOGRAPHIC INFORMATION**

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

1. What is your race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
2. What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
3. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
4. Do you have any children under 18 who are living with you now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
5. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
6. Have you ever been in jail or prison during the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
7. Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<i>If yes, which war/war era?</i>	<input type="checkbox"/> Theatre of Operations: World War II (1940-45) <input type="checkbox"/> Theatre of Operations: Korean War (June 1950-January 1955) <input type="checkbox"/> Theatre of Operations: Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July1991) <input type="checkbox"/> Theatre of Operations: Persian Gulf (August 1991-Present) <input type="checkbox"/> Theatre of Operations: Afghanistan (2001-Present) <input type="checkbox"/> Theatre of Operations: Iraq (2003-Present) <input type="checkbox"/> Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)
<i>If yes, was your active duty status before 1980?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, how many consecutive months were you on active duty?</i>	



**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Individuals

<p><i>If yes, what was the character of the discharge?</i></p>	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under Other than Honorable (OTH) <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify) _____
<p>1. Where did you live prior to becoming homeless?</p>	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
<p>2. Do you have a permanent physical disability that limits mobility?          [i.e., wheelchair, amputation, unable to climb stairs]?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>3. What kind of health insurance do you have, if any? (check all that apply)</p>	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained through COBRA <input type="checkbox"/> State Health Insurance for Adults (use local name) <input type="checkbox"/> None <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify): _____

**F. CONTACT INFORMATION**

<p>1. Do you work with a case manager or outreach worker that you trust and can serve as your housing navigator – be able to find you easily, help collect housing documents and accompany you to housing application appointments?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>2. If yes, what is his/her name?</p>	
<p>3. What agency do they work for?</p>	
<p>4. What is their phone number?</p>	
<p>5. What is their email address?</p>	
<p>6. To finish, may I take your picture so that we can better find you if housing turns up?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>7. <b>SURVEYOR:</b> Any final notes that you'd like to convey?</p>	

**100,000 HOMES**

For 100,000 homeless individuals and families

**POWERED BY COMMUNITY SOLUTIONS**



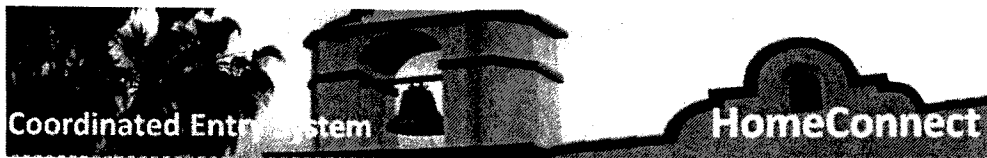


**Riverside County Coordinated Entry System**

**Home Connect  
Field Assessment Tool**

**Family**

Name \_\_\_\_\_ VI-SPDAT \_\_\_\_\_



**VI-SPDAT Screener and Match Initiation Consent Form**

**Authorization to Share Protected Health information and Participate in Survey**

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Unique Client Identifier (UCI) Does not have to be filled in at time of initial survey)	UCI:	Social Security Number (or last 4 digits)
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- Coachella Valley Rescue Mission
- Veteran-service providers\*
- Riverside County Departments\*
- Supportive Housing providers of Riverside\*
- Affiliated Service Providers\*
- RUHS Departments\*
- Veterans Administration
- Housing Authority - County of Riverside

\*For a complete list of participating agencies, please contact Home Connect at 800-498-8847

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## VI-SPDAT Screener and Match Initiation Consent Form

Initials

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\_\_\_\_\_ I, or my outreach worker/case manager, can be contacted about my survey.

\_\_\_\_\_ I understand that the information I provide will be used to determine if I am eligible for participating housing, services or related programs.

\_\_\_\_\_ I understand that participating in the **Home Connect/HMIS** system does not guarantee that I will be called for a housing program.

\_\_\_\_\_ I understand that the **Home Connect/HMIS** system will act as the agency that matches my information against eligibility requirements of housing that becomes available for which I may be eligible.

---

### Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. All participating organizations of the Home Connect/HMIS system agree to use information provided to only link clients with housing or supportive service options.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it.

### SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or have been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

\_\_\_\_\_ Date                      \_\_\_\_\_ Signature (or Mark) of Participant                      \_\_\_\_\_ Printed Name of Participant

\_\_\_\_\_ I agree to have my photo taken (by initial or mark)

---

City & Location where I sleep/stay (example: City of XXXXX, camp by 3<sup>rd</sup> & Main St.)

# Homeless Management Information System (HMIS)

## CONSENT FOR RELEASE OF INFORMATION

As of \_\_\_\_\_ (Day/Mo./Yr) I, \_\_\_\_\_ (Head of Household Name)

And (All Household Members Names) \_\_\_\_\_,

\_\_\_\_\_

authorize \_\_\_\_\_ (Organization Name) to share the following  
information with participating Contributory Homeless Management Information System (HMIS)

Organizations or CHO's:

- Last Name
- Birth Date
- Social Security Number
- Veteran Status
- Middle Initial
- Client Age
- Marital Status
- Ethnicity
- First Name
- Gender
- Relationship to Head of Household
- Race

The purpose of this disclosure is to coordinate with the County's participating homeless assistance/prevention network members excluding confidential care.

**I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with it. Unless revoked in writing, this release of information is valid. Once service provision is provided, re-disclosure of my records by those receiving the above authorized information may not be provided without my further written consent.**

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR PARTNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
 Prescreen for Families

**GENERAL INFORMATION/CONSENT**

1. Interviewer's First Name		2. Interviewer's Last Name	
3. Interviewer's Email		4. Interviewer's Phone Number	
5. When was this survey conducted? _____/_____/_____ Time: _____		6. Referring Agency: <i>If applicable</i>	
7. Location of Survey:			
<b>HEAD OF HOUSEHOLD 1</b>			
1. In what language do you feel best able to express yourself?			
2. Unique Client Identifier			
How old are you?		3. Birth Month/Year: <i>(The 1<sup>st</sup> of the month has been selected as a proxy DOB)</i> _____/ <u>1</u> / _____	
<b>HEAD OF HOUSEHOLD 2 (when applicable)</b>			
1. In what language do you feel best able to express yourself?			
2. Unique Client Identifier			
How old are you?		3. Birth Month/Year: <i>(The 1<sup>st</sup> of the month has been selected as a proxy DOB)</i> _____/ <u>1</u> / _____	
If either head of household is 60 years or older, then score 1.			<b>Prescreen Score</b>
PRE-SCREEN GENERAL INFORMATION SUBTOTAL			



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

<b>CHILDREN</b>			
Total number of children under the age of 18 that are currently with the head(s) of household		RESPONSE	REFUSED <input type="checkbox"/>
How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?		RESPONSE	REFUSED <input type="checkbox"/>
Last Name	First Name	How old?	Date of Birth
<b>Only ask the following question when there is at least one female head of household, and/or if there is at least one female child 13 years of age or older:</b> Is any member of the family currently pregnant?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Single Parent Family: If there are two or more children, or any child 11 years of age or older, and/or it is a female single parent that is pregnant, score 1.		Prescreen Score	
Two Parent Family: If there are three or more children, or any child 6 years of age or younger, and/or there is a female head of household that is pregnant, score 1.			
<b>PRE-SCREEN GENERAL &amp; FAMILY SIZE INFORMATION SUBTOTAL</b>			

**A. HISTORY OF HOUSING & HOMELESSNESS**

<b>QUESTIONS</b>			
	RESPONSE	REFUSED	Prescreen Score
If at least one head of household AND at least one child has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.			
1. What is the total length of time you and your family have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you and your family been housed and then homeless again?		<input type="checkbox"/>	
<b>PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL</b>			
3. In the past three years, what is the total number of months you have been homeless (living on the street, in Emergency Shelters or Safe Haven)?		<input type="checkbox"/>	
4. During the last three years, have you been continuously homeless for at least a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	<input type="checkbox"/>	



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

**B. RISKS**

**SCRIPT:** I am going to ask some questions about all the times you and other members of your family have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you and/or members of your family been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you and/or members of your family had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you and/or members of your family been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you and/or members of your family used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you and/or members of your family been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you or any family member been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you or any member of the family have any legal stuff going on right now that may result in being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer <i>OTHER THAN</i> "Shelter" in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you or any member of the family to do things that they do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you or any family member ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you and your family sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
<b>PRE-SCREEN RISKS SUBTOTAL</b>				



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

**C. SOCIALIZATION & DAILY FUNCTIONS**

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you or any family member owes them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the family have any money coming in on a regular basis, through a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does your family have enough money to meet all expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you and each member of the family have planned activities each day other than just surviving that bring happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you or any member of the family have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in you or your family's life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills of any family member?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PRE-SCREEN SOCIALIZATION &amp; DAILY FUNCTIONS SUBTOTAL</b>				



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

**D. WELLNESS**

QUESTIONS				
If Does Not Go For Care, score 1.	<b>RESPONSE</b>			<b>Prescreen Score</b>
21. Where do you and other family members usually go for healthcare when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.				
<b>Do you or any family member have now, ever had, or had a healthcare provider ever told you that you have any of the following medical conditions:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Medical Conditions</b>
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Other Medical Conditions</b>
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

If any response is YES in questions 35 through 42, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
35. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you or any family member consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you or any family member ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you or any family member ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you or any family member used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you or any family member blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 42. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 43 through 49, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
43. Have you or any family member ever been taken to a hospital against their will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Have you or any family member ever gone to the emergency room because they weren't feeling 100% well emotionally or because of their nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Have your or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Have your or any member of your family had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Have you or any member of your family ever been told they have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Do you or any member of your family have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 49. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X – AND IT IS ALL RELATED TO THE SAME FAMILY MEMBER, then score 1 additional point for tri-morbidity.</i>				Tri-Morbidity Prescreen Score
<b>ASK THIS QUESTION ONLY WHEN THERE WAS 1 in Substance Use AND 1 in Mental Health, and at least 1 in the Medical Conditions OR an X.</b>				
50. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance use. Is that the same member of the family in all of those instances?				



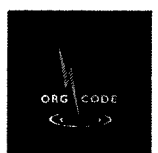


**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
Prescreen for Families

If YES to question 51, score 1.	YES	NO	REFUSED	Prescreen Score
51. Have you or any member of the family had any medicines prescribed by a doctor that were not take, sold, stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 52, score 1.	YES	NO	REFUSED	Prescreen Score
52. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN WELLNESS SUBTOTAL</b>				

**E. FAMILY UNIT**

QUESTIONS				
If YES to question 53 or 54, score 1.	YES	NO	REFUSED	Prescreen Score
53. Do any of your children spend two or more hours per day when you don't know where they are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. On most days, do any children do tasks that adults would normally do like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If either 55 or 56 are 3 or more, score 1.	RESPONSE		REFUSED	Prescreen Score
55. What is the total number of times adults in the family have changed in the family over the past year because of things like new relationships or a breakdown in the relationship, prison, military deployment, or anything like that?			<input type="checkbox"/>	
56. What is the total number of times that children have been separated from the family or returned to the family over the past year?			<input type="checkbox"/>	
If either 57 or 58 are 3 or more, score 1.	YES	NO	REFUSED	Prescreen Score
57. Are there any school-aged children that are not enrolled in school or missing more days of school than they are attending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Right now or at any point in the last six months have any of your children been separated from you to live with a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to either question 59 or 60, score 1.	YES	NO	REFUSED	Prescreen Score
59. Has there been any involvement with any member of your family and child protective services in the last six months – even if it was resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60. Have you had anything in family court over the past six months or anything currently being considered in family court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN FAMILY UNIT SUBTOTAL</b>				



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
 Prescreen for Families

**SCORING SUMMARY**

DOMAIN	SUBTOTAL	<p>If the Pre-Screen Total is equal to or greater than 12, the family is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p>If the Pre-Screen Total is 6, 7, 8, 9, 10, or 11 the family is recommended for a Rapid Re-Housing Assessment.</p> <p>If the Pre-Screen Total is 0, 1, 2, 3, 4 or 5, the family is not recommended for a Housing and Support Assessment at this time.</p>
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
E. FAMILY UNIT		
<b>PRE-SCREEN TOTAL</b>		

**E. DEMOGRAPHIC INFORMATION**

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

1. What is your race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
2. What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
3. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
4. Do you have any children under 18 who are living with you now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
5. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
6. Have you ever been in jail or prison during the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
7. Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<i>If yes, which war/war era?</i>	<input type="checkbox"/> Theatre of Operations: World War II (1940-45) <input type="checkbox"/> Theatre of Operations: Korean War (June 1950-January 1955) <input type="checkbox"/> Theatre of Operations: Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Theatre of Operations: Persian Gulf (August 1991-Present) <input type="checkbox"/> Theatre of Operations: Afghanistan (2001-Present) <input type="checkbox"/> Theatre of Operations: Iraq (2003-Present) <input type="checkbox"/> Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)
<i>If yes, was your active duty status before 1980?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



## Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

### Prescreen for Families

If yes, how many consecutive months were you on active duty?	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under Other than Honorable (OTH) <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify) _____
If yes, what was the character of the discharge?	(This section is merged into the discharge character question above)
1. Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
2. Do you have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
3. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained through COBRA <input type="checkbox"/> State Health Insurance for Adults (use local name) <input type="checkbox"/> None <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify): _____

## F. CONTACT INFORMATION

1. Do you work with a case manager or outreach worker that you trust and can serve as your housing navigator – be able to find you easily, help collect housing documents and accompany you to housing application appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
2. If yes, what is his/her name?	_____
3. What agency do they work for?	_____
4. What is their phone number?	_____
5. What is their email address?	_____
6. To finish, may I take your picture so that we can better find you if housing turns up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
7. <b>SURVEYOR:</b> Any final notes that you'd like to convey?	_____ _____ _____

**100,000  
HOMES**

For 100,000 homeless  
individuals and families

**POWERED BY COMMUNITY SOLUTIONS**



May 2015

# System Performance Measures

An introductory guide to understanding system-level performance measurement



Version 2

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## Guidebook changes

Version	Date	Change
1	July 2014	Initial Release
2	May 2015	Updates to the Appendix, including: <ol style="list-style-type: none"><li>1. expanding Measure 4 to include two additional metrics that reflects total income change, and</li><li>2. Clarifying that Measure 5's client universe is limited to those <i>entering</i> the applicable project types during the reporting period</li></ol>

## I. Introduction

In 2009, the McKinney-Vento Homeless Assistance Act (Act) was amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act). Among other changes, the amended Act consolidated three separate HUD homeless assistance programs (Supportive Housing Program, Shelter Plus Care program, and Section 8 Moderate Rehabilitation Single Room Occupancy program) into a single grant program, known as the Continuum of Care (CoC) Program. Additionally, the Emergency Shelter Grants program was revised and renamed the Emergency Solutions Grants (ESG) Program. The amended Act also codified into law the CoC planning process, a longstanding part of HUD's CoC application process to assist persons experiencing homelessness by providing greater coordination in responding to their needs.

CoCs are charged with designing a local "system" to assist sheltered and unsheltered people experiencing homelessness and providing the services necessary to help them access housing and obtain long-term stability. More broadly, CoCs are to promote community-wide planning and strategic use of resources to address homelessness; enhance coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; and improve data collection and performance measurement.

A critical aspect of the amended Act is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. To facilitate this perspective the Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or project types. Section 427 of the Act established selection criteria for HUD to use in awarding CoC funding that require CoCs to report to HUD their system-level performance. The intent of these selection criteria are to encourage CoCs, in coordination with ESG Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. CoCs also play an integral role in jurisdictions' Consolidated Plan (Con Plan) process. CoCs are required to provide the jurisdictions with the information necessary to complete the section in the Con Plan(s) on homeless assistance provided to persons within the Con Plan jurisdictions' geographic area, including data on performance measures. HUD will use the system-level performance information as a competitive element in its annual CoC Program Competition and to gauge the state of the homeless response system nationally.

The purpose of this introductory guide is to help CoCs understand how HUD expects CoCs to calculate and use these system-level performance measures as the established selection criteria for awarding CoC Program projects and to evaluate system performance. This introductory guide will be supplemented by detailed programming specifications to assist HMIS administrators and vendors program these measures for both the CoC Program Competition and Con Plan jurisdiction reporting purposes. HUD does not expect communities to fully implement these measures until such detailed specifications are issued.

## Key Terms

The following key terms are used throughout this introductory guide.

**Continuum of Care (CoC)** means the group organized to carry out the responsibilities of the CoC established under 24 CFR part 578 and that is composed of representatives of organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

**Continuum projects** are projects, which may or may not be funded by HUD, that provide services and/or lodging, and whose primary purpose is to meet the specific needs of people who are homeless or at risk of homelessness within the CoC's geography. All ESG and CoC Program-funded projects are continuum projects, but the system should also include all non-ESG Program and non-CoC Program funded projects dedicated to serving people who are homeless.

**Consolidated Plan (Con Plan) Jurisdictions** include States, local governments, and territories that receive one or more of the following HUD formula grants: ESG, Community Development Block Grants (CDBG), HOME Investment Partnership (HOME), and/or Housing Opportunities for People With AIDS (HOPWA) formula funding.

**Independent living destination** means **permanent housing destination**.

**Permanent housing destination** comprises the following response categories that may be selected at client project exit for the HMIS data element "Destination:"

- Moved from one HOPWA funded project to HOPWA PH
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure

## II. The McKinney-Vento Act Selection Criteria

### A. Performance-Based Selection Criteria

The following selection criteria are outlined in Section 427 of the Act to measure the performance of applicants' homeless assistance systems:

- **The length of time individuals and families remain homeless.** Meeting this criterion will be based on demonstrating a reduction of the average and median length of time persons enrolled in emergency shelter, transitional housing, or safe haven projects experience homelessness.



- **The extent to which individuals and families who leave homelessness experience additional spells of homelessness.** Meeting this criterion will be based on demonstrating a reduction in the percent of persons who have left homelessness (i.e., exited continuum projects into permanent housing destinations) who return to homelessness (i.e., return to continuum projects for which homelessness is an eligibility criterion).
- **The thoroughness of grantees in reaching homeless individuals and families.** Meeting this criterion will be based on narrative question(s) about the community's coordinated entry system, the geographic coverage of continuum projects, and the community's street outreach efforts. This introductory guide does not include any quantitative measures for this criterion, but HUD may establish measures in the future.
- **Overall reduction in the number of homeless individuals and families.** Meeting this criterion will be based on demonstrating a reduction in the number of homeless individuals and families identified in the Point-in-Time (PIT) sheltered and unsheltered counts and annual sheltered data within the CoC over time.
- **Jobs and income growth for homeless individuals and families.** Meeting this criterion will be based on demonstrating that the percent of homeless adults being served in CoC Program projects increase their earned (i.e., employment) income and/or other income between their enrollment in the system and their exit (or follow-up assessment).
- **Success at reducing the number of individuals and families who become homeless.** Meeting this criterion will be based on demonstrating a reduction in the number of persons experiencing homelessness for the first time.
- For CoCs that have been approved by HUD to serve families with children and youth defined as homeless under paragraph (3) of HUD's homeless definition, as found in *Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless,"* success in:
  - a. **Preventing homelessness among this subset of families and youth;** or
  - b. **Achieving independent living in permanent housing among this subset.**

Meeting these criteria will be based on demonstrating an increase in the percent of persons served in continuum projects that exit to or retain permanent housing destinations; and, a reduction in the percent of persons who have left homelessness who returned to continuum projects for which homelessness is an eligibility criterion.

In addition, HUD supplemented the statutory performance measures with two additional criteria:

- **Successful placement from street outreach.** Meeting this criterion will be based on demonstrating an increase in the percent of persons served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.
- **Successful housing placement to or retention in a permanent housing destination.** Meeting this criterion will be based on demonstrating an increase in the percent of persons served in emergency shelter, safe haven, transitional housing, or rapid re-housing projects exit to permanent housing destinations and persons served in permanent housing projects who retain permanent housing or exit to permanent housing destinations.

Con Plan jurisdictions are also required to report on several of the system performance measures as part of their Con Plan Homeless Needs Assessment and Consolidated Annual Performance and Evaluation Reports (CAPER). Specific requirements will be provided in supplementary guidance for Con Plan jurisdictions.

An overview of how each performance measure is calculated is provided in the appendix of this introductory guide.

## **B. Developing and Implementing Performance Measures**

HUD recognizes that communities are interested in further developing system-level performance measures, and using the statutory selection criteria as a basis for establishing metrics. The measures will be reported to HUD through various vehicles, including the CoC Program Competition and the Con Plan (for Con Plan jurisdictions). HUD will continuously evaluate the way to measure performance over time and will consider making changes if reevaluation shows that there are better ways of understanding performance. For instance, when coordinated entry is more fully implemented, HUD will consider how better to incorporate the coordinated entry data into the performance measures.

In further defining and operationalizing the performance-based selection criteria, HUD sought to find a balance between developing meaningful, comprehensive performance measures and limiting additional burden for CoCs, continuum projects, and HMIS Lead agencies.

Accordingly, each measure detailed in this introductory guide has been crafted to maximize the information available through universal data elements established in HUD's HMIS Data Standards, which all continuum projects in HMIS should be collecting as HMIS participants. HUD believes these measures best reflect the performance measures as stated in the Act, while limiting additional data collection and reporting burdens at the local level.

## **C. Implementation Timeline**

The Act requires HUD to use data from the performance measures as part of its selection criteria for awarding grants under the CoC Program. HUD's annual Notice of Funding Availability (NOFA) for its CoC Program Competition will provide more detail regarding how CoCs will report performance measures data to HUD. In cases where more than one measurement approach is provided (e.g., an average and a median) or multiple metrics, HUD will specify which approach and which metric(s) it will use for scoring purposes in the CoC Program NOFA. HUD may also establish performance targets (e.g., 80 percent of transitional housing leavers exit to permanent housing) as part of a specific CoC Program NOFA. Narrative questions addressing these selection criteria may be included as part of the annual CoC Program Competition until HUD believes it can request communities to provide numerical data on system-level performance measures.

Con Plan regulations, at 24 CFR 91.205(c)(1)(i) and 91.305(c)(1)(i), already require Con Plan jurisdictions to provide an estimate of some of these performance measures. HUD will provide updated instructions for developing and reporting these estimates for the Con Plan Homeless Needs Assessments and CAPER as the data from these performance measures become available in HMIS.

HUD does not expect or anticipate that CoCs will implement these measures without appropriate programming specifications for calculating CoC- or Con Plan jurisdiction-level measures. These specifications are anticipated to be released in the Spring of 2015. CoC stakeholders, including

HMIS Leads, service providers, and Con Plan jurisdictions, should use this introductory guide to become familiar with the performance measures in the time period between the release of this introductory guide and the specifications.

In the period leading up to the submission of system-level performance data, CoCs, together with their collaborative applicant and HMIS Lead, should begin the process of evaluating their system readiness for measuring system-level data. HUD recommends that CoCs take the following key action steps:

1. Become familiar with the selection criteria and process for measuring them outlined in this introductory guide;
2. Discuss the selection criteria and measurement process with the CoC Board (or current equivalent) and appropriate committees;
3. Work with the HMIS Lead and software provider to ensure they are familiar with the selection criteria and have established a plan for implementation of the performance measures consistent with the programming specifications when released;
4. Review the HUD HMIS Data Standards (updated in 2014) and work with the HMIS Lead and HMIS software provider to ensure the new requirements are implemented per HUD direction;
5. Upon release, review the programming specifications and ensure the HMIS Lead and software provider are implementing their plan to program the new measures;
6. Review and test preliminary performance measure output to ensure the results are accurate and share the results with the CoC.

#### **D. High Performing Communities**

The Act provides specific targets for some of the performance measures for CoCs seeking designation as High Performing Communities (HPCs). This introductory guide provides the building blocks necessary for CoCs interested in becoming HPCs to calculate the data for applying for HPC status. HUD will publish a Notice that will address the specific performance measure requirements for HPCs.

### III. System Performance Measurement Parameters

#### A. Data Sources

There are two primary data sources CoCs will use to collect system-level performance measures:

1. Sheltered and unsheltered PIT count data reported through HUD's Homelessness Data Exchange (HDX).
2. Client-level outcome information based on data collected in HMIS and unduplicated across all continuum projects that contribute data to HMIS within the CoC.

#### B. Project Type Applicability

Each of the system performance measures applies to persons served in continuum projects, depending on the federal funding source (e.g., CoC Program) and provider project type. Measures applicable to the sheltered homeless population, for example, only apply to persons in emergency shelter, safe haven, and transitional housing projects because the definition of sheltered homelessness is limited to persons in these project types. Residents of permanent housing projects are, by definition, formerly homeless. All permanent housing project types (i.e., project types with the PH prefix) included are expected to have "homelessness" as a criterion for admission. If the CoC uses the permanent housing project types to also include non-homeless housing those projects serving non-homeless clients must be excluded from all measures which identify permanent housing as the project type.

The table below lists all HMIS project types included in the 2014 HMIS Data Dictionary. The tables in the appendix identify the specific project types included in each measure, using the abbreviations in the table below.

Abbreviation	Project Types
ES	Emergency Shelter
TH	Transitional Housing
SH	Safe Haven
PH-RRH	PH - Rapid Re-housing
PH-PSH	PH - Permanent Supportive Housing (disability required for entry)
PH	PH – Housing Only
	PH – Housing with Services (no disability required for entry)
SO	Street Outreach
SSO	Services Only
HP	Homelessness Prevention
<b>Non Applicable Project Types for Performance Measurement</b>	
	Day Shelter
	Coordinated Assessment
	Other

#### C. Reporting Period

HUD has established the reporting period for system performance measures to be consistent with the federal fiscal year (October 1 through September 30), with the exception of PIT count data collected according to HUD specifications during the fiscal year (or the prior year for

communities conducting their unsheltered counts biennially). The reporting period establishes the universe of clients for which the measures are calculated, but often the data collection period extends beyond the reporting period, depending on the measure. For example, to report on persons who become homeless for the first time, CoCs need to look back in the system to determine if a person was in the HMIS prior to the reporting period.

#### **D. Client Universe**

Measuring performance at a system level requires communities to look at patterns of project use differently than when measuring performance at the project level. At the project level we refer to the unduplicated number of persons who exit the project during the operating period (i.e., leavers) and the unduplicated number of persons who remain in the project at the end of the reporting period (i.e., stayers). For system-level performance measures it is helpful to continue to use the concept of leavers and stayers; however, CoCs must look at data from the entire system or across all continuum projects of a specific project type, as opposed to individual projects, to determine the unduplicated number of system leavers and system stayers. System leavers are persons who were in the system during the operating year but had exited from all applicable continuum project types being measured at the end of the reporting period. System stayers are persons who were in one of the applicable continuum project types being measured at the end of the reporting period, including persons who were continuously enrolled (i.e., had an open HMIS record during the entire reporting period).

The universe of clients is determined by looking at the continuum projects for project types specified in the measure and the time period the CoC must use to determine who is included in the measure. Project types will vary depending on the measure (please see the appendix to reference which project types are included in each measure). CoCs should include homeless persons in all of the projects of the project types identified for each measure unless the measure narrows the project types further by funding source. Similarly, CoCs should assume that when HUD refers to “persons” or “adults” in a measure that both system stayers and system leavers should be included in the calculation unless there is language that clearly limits the measure to only system stayers or system leavers.

#### **E. Setting Local Performance Targets**

HUD will require CoCs to report their data on the performance measures as part of the annual CoC Program Competition. HUD intends to use the performance measures data to establish national targets and for other national comparative purposes. System performance targets are intended to reflect performance across multiple projects of a given type (e.g., ES) or across a range of projects and project types (e.g., length of time homeless) and subpopulations. CoCs should be mindful that performance targets for the overall system represent performance of all applicable projects for all populations. HUD traditionally sets targets by averaging data for all projects, which generally accounts for differences in performance between different project types and subpopulations.

HUD expects CoCs to also establish appropriate local targets. HUD encourages CoCs to use the national performance targets as benchmarks for which the entire CoC, as a coordinated system, should aspire to achieve, while setting local targets that account for the unique needs of the homeless population and subpopulations and other circumstances within their communities. HUD recognizes, for example, that projects that serve homeless youth may have permanent housing placement rates that are lower than projects serving other populations. Similarly,

projects specifically focusing on persons who are chronically homeless may have lower employment or income performance than the system as a whole. Therefore, CoCs are encouraged to consider these types of factors when setting local performance targets so that projects serving certain populations are not penalized but still have performance targets that they should be striving to meet. HUD will not be measuring performance by subpopulations or subsystems, so it is important that as CoCs target these components, they carefully consider whether the performance is appropriate within that context or can be improved over time.

#### **F. HMIS Bed Coverage and Data Quality**

The effectiveness and usefulness of local data is very dependent on both HMIS project type coverage and data quality. It is critical that a CoC include as many of the homeless service providers in the community in their HMIS as possible. To the extent homeless service providers are not contributing data to HMIS, there are critical information gaps regarding who is being served, the nature of the services, the performance of individual projects, and the performance of the overall system.

It is also important that the data submitted to CoCs (both in the PIT and HIC process as well as in HMIS) is high quality. Data quality refers to timeliness, completeness, and accuracy of the data. Collecting and entering high quality data are necessary to produce reports with reliable performance measures. In some cases, data collection consistent with HUD's previous HMIS Data Standards (updated March 2010) is adequate to produce benchmarks for the performance measures. In other cases, the calculation requires data be consistent with the most recent HMIS Data Standards (updated 2014).

CoCs should work with their HMIS Lead to ensure that data quality is regularly monitored and assessed, including evaluating that:

1. Project staff collects required information at entry, exit and any applicable interim data collection points for each client;
2. Project staff records information into the HMIS in a timely fashion following client entry into the project and client exit from the project;
3. Projects and CoCs have clear policies and procedures related to data quality and the project staff consistently applies the policies; and
4. HMIS Leads understand how to perform deduplication procedures within their system and utilize those procedures on a regular basis and always before system measurement report generation.

More broadly, high data quality is critical to producing performance data that accurately reflect the work of the entire CoC. HUD will require CoCs to submit information on HMIS bed coverage and data quality as part of the process for collecting performance measures. HUD expects all communities to collect and submit data as requested through the CoC application regardless of data quality or bed coverage. However, data that do not meet certain thresholds for HMIS bed coverage and data quality, as determined by HUD, may not be considered accurate representations of CoC performance and may affect a CoC's competitiveness in the annual CoC Program Competition.

## **Appendix: Performance Measures Descriptions**

The purpose of this appendix is to take an in-depth look at each performance measure by identifying HUD's desired outcome, the client universe, and the basic calculation for each of them. HUD recognizes that the information in this introductory guide is insufficient for communities or HMIS vendors to program the measures in their HMIS. HUD's intent is to use this document to describe the performance measures and then to release programming specifications for HMIS administrators and vendors to create HMIS reports that will allow CoCs to consistently and accurately retrieve data from HMIS and report it to HUD. For some of the performance measures, HUD plans to calculate the data in a few different ways. This appendix does not necessarily reflect the variations, but HUD will provide that level of information with the programming specifications.

Each measure will have a specific timeframe associated with it. As stated earlier in this document, HUD will use the federal fiscal year (October 1 to September 30) for its reporting periods. HUD recognizes that CoCs' HMIS and data collection systems vary in terms of development and capacity. To create a uniform standard for CoCs and their HMIS, HUD has established a baseline year during and after which all CoCs are expected to be able to report data consistently. The baseline year is October 1, 2012 through September 30, 2013. In other words, for measures that require CoCs to look at past client records in HMIS, HUD will not require CoCs to report data on persons who were in their systems before October 1, 2012. For example, to determine which persons are experiencing homelessness for the first time, HUD will only require CoCs to look at persons who were in the system on October 1, 2012 or later, even if the HMIS contains valid and reliable data from prior periods. HUD encourages communities with longer histories of reliable HMIS data to use data prior to the October 1, 2012 for their own internal analysis, but HUD will not request that data to be submitted as part of its official performance measures submission to HUD.

For certain measures, CoCs will simply provide HUD data for the report period as a benchmark with no comparison to prior periods. In subsequent years, HUD will generally compare data from year-to-year as well as data from past years. HUD intends to bring forward data reported in the past so that CoC's will not have to recalculate data from the past each year. While HUD plans to continue to use the federal fiscal year (i.e., October 1 through September 30) as its annual period, HUD may change the baseline in the future to ensure the measurement best reflects the efforts of the homeless system.

## Measure 1: Length of Time Persons Remain Homeless

Desired Outcome		
Reduction in the average and median length of time persons remain homeless		
<b>Metrics</b>	<b>Metric 1.1:</b> Change in the average and median length of time persons are homeless in ES and SH projects	<b>Metric 1.2:</b> Change in the average and median length of time persons are homeless in ES, SH, and TH projects
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in ES and SH project types</li> <li>• during the current reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, and TH project types</li> <li>• during the current reporting period</li> </ul>
<b>Calculation</b>	1. Using HMIS data, calculate the number of days each person in the client universe (i.e., persons in <b>ES and SH</b> ) during the reporting period was homeless  2. Calculate average and median of the client universe  Average = Total days divided by the total persons homeless during the reporting period	1. Using HMIS data, calculate the number of days each person in the client universe (i.e., persons in <b>ES, SH, and TH</b> ) during the reporting period was homeless  2. Calculate average and median of the client universe  Average = Total days divided by the total persons homeless during the reporting period



**Measure 2a: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6 to 12 Months**

<b>Desired Outcome</b>	<b>Reduction in the percent of persons who return to homelessness</b>	
<b>Metrics</b>	<b>Metric 2a.1:</b> Returns to SO, ES, SH, and TH projects after exits to permanent housing destinations	<b>Metric 2a.2:</b> Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in SO, ES, SH, TH, and any PH project type</li> <li>• who exited (i.e., system leavers) to permanent housing destinations</li> <li>• during the previous reporting period</li> </ul>	
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, and TH</b> projects in HMIS at both 6 and 12 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 6 and 12 months, respectively</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, TH, and all PH</b> projects in HMIS at both 6 and 12 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 6 and 12 months, respectively</li> </ol>

**Measure 2b: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 2 Years**

<b>Desired Outcome</b>		
<b>Reduction in the percent of persons who return to homelessness</b>		
<b>Metrics</b>	<b>Metric 2b.1:</b> Returns to SO, ES, SH, and TH projects after exits to permanent housing destinations	<b>Metric 2b.2:</b> Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in SO, ES, SH, TH, and any PH project type</li> <li>• who exited (i.e., system leavers) to permanent housing destinations</li> <li>• during the fiscal year two years prior to the current reporting period (e.g., if the current reporting period is FY 2015 then look back to persons who exited to permanent housing destinations in FY 2013)</li> </ul>	
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, and TH</b> projects in HMIS within 24 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 24 months</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, TH, and all PH</b> projects in HMIS within 24 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 24 months</li> </ol>

### Measure 3: Number of Homeless Persons

Desired Outcome: Reduction in the number of persons who are homeless		
<b>Metrics</b>	<b>Metric 3.1:</b> Change in PIT counts of sheltered and unsheltered homeless persons	<b>Metric 3.2:</b> Change in annual counts of sheltered homeless persons in HMIS
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• counted as sheltered and unsheltered in the PIT count</li> <li>• conducted during the reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, and TH project types</li> <li>• during the reporting period</li> </ul>
<b>Calculation</b>	Using PIT data, add the number of persons in the client universe	Using HMIS data, <ul style="list-style-type: none"> <li>• add the number of persons in the client universe by project type</li> <li>• add the overall unduplicated number of people in the client universe</li> </ul>

## Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Desired Outcome						
Increase in the percent of adults who gain or increase employment or non-employment cash income over time						
Metrics	Metric 4.1: Change in employment income during the reporting period for system stayers	Metric 4.2: Change in non-employment cash income during the reporting period for system stayers	Metric 4.3: Change in total cash income during the reporting period for system stayers	Metric 4.4: Change in employment income from entry to exit for system leavers	Metric 4.5: Change in non-employment cash income from entry to exit for system leavers	Metric 4.6: Change in total cash income from entry to exit for system leavers
<b>Client Universe</b>	Adults . . . <ul style="list-style-type: none"> <li>in CoC Program-funded SH, TH, PH-RRH, and PH-PSH project types</li> <li>who have been in HMIS for at least a year and are still in the system at the end of the reporting period</li> </ul> during the reporting period			Adults . . . <ul style="list-style-type: none"> <li>in CoC Program-funded SH, TH, PH-RRH, and PH-PSH project types</li> <li>who exited (i.e., system leavers) during the reporting period</li> </ul>		
<b>Calculation</b>	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased earned (i.e., employment) income during the reporting period  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased non-employment cash income during the reporting period  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who increase or	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased total cash income during the reporting period  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased earned (i.e., employment) income from system entry to system exit  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased non-employment cash income from system entry to system exit  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of	1. Using HMIS data, add the number of adults in the client universe  2. Of this client universe, add the number of adults who gained or increased total cash income from system entry to system exit  3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of

	percent of persons who increase or gain in employment income	gain in non-employment cash income	percent of persons who increase or gain in total cash income	increase or gain in employment income from system entry to system exit	gain in non-employment cash income from system entry to system exit	persons who increase or gain in total cash income from system entry to system exit
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**Measure 5: Number of Persons who Become Homeless for the First Time**

Desired Outcome		Reduction in the number of persons who become homeless for the first time	
<b>Metric</b>	<b>Metric 5.1:</b> Change in the number of homeless persons in ES, SH, and TH projects with no prior enrollments in HMIS	<b>Metric 5.2:</b> Change in the number of persons in ES, SH, TH, and PH projects with no prior enrollments in HMIS	
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, and TH project types</li> <li>• who entered during the current reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, TH, and any PH project types</li> <li>• who entered during the current reporting period</li> </ul>	
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Using HMIS data, calculate the number of persons who were also recorded in ES, SH, TH, and all PH projects in HMIS 24 months prior to their entry during the reporting year (i.e., those who were homeless)</li> <li>3. Subtract the total from step 2 by the total from step 1 (i.e., client universe) to calculate the number of persons experiencing homelessness for the first time</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe</li> <li>2. Using HMIS data, calculate the number of persons who were also recorded in ES, SH, TH, and all PH projects in HMIS 24 months prior to their entry during the reporting year (i.e., those who were homeless)</li> <li>3. Subtract the total from step 2 by the total from step 1 (i.e., client universe) to calculate the number of persons experiencing homelessness for the first time</li> </ol>	

**Measure 6: Homelessness Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-funded Projects**

Only CoC applicants that have exercised the authority and been approved by HUD to serve families with children and youth defined as homeless under other federal laws are required to complete Measures 6a, 6b, and 6c.

**Measure 6a: Preventing Returns to Homelessness within 6 and 12 Months Among This Subset of Families and Youth**

<b>Desired Outcome</b>	<b>Reduction in the percent of persons defined as homeless under Category 3 of HUD's homeless definition who return to homelessness</b>
<b>Metric</b>	<b>Metric 6a.1:</b> Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• defined as Category 3 under HUD's homeless definition</li> <li>• in CoC Program-funded SH, TH, PH-RRH, and PH-PSH project types</li> <li>• who exited (i.e., system leavers) to permanent housing destinations</li> <li>• during the previous reporting period</li> </ul>
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons from the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in SO, ES, SH, TH, and all PH projects in HMIS at both 6 and 12 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 6 and 12 months, respectively</li> </ol>

**Measure 6b: Preventing Returns to Homelessness within 24 Months Among  
This Subset of Families and Youth**

<b>Desired Outcome</b>	<b>Reduction in the percent of persons defined as homeless under Category 3 of HUD's homeless definition who return to homelessness</b>
<b>Metric</b>	<b>Metric 6b.1:</b> Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• defined as Category 3 under HUD's homeless definition</li> <li>• in CoC Program-funded SH, TH, PH-RRH, and PH-PSH project types</li> <li>• who exited (i.e., system leavers) to permanent housing destinations</li> <li>• during the fiscal year two years prior to the current reporting period (e.g., if the current reporting period is FY 2015 then look back to persons who exited to permanent housing destinations in FY 2013)</li> </ul>
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons from the client universe</li> <li>2. Of this client universe, add those persons who were also recorded in <b>SO, ES, SH, TH, and all PH</b> projects in HMIS within 24 months after their date of exit to permanent housing destinations</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of persons who return to homelessness within 24 months</li> </ol>

**Measure 6c: Successful Housing Placement Among This Subset of Families and Youth**

Desired Outcome: Increase in the percent of persons who exit to or retain permanent housing		
Metrics	Metric 6c.1: Change in exits to permanent housing destinations	Metric 6c.2: Change in exit to or retention of permanent housing
<b>Client Universe</b>	Persons . . . <ul style="list-style-type: none"> <li>• defined as Category 3 under HUD’s homeless definition</li> <li>• in CoC Program-funded SH, TH, and PH-RRH project types</li> <li>• who exited (i.e., system leavers)</li> <li>• during the current reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• defined as Category 3 under HUD’s homeless definition</li> <li>• in a CoC-funded PH-PSH project type</li> <li>• during the current reporting period</li> </ul>
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the client universe</li> <li>2. Of the client universe, add up those persons in CoC Program-funded <b>SH, TH, and PH-RRH</b> projects who exited to permanent housing destinations during the current reporting period</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits to permanent housing destinations</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the client universe</li> <li>2. Of the client universe, add up those persons who:                             <ul style="list-style-type: none"> <li>• Remained in CoC Program-funded <b>PH-PSH</b> projects (i.e., system stayers) and</li> <li>• exited to permanent housing destinations (i.e., system leavers) during the current reporting period</li> </ul> </li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits to or retention of permanent housing</li> </ol>



### Measure 7a: Successful Placement from Street Outreach

<b>Desired Outcome</b>	<b>Increase in the percent of persons who exit to an ES, SH, TH, or permanent housing destination</b>
<b>Metric</b>	<p><b>Metric 7a.1:</b> Change in placements to permanent housing destinations, temporary destinations (except for a place not meant for human habitation), and some institutional destinations</p>
<b>Client Universe</b>	<p>Persons . . .</p> <ul style="list-style-type: none"> <li>• in SO project types</li> <li>• who exited from SO</li> <li>• during the current reporting period</li> </ul>
<b>Calculation</b>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the number of persons in the client universe (i.e., persons who exited from an SO project during the current reporting period)</li> <li>2. Of the client universe, add the number of persons who exited to permanent housing destinations, temporary destinations (except for a place not meant for human habitation), and some institutional destinations during the reporting period</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits from SO</li> </ol>

## Measure 7b: Successful Placement in or Retention of Permanent Housing

Desired Outcome: Increase in the percent of persons who exit to or retain permanent housing		
Metrics	Metric 7b.1: Change in exits to permanent housing destinations	Metric 7b.2: Change in exit to or retention of permanent housing
Client Universe	Persons . . . <ul style="list-style-type: none"> <li>• in ES, SH, TH, and PH-RRH project types</li> <li>• who exited (i.e., system leavers)</li> <li>• during the current reporting period</li> </ul>	Persons . . . <ul style="list-style-type: none"> <li>• in all PH project types except PH-RRH</li> <li>• during the current reporting period</li> </ul>
Calculation	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the client universe</li> <li>2. Of the client universe, add up those persons in <b>ES, SH, TH, and PH-RRH</b> projects who exited to permanent housing destinations during the current reporting period</li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits to permanent housing destinations</li> </ol>	<ol style="list-style-type: none"> <li>1. Using HMIS data, add the client universe</li> <li>2. Of the client universe, add up those persons who:               <ul style="list-style-type: none"> <li>• Remained in <b>all PH projects except PH-RRH</b> projects (i.e., system stayers) and</li> <li>• exited to permanent housing destinations (i.e., system leavers) during the current reporting period</li> </ul> </li> <li>3. Divide the total from step 2 by the total from step 1 (i.e., client universe) to calculate the percent of successful exits to or retention of permanent housing</li> </ol>



Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

**Riverside County Community Services Directory**  
**AGENCY INFORMATION FORM**

Information on this form should pertain to the agency only.  
Please use the Program Information form to add or change program details.

Agency Name: \_\_\_\_\_

List Aliases/ known abbreviations/ other names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Confidential location:  Yes  No

Handicap accessible?  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ TDD/TYY: \_\_\_\_\_

Hotline: \_\_\_\_\_ Other: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Legal Status**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Private, non-profit | <input type="checkbox"/> Public-County | <input type="checkbox"/> Public-State | <input type="checkbox"/> Public-Federal |
| <input type="checkbox"/> Faith Based         | <input type="checkbox"/> For Profit    | <input type="checkbox"/> Other _____  |   |

**Tax Classification:**

Year of Incorporation: \_\_\_\_\_

Office Days and Hours: \_\_\_\_\_

Eligibility/ Target Population:

Agency Description: \_\_\_\_\_

\_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Fees

- No Cost
- Vary
- Low Cost
- Other \_\_\_\_\_
- Sliding Fee
- Donation

Method of Payment

- Medi-Cal
- Cash
- Credit Cards
- Personal Check

Personnel

Agency Director: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional Information you would like us to be aware of?

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Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date : \_\_\_\_\_



Volunteer Center of Riverside

Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 751  
 Fax: (951) 686-7417



Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

**Riverside County Community Services Directory  
PROGRAM INFORMATION FORM**

This form is to submit the program's details, additions or changes.  
Please submit a separate form for each program.  
Additional copies can be made of this form as needed.

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

List Aliases/ known abbreviations/ other names: \_\_\_\_\_

Program Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Confidential location:  Yes  No

Handicap accessible?  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Program Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ TDD/TYY: \_\_\_\_\_

Hotline: \_\_\_\_\_ Other: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Program Days and Hours: \_\_\_\_\_

Program Description: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Eligibility/Target Population: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intake/Application Procedure:

- Phone       Appointment required       Walk-in       Referral needed
- Mail       Other \_\_\_\_\_

Documents Required: \_\_\_\_\_

Areas Served: (Please indicate specific areas program services)

Regions

- All Riverside County     West County       Central County     Southwest County
- East County       Coachella Valley     Other

Cities: \_\_\_\_\_

Zip Codes: \_\_\_\_\_

Fees:

- No Cost       Low Cost       Sliding Fee       Donation
- Vary       Other \_\_\_\_\_

Method of Payment

- Medi-Cal     Cash       Credit Cards     Personal Check

Languages spoken other than English: \_\_\_\_\_

Personnel

Program Director: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional Information you would like us to be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_



Please enclose your brochure and return to  
 2-1-1 Riverside County  
 P.O Box 5376  
 Riverside, CA 92517-5376  
 Phone: (800) 464-1123  
 or (951) 686-4402 Ext. 160  
 Fax: (951) 686-7417

**ASSURANCE OF COMPLIANCE WITH  
THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

\_\_\_\_\_  
NAME OF ORGANIZATION  
(HEREINAFTER CALLED THE "CONTRACTOR")

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975 as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; Government Code (GC) Section 11135, as amended; California Code of Regulations (CCR) Title 22 Section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of race, color, national origin, political affiliation, religion, marital status, sex, age, or disability be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE CONTRACTOR HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the CONTRACTOR agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-39, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the CONTRACTOR directly or through contract, license, or other provider services, as long as it receives federal or state assistance; and shall be submitted with the required Civil Rights Plan Update.

3/23/2017  
Date

Linda Coops  
Director's Signature

200 E. Menlo Ave., Menlo Park, CA  
Address of CONTRACTOR ) 92543

**EMERGENCY SOLUTIONS GRANTS  
PROGRAM  
(ESG)  
ELIGIBLE EXPENSE GUIDE**



**DECEMBER 2016**





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Emergency Solutions Grants Program (ESG) funds may only reimburse costs related to the following ESG eligible expenditure program components/Activities:

1. **Street Outreach**
2. **Emergency Shelter**
3. **Homelessness Prevention**
4. **Rapid Re-housing**
5. **Homeless Management Information System (HMIS)**
6. **Administrative Activities**

Subrecipients may consult the federal and state ESG regulations at the HCD website:  
<http://www.hcd.ca.gov/fa/esg/>

1. **Street Outreach** – Unsheltered individuals and families, meaning those who qualify under 24 CFR § 91.5 paragraph (1)(i) of the definition of “homelessness”. Essential Services to eligible participants provided on the street or in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where unsheltered persons are staying. Staff salaries related to carrying out street outreach activities are eligible.

### **1.1 Essential Services**

**1.1 Essential Services** – Services necessary to reach out to unsheltered homeless people; connect them with emergency shelters, housing, or critical services; and provide urgent, nonfacility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

- **Engagement** – activities to locate, identify, and build relationships with unsheltered homeless people for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.
  - Initial assessment of needs and eligibility
  - Providing crisis counseling
  - Addressing urgent physical needs
  - Actively connecting and providing information and referral
  - Cell phone costs of outreach workers

- **Case Management** – assessing housing and service needs, and arranging/coordinating/ monitoring the delivery of individualized services.
  - Using the centralized or coordinated assessment system
  - Initial evaluation/verifying and document eligibility
  - Counseling
  - Developing/Securing/Coordinating Services
  - Helping obtain Federal, state, and local benefits
  - Monitoring/evaluating participant progress
  - Providing information and referral to other providers
  - Developing an individualized housing/service plan
  
- **Emergency Health Services** – Outpatient treatment of urgent medical conditions by licensed medical professionals in community-based settings (e.g. streets, parks, and campgrounds) to those eligible participants unwilling or unable to access emergency shelter or an appropriate healthcare facility. ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.
  - Assessing participants' health problems and developing treatment plans
  - Assisting participants to understand their health needs
  - Providing or helping participants obtain appropriate emergency medical treatment
  - Providing medication and follow-up services
  
- **Emergency Mental Health Services** – Outpatient treatment of urgent mental health conditions by licensed professionals in community-based settings (e.g. streets, parks, and campgrounds) to those eligible participants unwilling or unable to access emergency shelter or an appropriate healthcare facility. ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.
  - Crisis Intervention
  - Prescription of psychotropic medications
  - Explain the use and management of medications
  - Combinations of therapeutic approaches to address multiple problems

- **Transportation** – Travel by outreach workers, social workers, medical professionals or other service providers during the provision of eligible street outreach services.
  - Transporting unsheltered people to emergency shelters or other service facilities
  - Cost of a participant's travel on public transit
  - Mileage allowance for outreach workers to visit participants
  - Purchasing or leasing a vehicle for use in conducting outreach activities, including the cost of gas, insurance, taxes, and maintenance for the vehicle
  - Costs of staff to accompany or assist participant to use public transportation
  
- **Services to Special Populations** – Otherwise eligible Essential Services that have been tailored to address the special needs of homeless youth, victims of domestic violence, and related crimes/threats, and/or people living with HIV/AIDS who are literally homeless. See all eligible expenses above under Street Outreach (1)

2. **Emergency Shelter** – eligible participants are individuals and families who are homeless. Essential Services to persons in emergency shelters, and operating emergency shelters are eligible costs. Staff costs related to carrying out emergency shelter activities are also eligible.

**2.1 Essential Services**

**2.2 Rehabilitation and Renovation**

**2.3 Shelter Operations**

**2.4 Assistance Required under Uniform Relocation Assistance (URA)**

**2.1 Essential Services** – Services provided to individuals and families who are in an emergency shelter:

- **Case Management** – Assessing, arranging, coordinating, and monitoring individualized services.
  - Using the centralized or coordinated assessment system
  - Initial evaluation including verifying and documenting eligibility
  - Counseling
  - Developing, securing and coordinating services including Federal, State, and local benefits
  - Monitoring and evaluating program participant progress
  - Providing information and referrals to other providers
  - Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking
  - Developing an Individualized Housing and Service Plan
- **Child Care** – “Licensed” child care for program participants with children under the age of 13 or disabled children under the age of 18.
  - Child care costs
  - Meals and snacks
  - Comprehensive and coordinated sets of appropriate developmental activities
- **Education Services** – Instruction or training to enhance participants’ ability to obtain and maintain housing: literacy, English literacy, GED, consumer education, health education, and substance abuse prevention.
  - Educational services/skill-building

- Screening, assessment, and testing
  - Individual or group instruction
  - Tutoring
  - Provision of books, supplies and instructional material
  - Counseling
  - Referral to community resources
- **Employment Assistance and Job Training** – Services assisting participants secure employment and job training programs.
    - Classroom, online, and/or computer instruction
    - On the-job instruction
    - Job finding, skill-building
    - Reasonable stipends in employment assistance and job training programs
    - Books and instructional material
    - Employment screening, assessment, or testing
    - Structured job-seeking support
    - Special training and tutoring, including literacy training and pre-vocational training
    - Counseling or job coaching
    - Referral to community resources
- **Outpatient Health Services** – Direct outpatient treatment of medical conditions provided by licensed medical professionals.
    - Assessing health problems and developing a treatment plan
    - Assisting program participants to understand their health needs
    - Providing or helping participants obtain appropriate medical treatment, preventive medical care, and health maintenance services, including emergency medical services
    - Providing medication and follow-up services
    - Providing preventive and non-cosmetic dental care
- **Legal Services** – Necessary legal services regarding matters that interfere with the program participant's ability to obtain and retain housing.
    - Hourly fees for legal advice and representation by licensed attorneys and certain other fees-for-service
    - Client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling

- Filing fees and other necessary court costs
- **Legal Representation** – Legal representation and advice to resolve legal problems that prevent participants from obtaining or retaining permanent housing.
  - Child support
  - Guardianship
  - Paternity
  - Emancipation
  - Legal separation
  - Resolution of outstanding criminal warrants
  - Appeal of veterans and public benefit claim denials
  - Orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking
- **Life Skills Training** – Critical life management skills necessary to assist the program participant to function independently in the community.
  - Budgeting resources
  - Managing money
  - Managing household
  - Resolving conflict
  - Shopping for food and needed items
  - Improving nutrition
  - Using public transportation
  - Parenting
- **Mental Health Services** – Direct outpatient treatment of mental health conditions by licensed professionals.
  - Crisis intervention
  - Individual, family, or group therapy sessions
  - Prescription of psychotropic medications or explanations about the use and management of medications
  - Combinations of therapeutic approaches to address multiple problems
- **Substance Abuse Treatment Services** – Substance abuse treatment provided by licensed or certified professionals, designed

to prevent, reduce, eliminate or deter relapse of substance abuse or addictive behaviors.

- Client intake and assessment
- Outpatient treatment for up to thirty days
- Group and individual counseling
- Drug testing
- **Transportation** – Costs of travel by program participants to and from medical care, employment, child care, or other facilities that provide eligible essential services; and cost of staff travel to support provision of essential services.
  - Cost of program participant’s travel on public transportation
  - Mileage allowance for service workers to visit participants
  - Purchasing or leasing a vehicle used for transport of participants and/or staff serving participants, including the cost of gas, insurance, taxes, and maintenance for the vehicle
  - Travel costs of staff to accompany or assist program participants to use public transportation
- **Services for Special Populations** – Otherwise eligible essential services tailored to address the special needs of homeless youth, victims of domestic violence, and related crimes/threats, and people living with HIV/AIDS in emergency shelters.
  - See all eligible expenses above under Essential Services (2.1)

**2.2 Rehabilitation and Renovation** – State ESG funds shall not be used for renovation, conversion, or major rehabilitation activities.

**2.3 Shelter Operations** – Costs to operate and maintain emergency shelter activities and also provide other emergency lodging when appropriate. \*

- Rent
- Security
- Fuel
- Insurance
- Utilities
- Food
- Furnishings
- Supplies necessary for the operation of emergency shelter activities
- Hotel and motel voucher for family or individuals\*



- Equipment - Equipment means tangible, nonexpendable, personal property having a useful life of more than one year). HCD pre-approval and completion of an Equipment Request form is required for all equipment purchases \$1,000 and higher for non-profit organizations.
- Maintenance – Does not materially add to the value of the building/property; does not appreciably prolong the useful life of the building/property; and does not adapt the building/property to new uses. Examples of maintenance activities could include activities such as:
  - Cleaning;
  - Minor or routine repairs of furnishings, equipment, and fixtures;
  - Protective or preventative measures to keep a building, its systems, and its grounds in working order.
  - Replacing a few shingles on a leaky roof;
  - Patching leaking pipes or plumbing;
  - Replacing a broken window;
  - Fixing a crack in a sidewalk;
  - Filling potholes in a parking lot; and
  - Repairing portions of a fence.

*\*Hotel or motel vouchers are only eligible when no appropriate emergency shelter is available*

2. **Homelessness Prevention** – individuals and families who are at imminent risk or at risk of homelessness, meaning those who qualify under 24 CFR § 576.2 paragraph (1) of the homeless definition or those who qualify as at risk of homelessness. Individuals and families must have an income below 30% of AMI. Short and medium-term rental assistance and housing relocation and stabilization services are eligible activities. Staff salaries related to carrying out homelessness prevention activities are also eligible.

Pursuant to 25 CCR Section 8408, no subpopulation targeting will be permitted in homelessness prevention activities unless the following documentation is provided to the Department prior to the award of funds:

- Evidence of an unmet need for the subpopulation proposed for targeting; and
- Evidence of existing funding in the CoC Service Area for programs that address the needs of all of the excluded populations.

### **3.1 Housing Relocation and Stabilization Services**

### **3.2 Short and Medium-Term Rental Assistance**

#### **3.1 Housing Relocation and Stabilization Services**

- **Financial Assistance**

- **Moving Costs** – moving costs, such as truck rental or hiring a moving company, including certain temporary storage fees.
- **Rent Application Fees** – application fee that is charged by the owner to all applicants.
- **Security Deposit** – equal to no more than 2 months' rent.
- **Last Month's Rent** – paid to the owner of housing at the time security deposit and first month's rent are paid.
- **Utility Deposit** – standard utility deposit required by the utility company for all customers (i.e. gas, electric, water/sewage).
- **Utility Payments** – up to 24 months of utility payments per participant per service (i.e. gas, electric, water/sewage), including a 1 time payment up to 6 months of arrearages, per service.

- **Services**

- **Housing Search and Placement**

- Assessment of housing barriers, needs and preferences

- Development of an action plan for locating housing
  - Housing search and outreach to and negotiation with owner
  - Assistance with submitting rental applications and understanding leases
  - Assessment of housing for compliance with ESG requirements for habitability, lead based paint, and rent reasonableness
  - Assistance with obtaining utilities and making moving arrangements
  - Tenant counseling
- **Housing Stability Case Management** – Assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability
    - Using the centralized or coordinated assessment system conduct the initial evaluation and re-evaluation
    - Counseling
    - Developing, securing, and coordinating services including Federal, state, and local benefits
    - Monitoring and evaluating program participant progress
    - Providing information and referrals to other providers
    - Developing an Individualized Housing and Service Plan
- **Mediation** – Mediation between the program participant and the owner or person(s) with whom the program participant is living, to prevent the program participant from losing permanent housing in which they currently reside.
    - Time and/or services associated with mediation activities
- **Legal Services** – legal services that are necessary to resolve a legal problem that prohibits the program participant from obtaining or maintaining permanent housing.
    - Hourly fees for legal advice and representation

- Fees based on the actual service performed (i.e. fee for service), but only if the cost would be less than the cost of hourly fees
  - Client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling
  - Filing fees and other necessary court costs
  - Subrecipient's employees' salaries and other costs necessary to perform the series, if the subrecipient is a legal services provider and performs the services itself
- **Legal Representation may be provided for:**
    - Landlord/tenant matters
    - Child support
    - Guardianship
    - Paternity
    - Emancipation
    - Legal Separation
    - Resolution of outstanding criminal warrants
    - Orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking
    - Appeal of veterans and public benefit claim denials
  - **Credit Repair** – services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report, and resolving personal credit problems\*
    - Credit counseling
    - Other related Services

*\* Assistance cannot include the payment or modification of a debt.*

### **3.2 Short and Medium-Term Rental Assistance**

- **Short-Term Rental Assistance** - up to 3 months
- **Medium-Term Rental Assistance** – 4 to 24 months
- **Payment of Rental Arrears** – Onetime payment up to 6 months, including any late fees on those arrears