



Brevard Homeless Coalition

Everyone Deserves a Safe Place to Call “HOME”

Continuum of Care FL-513

WRITTEN STANDARDS

February 2021

TABLE OF CONTENTS

INTRODUCTION	3
PROGRAMS OVERVIEW	3
CONTINUUM OF CARE PROGRAM	3
EMERGENCY SOLUTIONS GRANT PROGRAM	3
DEFINITIONS	6
STANDARDS FOR ALL PROJECT TYPES	12
INTERVENTION SPECIFIC STANDARDS	13
HOMELESS PREVENTION	13
STREET OUTREACH.....	16
EMERGENCY SHELTER	17
TRANSITIONAL HOUSING	25
RAPID REHOUSING.....	26
PERMANENT SUPPORTIVE HOUSING	30
HOUSING MANAGEMENT INFORMATION SYSTEM	34
COORDINATED ENTRY AND ASSESSMENT	36
OTHER STANDARDS	49
CONFLICTS OF INTEREST.....	49
FAIR HOUSING AND CIVIL RIGHTS REQUIREMENTS	49
EQUAL PARTICIPATION OF RELIGIOUS ORGANIZATIONS	50
LOBBYING AND DISCLOSURE REQUIREMENTS	50
DRUG FREE WORKPLACE REQUIREMENTS	50
SUB-RECIPIENT POLICIES AND PROCEDURES	51
APPENDICIES	52
APPENDIX 1	52
APPENDIX 2.....	53
APPENDIX 3: CORONAVIRUS RELIEF STANDARDS	54

INTRODUCTION

The Brevard Homeless Coalition (BHC) was established in July 2015 to serve as the Lead Agency for the Continuum of Care, responsible for managing issues regarding homelessness in Brevard County. The mission of the Brevard Homeless Coalition is to provide a framework of services to prevent and eliminate homelessness in Brevard County. The Coalition is modeled after the 2010 U.S. Interagency Council on Homelessness' adopted plan, "Opening Doors." The focus of the BHC includes increasing services needed in the community, to support the involvement of all agencies in Homeless Management Information Systems (HMIS) and facilitating the increase commitment from area service providers and governments. Reach out to us today to find out how you can help the homeless in Brevard.

The Emergency Solution Grant (ESG) Continuum of Care Program Rules state that each Continuum of Care must establish written rules for the administration of ESG and CoC assistance. All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards to harmonize the regional efforts to the benefit of those experiencing homelessness.

The majority of these standards are informed by the ESG however additional standards have been established to assist the CoC in meeting State of Florida funding program guidelines, support Coordinated Entry goals, enhance CoC performance outcomes, and to help the CoC reach the goal of ending homelessness in our region.

These written standards have been developed in consultation with CoC and ESG recipients and other service providers. These partners provided input on standards, performance measures and the process for full implementation of standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, including Homelessness Prevention (HP), Street Outreach (SO), Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), and Rapid Re-housing (RRH).

PROGRAMS OVERVIEW

Continuum of Care Program

The Brevard Homeless Coalition, CoC FL-513, provides governance and strategic leadership for the Department of Housing and Urban Development's Continuum of Care Program for Brevard County, Florida. The Continuum of Care Program is designed to fund projects focused on providing housing and supportive services to individuals and families experiencing homelessness. The Program is focused on helping individuals who are literally homeless as defined by HUD and reducing first time homelessness. Projects funded through the CoC program aim to assist persons experiencing homelessness with obtaining and maintaining permanent housing, by providing the necessary wraparound services to sustain housing placement and increase the participant's likelihood of success in the program.

Emergency Solutions Grant Program

The ESG program is awarded to entitlement and non-entitlement jurisdictions as well as the State of Florida through the U.S. Department of Housing and Urban Development (HUD). The State of Florida is required to distribute its portion of the grant for projects operated by local government agencies or private non-profit organizations, or the combination of both. The Florida Department of Children and Families (DCF) has chosen to have the CoC responsible

for administering the State of Florida's portion of ESG funding. ESG Funds are available annually and awarded to Lead Agencies by DCF through a grant application process. The purpose and design of the Federal ESG Program is to help improve the quality and quantity of emergency shelters for persons experiencing homelessness, assist with the costs associated operating emergency shelters, and to fund essential supportive services geared around homelessness prevention. ESG funds allow persons experiencing homelessness to have access to safe, sanitary, habitable, and functional shelter, paired with the services and assistance they need to improve their situations. In addition, the ESG Program focuses on homelessness prevention. ESG funds cover a variety of relocation and stabilization services, as well as short- and/or medium-term rental assistance aimed at homelessness prevention. Finally, the program can assist street outreach programs to connect unsheltered homeless persons with local housing and supportive services.

The Emergency Solutions Grant Interim Rule broadened existing emergency shelter and homelessness prevention activities, placing greater emphasis on helping people quickly regain stability in permanent housing after experiencing a housing crisis, and/or homelessness by expanding prevention as an eligible use and adding a rapid rehousing component. The Emergency Solutions Grant is focused on assisting persons experiencing homelessness regain stability in permanent housing as quickly as possible. While traditionally ESG funds targeted emergency shelter and homelessness prevention activities, now funds can be used for Rapid Rehousing. The interim rule updated the annual action plan requirements to include written standards for the provision of ESG assistance and performance standards for evaluating ESG activities. ESG funds can be used for a variety of services, including: Emergency Shelter, short or medium-term Rental Assistance, Housing Search and Placement, Utility Arrears, and Housing Stability Case Management. The Homelessness Prevention component includes various housing relocation and stabilization services and short- and medium-term rental assistance.

The funds under this program are intended to target two populations of persons facing housing instability:

1. Individuals and families who are currently in housing, but are at risk of becoming homeless, and in need of temporary rent or utility assistance to prevent them from becoming homeless, or assistance to move to another unit (prevention), and
2. Individuals and families who are experiencing homelessness, (SO, ES, TH,) and need temporary assistance in order to obtain housing and retain it (RRH).

HUD expects that these resources will be targeted and prioritized to serve households that are most in need of this temporary assistance, and are most likely to achieve stable housing, whether subsidized or unsubsidized, outside of ESG after the program concludes. ESG assistance is not intended to provide long-term support for program participants, nor will it be able to address all of the financial and supportive services needs of households that affect housing stability. Rather, assistance should be focused on housing stabilization, linking program participants to community resources and mainstream benefits, and helping them develop a plan for future housing instability.

ESG funds may be used for five program components:

1. Street outreach
2. Emergency shelter
3. Homelessness prevention
4. Rapid re-housing assistance
5. Homeless Management Information Systems (HMIS)

Administrative activities are also an allowable expense.

The five program components and the eligible activities that may be funded under each are set forth in 24 CFR 576.101 through 24 CFR 576.107.

DEFINITIONS

Literal Homelessness:

- An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - 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;
- An individual or family who will imminently lose their primary nighttime residence, provided that:
 - The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - No subsequent residence has been identified; and
 - The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- Any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual

assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

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

At-Risk of Homelessness (“Precariously Housed”):

- An individual or family who:
 - Has an annual income below 30 percent of median family income for the area, as determined by HUD; and,
 - Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place; and,
 - Meets one of the following conditions:
 - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - Is living in the home of another because of economic hardship;
 - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
 - Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
 - Is exiting a publicly funded institution, or system of care (such as a health care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.
- A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or
- A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Other Definitions

- Assessment – A process that reveals the past and current details of an individual's/household's strength, and needs, in order to match the client to appropriate services and housing. For the purpose of this document, assessment will refer to a process (whether at primary screening and intake or at entry to a housing program) that reveals a client's eligibility, needs, barriers and strengths.
- Brevard Homeless Coalition –A coalition of partners that includes homeless service providers, advocacy groups, government agencies, supportive services agencies and homeless individuals who are working together to address the housing and support needs of the homeless in Brevard County.
- Central Point of Access – For the purpose of this document, Central Point of Access is 211 Brevard where individuals or families can be referred for intake and assessment of homeless and housing services for which they may qualify.
- Chronically Homeless. The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is an individual who is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition, before entering that facility; or A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
- Continuum of Care (CoC) - a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.
- Coordinated Assessment –Relates to the utilization of the same assessment tool to connect clients to services as a means for a coordinated entry system. For the purpose of this document, that tool is the SPDAT (Service Prioritization Decision Assistance Tool).
- Coordinated Housing Assessment Team (CHAT) – The team of agencies identified as the primary administrator of coordinated screening and assessment. For the purpose of this document, that is the Brevard Homeless Coalition and the designated partners administering the coordinated assessment process.
- Coordinated Systems – Within our community, coordinated systems are defined as an interconnected network of systems that service homeless and at risk households, and consists of coordinated intake and assessment, diversion, prevention, rapid re-housing, transitional housing, permanent supportive housing and other tailored programs and services, and linkages to mainstream resources.
- Diversion- A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting

them with services and financial assistance to help them return to permanent housing. The main difference between diversion and other permanent housing-focused interventions centers is the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.

- Emergency Solutions Grant (ESG) - The Emergency Solutions Grants program (ESG) builds upon the existing Emergency Shelter Grants program, but includes new activities in order to emphasize assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. To reflect this new emphasis, the ESG program expands the homelessness prevention component of the Emergency Shelter Grants program and adds a new rapid re-housing assistance component.
- Fiscal Agent – An organization, such as a bank or trust company, that acts on behalf of another party performing various financial duties.
- HEARTH ACT – The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 which includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.
- HMIS – Homeless Management Information System; a centralized data base designated to create an unduplicated accounting of homelessness that includes housing and supportive services.
- Homeless – HUD definition as of January 2012; an individual or family who lacks a fixed regular, and adequate nighttime residence, which includes a primary nighttime residence of: a place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport or camping grounds); a publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations. In addition a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in shelter (but not transitional housing) or place not meant for human habitation immediately prior to entering the institution.
- Housing Case Managers- Housing case managers work to increase access to employment opportunities for adults in families that are experiencing homelessness and housing instability by developing tailored plans for services and bridging the gaps between housing, workforce services, and work support programs and systems. Case Managers work one-to-one with families to help them access and make the best use of available resources by facilitating connections to housing, workforce services, education and training, and other support services.
- Housing First - Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement. HUD recognizes that this approach may not be applicable for all program

designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., “sober housing”).

- Housing Navigators – Housing Navigators provide the initial screening that can be conducted for all populations at any of the outreach locations or over the phone. The Housing Navigators assess if people seeking homeless assistance still have an opportunity to remain in their current housing situation, whether it’s their own housing or the housing of a friend, relative, acquaintance or coworker. In light of this, prevention and shelter diversion are key interventions in the fight to end homelessness. Immediate screening for these possibilities at entry is an important feature, and can preserve emergency beds for individuals/households that truly have nowhere else to go. Access to rental subsidies and case management at entry is often enough to ensure the household successfully remains housed.
- Housing Opportunities Team (HOT) – The agencies identified as the primary providers of evidence-based programming for housing homeless individuals and families. For the purpose of this document, that is the Brevard Homeless Coalition and the partners administering the housing opportunities process.
- Housing Ready – A case management/housing approach that placed homeless households into permanent housing only after determining the household was ready. Until that time, households were placed into long-term shelter or transitional housing programs. The approach is being replaced by the Evidence Based Practice of Housing First and “rapid re-housing.”
- HUD – The Department of Housing and Urban Development; the United States federal department that administers federal programs dealing with homelessness. HUD oversees HEARTH-funded programs.
- Linkage or Access to Mainstream Resources – An approach to help people stabilize their housing for the long term by linking them to resources for which they are eligible within their community. It provides information on addressing chronic homelessness through mainstream resources such as Medicaid, the State Children's Health Insurance Program (S-CHIP), food stamps, Temporary Aid for Needy Families (TANF), Supplemental Security Income (SSI), the Workforce Investment Act (WIA), the Substance Abuse Block Grant, the Mental Health Block Grant, the Social Services Block Grant, and Welfare-to- Work.
- Outcome – The specific result of what was provided from a specific activity or service; in relation to HUD/HEARTH, a specific result as detailed by HUD/HEARTH funding requirements.
- Prevention – An approach that focuses on preventing homelessness by providing assistance to households that otherwise would become homeless and end up in a shelter or on the streets.
- Progressive Engagement- Refers to a strategy of providing incremental assistance so that most intensive interventions are reserved for those most in need to the few people who are left.
- Rapid Re-housing – An approach that focuses on moving homeless individuals and families into appropriate housing as quickly as possible by providing the type, amount and duration of housing assistance needed to stabilize the household. Homeless individuals do not need to be considered “Housing Ready”.
- Referral – Directing a client to a particular program for possible help.
- Screening – For the purpose of this document, the process by which eligibility for housing and services is determined at the initial point of contact through coordinated entry. Once screening determines eligibility, the intake and referral process follows.

- Service Prioritization Decision Assistance Tool (SPDAT) - The SPDAT is an evidence-informed approach to assessing an individual's or family's acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability.
- Severity of Service Needs. Persons who have been identified as having the most severe service needs. An individual for whom at least one of the following is true: (i.) History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or (ii.) Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing. Severe service needs as defined above should be identified and verified through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.
- Systems Change – For the purpose of this document, the process by which the CoC has altered the way homeless and at-risk households engage with the homeless and housing providers within the community. The purpose of system change is to implement practices that have shown to decrease the incidence and length of time in homelessness, with a long term goal of reducing and ending homelessness.
- Tailored Programs and Services – An approach to case management services that matches the services to the particular individual's or family's needs rather than using a one-size-fits-all approach.
- Targeting – Process of determining the population to whom assistance will be directed. The targeting process can occur at both the system and the program levels.
- Verification – The gathering and review of information to substantiate the applicants/client's situation and support program eligibility and priority determination.
- Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) - The VI- SPDAT is designed to help you calibrate your response based on the individual, not merely the general population category into which they may fall (e.g., vulnerable, chronically homeless, etc.).

STANDARDS FOR ALL PROJECT TYPES

GUIDING PRINCIPLES

Brevard Homeless Coalition's guiding principles serve as a basis for the 2019-2022 Strategic Plan. This plan is a living document intended to guide our actions over the next three years, but is built upon the significant progress made on the goals, objectives, and action items developed in the 2015 – 2018 Strategic Plan. This plan was modeled on the 2010 U.S. Interagency Council on Homelessness' adopted plan, "Opening Doors." This same agency has released a new plan called "Home, Together" upon which much of this strategic plan is based, aligning our goals with national priorities.

The plan established the following national goals:

- Tend homelessness among veterans
- To end chronic homelessness among people with disabilities
- To end homelessness among families with children
- To end homelessness among unaccompanied youth
- To end homelessness among all other individuals

These national objectives form the core of our strategic plan but our community forms the milieu in which we must implement this plan and the objectives and action items in the plan are adapted to reflect our community.

The BHC's overarching goals are:

- Goal 1: Lead, collaborate, and engage
- Goal 2: Build capacity
- Goal 3: Improve consistency and accuracy of performance measures
- Goal 4: Increase access to affordable housing

As a community we have agreed on the following core values that impact how we interact with our clientele and our fellow providers: ***Respect, Choice, Support, and Individualism***. The people we serve deserve our respect, the ability to make their own choices including housing choices, our support in making change and transitioning back into housing, and to be able to exercise their own individuality with their own values, aspirations, and strengths. Likewise, our provider agencies have their own priorities, values, and strengths that can fit into our overall Continuum of Care (CoC) and are deserving of respect and the independence within their niche.

Finally, we value and support a Housing First model and recognize that without the security and stability that housing provides, other personal growth and improvement is hard to attain. We also recognize, however, that not all housing, not directly controlled by BHC will be available to every individual/family and that we have to work with the housing options available in our community; therefore, we are housing who we can where we can and as quickly as we can in order to best serve our clientele and end homelessness in Brevard County.

INTERVENTION SPECIFIC STANDARDS

Homelessness Prevention

I. Overview

ESG homelessness prevention is housing relocation and stabilization services and short-and/or medium term rental assistance as necessary to prevent the household from moving to an emergency shelter, a place not meant for human habitation, or another location described in paragraph (1) of HUD's homeless definition. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability in that housing.

II. Eligibility

The following households are eligible:

- Do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of HUD's "homeless" definition; and,
- Meets ONE of the following conditions:
 - Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance;
 - Is doubled up, and not listed on the lease because of economic hardship;
 - Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals;
 - Is exiting a publicly funded institution or system of care;
 - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, i.e. Substandard housing
 - A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute;
 - An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

III. Minimum Standards For Homelessness Prevention Assistance

- Participants are eligible to receive rental assistance up to 12 months.
- Participants receiving more than one month rental assistance are required to meet with their housing stabilization specialist/social worker at least once per month.
- Participants are required to contribute 30% of their monthly adjusted income or 10% of their monthly income (higher of the two amounts) towards rent, and participant household incomes are recertified every 3 months; monthly household income at or below 30% AMI.
- Participants must have a written lease in order to receive rental assistance.
- Rental assistance will only be provided if the total rent for the unit does not exceed the fair market rent established by HUD, and complies with HUD's standard of rent reasonableness.

Types Of Assistance

- Rental Assistance
 - Short-term rental assistance (up to 3 months)
 - Medium-term rental assistance (4 to 12 months)
 - Rental arrears (one time, to cover up to 12 months of arrears, including late fees)
- Housing Relocation and Stabilization Services
 - Financial assistance
 - Rental application fees
 - Security and Utility Deposits (up to 2 equivalent of 2 months' rent)
 - Utility Payments (up to 12 months, including up to 6 months of arrears)
 - Last Month's Rent
 - Moving Costs
 - Housing Search and Placement
 - Housing Stability Case Management
 - Landlord-Tenant Mediation
 - Tenant Legal Services
 - Credit Repair

Prioritization For ESG Homelessness Prevention

Homelessness prevention must be administered in accordance with 24 CFR part 576. ESG limits eligibility for homelessness prevention assistance to individuals and families with incomes below 30 percent of AMI at intake, and incomes that do not exceed 30 percent of AMI at re-evaluation (not less than once every 3 months).

ESG General Requirements

- All client files must contain documentation on the current housing status at intake and determination of a client meeting one of the established HUD definitions of “homelessness” to help determine the type of assistance to be provided.
- Re-assessments (or re-evaluations) are required for program participants receiving assistance.
- Participants will have their income assessed, using 24 CFR Part 5 requirements, upon intake and every three months to ensure eligibility.
- Case management is required at least once per month.
- Duration of rental assistance:
 - Short Term - up to 3 months;
 - Medium Term - An additional 9 months (total of 12 months including short-term assistance and after re-evaluation).
- Maximum Level of Assistance - There is a maximum level of assistance and a minimum required payment from the client.
 - Financial Assistance: Max of \$3,000 per household for rent deposits, moving costs, storage, utility and rent arrears;
 - Rental Assistance: Max of \$1,300 per household per month in combined rent and utilities;
 - Total max: Up to \$10,000 (not including financial assistance) over 12 months.
 - Minimum client contribution to rent: \$25, with subsequent increases to establish stability.
- Landlord/Vendor Payments (rents, utilities and other payments) will be paid directly to the landlord/vendor.
- Housing Inspections are required prior to clients receiving this type of ESG assistance. Fair Housing market rates apply.

- Lead-based paint remediation and disclosure applies to all ESG funded housing.
- Assistance is prioritized based on vulnerability and severity of service needs to ensure households needing help the most receive it in a timely manner.
- Target ESG-funded homelessness prevention assistance based on proven risk factors and local data.

HUD criteria factors as means to establish imminent risk/”But for”:

- Imminent foreclosure or eviction notice
- Recently lost job
- History of homelessness
- Disabilities

Factors required as means to establish sustainability include, but are not limited to:

- High likelihood of self-sufficiency within 3 months
- Cooperation with activities to promote self-sufficiency
- Employed or clearly employable
- No criminal history
- No specific disabilities
- Residency requirement
- No prior evictions
- Never been homeless

HUD and Brevard County data shows a priority should be placed on the following groups:

- Racial minorities
- Domestic Violence
- Victims of Human Trafficking
- Substance Abuse
- Mental Health
- HIV/AIDS
- Disabilities
- Income at or below 30% AMI
- Elderly (62 or more years of age)

Specific Grants and programs may modify prioritization of groups for targeted homelessness prevention services.

Performance Indicators for CoC Homelessness Prevention Programs: Performance indicators to be developed by BHC Homeless Prevention committee.

Street Outreach

I. Overview

Street outreach workers engage with unsheltered homeless people in order to connect them with emergency shelter, housing, or other critical services. Street outreach services are provided in non-facility-based settings for unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

II. Eligibility

Participants must meet category 1 – Literally Homeless as outlined by the HUD definition of homelessness.

III. Standards

- Support services provided must be focused on:
 - Getting participants housed
 - Linking participants to mainstream benefits and resources
 - Maintaining benefits for which the participants are eligible
- Participant engagement – outreach workers will locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.
- Programs may address urgent physical needs, such as providing meals, blankets, clothes, or toiletries or transportation to a medical facility.
- Programs will provide assistance with navigating the homeless service system, including linking the participant to coordinated entry, conducting the VI-SPDAT assessment and referring the participant to the permanent housing priority list.
- Programs will assist with obtaining housing.

Performance Indicators for CoC Street Outreach Programs: Performance indicators to be developed by BHC Street Outreach committee.

Emergency Shelter

I. Overview:

Homeless individuals and families living in emergency housing are ensured:

- A safe environment
- Housing focused case management
- Rapid access to Permanent Housing
- Treatment with dignity and respect
- Service delivery regardless of presenting barriers
- Provision of housing and related services without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or genetic information.

The BHC's guiding principles for emergency shelter align with the Housing First service delivery model for emergency shelter and include:

- Housing, Resource, and Support Services Assessment which focuses on housing needs, preferences, and barriers; resource acquisition (e.g., entitlements); and identification of services needed to sustain housing.
- Housing placement assistance including housing location and placement; financial assistance with housing costs (e.g., security deposit, first month's rent, move-in and utilities connection, short- or long-term housing subsidies); advocacy and assistance in addressing housing barriers (e.g., poor credit history or debt, prior eviction, criminal conviction).
- Case management services (frequently time-limited) specifically focused on obtaining and sustaining permanent housing.

Other guiding principals include:

- The health and safety of clients, volunteers and staff is of the highest importance in each Emergency Housing facility. Training, policies, procedures and regular maintenance are intended to encourage, improve and maintain the health and safety of all people residing, volunteering and working in the emergency housing.
- In order to provide effective emergency housing programs and services, emergency housing clients should be afforded the opportunity to have a voice in service provision, program planning, and policy development.
- Emergency housing programs are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and co-coordinated services.
- People who are homeless should be stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing.
- Clients shall be moved into housing as rapidly as possible.
- Compliance with the Emergency Housing Standards will be a contract requirement and apply to all contracted emergency housing providers/facilities.
- Emergency Shelter Staff must review with all Clients, the "Rights and Responsibilities and Grievance Procedures" during the initial intake and housing orientation. Staff must also review specific house rules which may include the following:
 - Smoking (where, when)
 - Curfew hours/overnight absences
 - Safety Issues
 - Authorized household members
 - Unauthorized visitors

- Responsibility for personal belongings
- Program/treatment related issues
- Medication- storage and dispensing
- Expectations of participation in treatment
- Meals
- House meetings
- Other rules: curfew, phone use, lights out, and television/radio use (for Family emergency housings) parental responsibility for children at all times, etc.
- After the Client has read (or been provided assistance to read) the “Clients Rights and Responsibilities and Grievance Procedures,” consumers must sign the document. One copy must be given to the Client and the second must be kept on file.

II. Standards

General:

- The shelter operated by a non-profit organization, must be recognized under section 501(c)(3) of the Internal Revenue Code.
- A shelter that is federally funded shall not require clients to participate in religious services or other forms of religious expression.
- The Agency's Board of Directors shall meet at least on a quarterly basis.
- The shelter shall have a secure storage space for confidential documents relating to clients and personnel.
- The shelter shall develop -and implement procedures to ensure the confidentiality of records pertaining to any individuals provided family violence prevention or treatment services.
- The shelter shall have a policy manual which includes the shelter's purpose; population served, program description, non-discrimination policy and confidentiality statement.
- The shelter shall provide for an evaluation of the effectiveness of the services offered, at least annually.

Personnel:

The shelter shall have a table of organization of all paid staff working in the shelter. There shall be written position descriptions for each position type, which includes job responsibilities and qualifications.

- The shelter shall have adequate, trained, on-site staff coverage during all hours the shelter is open to residents, unless individual secured units are provided.
- All shelter staff shall receive training in at least the following:
 - Emergency evacuation procedures;
 - Agency operating procedures.
- All relevant direct service staff shall receive additional training in at least the following:
 - De-escalation training;
 - Referral procedures to relevant community resources.

Emergency Shelter Providers:

Providers must have written Policies and Procedures that include:

- Written drug and alcohol policies for its employees that include the following:
 - Drug and alcohol free workplace.
 - Remediation and consequences for the use and/or distribution of illegal substances.
 - First aid procedures.

- Criminal record checks and child abuse clearances
 - Single Adult Providers: All program staff and volunteers must obtain background checks prior to hire and at five (5) year intervals thereafter.
 - Family Providers: All program staff and volunteers in emergency housing programs serving children must obtain background checks prior to hire and at five (5) year intervals thereafter.

Facility:

The shelter shall comply with applicable local fire, environmental, health, and safety standards and regulations.

- The shelter shall be clean and in good repair.
- The shelter shall have reasonable access to transportation services.
- The shelter shall provide a bed or crib for each guest. The shelter shall make provision for clean linens for each client. There shall be procedures to provide for the sanitizing of all linens and sleeping surfaces.
- The shelter shall provide sufficient showers/baths, wash basins and toilets which are in proper operating condition for personal hygiene. These should be adequate for the number of people served. Clean towels, soap and toilet tissue shall be available to each client.
- The shelter shall have private space to meet with clients.
- The shelter shall have laundry facilities available to clients or a system available for like services.
- The shelter shall have a fire safety plan which includes at least the following:
 - Posted evacuation plan
 - Fire drills, conducted at least quarterly
 - Fire detection systems which conform to local building and fire codes
 - Adequate fire exits
 - Adequate emergency lighting
- The shelter shall have adequate provision of the following services:
 - Pest control services
 - Removal of garbage
 - Proper ventilation and heating/cooling systems
 - To ensure that entrances, exits, steps and walkways are kept clear of garbage and other debris, or hazards
- The facility is in compliance with applicable provisions of the Americans with Disabilities Act. There is a written plan for reasonable accommodation of persons with disabilities.

Fiscal Management:

- There shall be an accounting system which is maintained in accordance with Generally Accepted Accounting Principles (GAAP).
- The shelter shall have a record of accountability for client's funds or valuables the shelter is holding.
- The shelter shall receive an annual independent audit or internal audit review.
- The shelter shall have internal fiscal control procedures which are reviewed and approved by the Operating Agency Board of Directors.
- The Operating Agency has the following insurance provisions, notices and certificates and upon request shall furnish certificates evidencing the existence of the following:
 - Worker's Compensation Certificate
 - Wage and Hour Notice
 - Unemployment Liability (if applicable)
 - Professional Liability

- Director and Officers Liability is encouraged. Board members are informed of liability.
- Property/Casualty for agency-owned property

Food Service:

- Shelters providing food service shall make adequate provisions for the sanitary storage and preparation of foods.
- Shelters providing food for infants, young children and pregnant mothers shall make provisions to meet their nutritional needs.
- Shelters shall provide, or arrange food services to clients or make known the available services nearby.
- Shelters preparing food and serving food shall have staff complete Food Handling Certification.

Health:

- The shelter shall have available at all times first aid equipment and supplies in case of a medical emergency.
- All staff on duty shall have access to a telephone. Emergency telephone numbers shall be posted conspicuously near the telephone.
- The shelter shall assure that at least one staff person on duty is trained in emergency first aid procedures.
- The shelter shall have a procedure for making referrals to appropriate medical providers.
- The shelter shall have a written policy regarding the possession and use of controlled substances as well as prescription and over the counter medication.
- The shelter shall have a written policy regarding the control of infectious diseases, such as HIV, tuberculosis, etc.
- The shelter shall provide a locked place for the storage of medications.

Operations:

- In addition to sleeping arrangements and food, the shelter shall provide the following basic needs:
 - Humane care which preserves the individual dignity
 - A clean environment
 - Reasonable security
 - Referrals to other agencies
- The shelter shall have written policies for intake of clients and criteria for admitting people to the shelter.
- The shelter shall maintain an attendance list which includes, at least, the name and sex of each person residing in the shelter.
- The shelter shall post and read, or otherwise make known, the rules, regulations and procedures of the shelter.
- The shelter shall post and read, or otherwise make known, the rights and responsibilities of shelter clients that shall include a grievance procedure for addressing potential violations of their rights.
- The shelter shall report child abuse and endangerment as required by law.
- The shelter shall only require clients to perform duties directly related to daily living activities within the shelter.
- The shelter shall provide access to a public or private telephone for use by shelter clients to make and receive calls.
- The shelter shall maintain records to document services provided to each client.

- The shelter shall provide accommodations for shelter clients to store personal belongings.
- The shelter shall provide a safe, secure environment and have policies to regulate access.
- The shelter shall have a policy regarding the control of weapons.
- The shelter shall have an approved policy for storing client medications that outlines safeguarding medications. A labeled refrigerator must be available for medications requiring refrigeration.
- The shelter shall encourage the involvement of clients in the decision making processes of the shelter. This can be accomplished in a variety of ways, including having resident advisory councils to give input into the operations of the shelter, or having homeless or formerly homeless people on the board, or having homeless or formerly homeless people trained and hired as staff, or input from clients through suggestion boxes or exit surveys, etc.
- The shelter shall allow current clients to use the shelter as a legal residence for the purpose of voter registration and the receipt of public benefits.
- The shelter, at a minimum, shall maintain a record of all unusual or significant incidents.
- The shelter shall have written policies for consensual and nonconsensual searches.
- The shelter has a policy, as well as a procedure, which addresses ADA compliance. The shelter can describe plan for accommodating persons with disabilities.
- The shelter has a written policy regarding client possession of weapons that ensures the safety of clients, staff and volunteers. The policy should address the concealed carry law. Clients are informed of the policy.
- The Shelter has written rules regarding leaving and returning to shelter.
- The shelter can demonstrate that clients are given the opportunity to appeal discharge decisions. This can be information that is included on appeal forms or information that is provided as part of the intake packet to clients.
- The shelter shall identify actions that could result in immediate discharge as a result of a client posing a danger to self, other residents, staff and volunteers and/or shelter property. Clients are informed of the policy.
- Shelter staff maintains up-to-date case notes to record client or service provider contacts and client progress. Case notes are concise, factual, relevant and legible. Case notes must be recorded and placed into clients' files.
- The shelter maintains a current case record for each client household. Clients receiving individualized assistance have case records that, in addition to basic case record documentation, include the following:
 - Client assessment
 - Housing plan - that focuses on resolving the barriers most likely to prevent the client from successfully exiting the shelter.
 - Signed consent forms for the release and exchange of information with service/housing providers identified in the case plan
 - Routine case notes and documentation of ongoing services
 - Documentation of routine supervisory review
 - Final disposition or summary
- The shelter collects, enters data into HMIS relevant to the delivery of homeless services.
- The shelter staff informs clients of the purpose for data collection and explains client rights concerning the collection and use of their private information.

Hotel/Motel/Other Shelter:

Hotel/Motel/Other Shelter is meant to be for a short period of time and only when shelter beds are unavailable or if the individual/family does not match available shelter beds. The guiding principle of emergency shelter services is to secure a safe alternative placement, as rapidly as

possible, and necessary supports for all clients to achieve stable, permanent housing. A “progressive engagement” strategy that starts with a small amount of assistance to help resolve homelessness and then adds more assistance, when necessary, if the less intensive intervention is unsuccessful.

Clients are informed of the standards noted below that apply to hotel/motel/other shelter beds:

- Staff will do their best to accommodate their interim housing needs.
- Agency will ensure there shall be sufficient beds so opposite sex children are not sharing beds.
- Agency shall ensure the hotel/motel/shelter bed has clean sheets, adequate clean blankets, clean pillows and pillowcases, clean towels, soap and toilet paper.
- Client must agree to be placed in one of the hotels that accept the Agency's commitment for payment.
- Client must agree that only the individual/family members on your initial application will be allowed to stay in the shelter bed.
- Client is responsible for any damage or loss of hotel/motel/other shelter property.
- Client understands that incidences of domestic violence will result in termination from hotel/motel/other shelter services.
- Client understands that incidences of criminal activity while in the hotel/motel/other shelter will result in termination from the hotel/motel/other shelter services.
- Client agrees to meet at least weekly with their Case Manager as well as maintain phone contact as client progresses towards obtaining permanent housing.
- Client agrees to develop a Housing Plan that outlines goals and action steps that support obtaining affordable housing which can be sustained.
- Client agrees to supervise children 24/ 7 to ensure their safety.
- Client agrees to check out in time or be responsible for payment for the last day of hotel/motel/other shelter stay.
- Client agrees no guests are allowed.
- Clients placed in Hotel/ Motel/Other Shelter beds will be immediately terminated for any unlawful activity or intentional destruction of property.

Other standards include:

- Lead-based paint remediation and disclosure. The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R apply to all shelters assisted under ESG program and all housing occupied by program participants.
- Structure and materials. The shelter building must be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents. Any renovation (including major rehabilitation and conversion) carried out with ESG assistance must use Energy Star and water sense products and appliances.
- Access. The shelter must be accessible in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; the Fair Housing Act (42 U.S.C. 3601et seq.) And implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131et seq.) And 28 CFR part 35; where applicable.
- Space and security. Except where the shelter is intended for day use only, the shelter must provide each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.

- Interior air quality. Each room or space within the shelter must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of residents.
- Water supply. The shelter's water supply must be free of contamination.
- Sanitary facilities. Each program participant in the shelter must have access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
- Thermal environment. The shelter must have any necessary heating/cooling facilities in proper operating condition.
- Illumination and electricity. The shelter must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
- Food preparation. Food preparation areas, if any, must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
- Sanitary conditions. The shelter must be maintained in a sanitary condition.
- Fire safety. There must be at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors must be located near sleeping areas. The fire alarm system must be designed for hearing-impaired residents. All public areas of the shelter must have at least one working smoke detector. There must also be a second means of exiting the building in the event of fire or another emergency.

Minimum standards for permanent housing:

The recipient or subrecipient cannot use ESG funds to help a program participant remain or move into housing that does not meet the minimum habitability standards. The recipient may also establish standards that exceed or add to these minimum standards.

- Structure and materials. The structures must be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents.
- Space and security. Each resident must be provided adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep.
- Interior air quality. Each room or space must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of residents.
- Water supply. The water supply must be free from contamination.
- Sanitary facilities. Residents must have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
- Thermal environment. The housing must have any necessary heating/cooling facilities in proper operating condition.
- Illumination and electricity. The structure must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances in the structure.
- Food preparation. All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
- Sanitary conditions. The housing must be maintained in a sanitary condition.
- Fire safety. There must be a second means of exiting the building in the event of fire or other emergency.
 - Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors

must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.

- The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.

Performance Indicators for CoC Emergency Shelter Programs: Performance indicators to be developed by BHC Emergency Shelter Program committee.

Transitional Housing

I. Overview:

Transitional housing is temporary supportive housing used to facilitate the movement of households experiencing homelessness to permanent housing.

II. Eligibility:

BHC funded transitional housing projects must follow any additional eligibility criteria set forth in the HUD CoC NOFA through which a project is funded as well as the grant agreement.

III. Standards

All referrals to transitional housing and assessment for type and level of services must come through BHC's coordinated entry process. The following minimum standards will be applied to all transitional housing programs:

- Assistance in transitioning to permanent housing must be made available/provided as early as possible.
- Supportive services are offered throughout the duration of the stay in transitional housing.
- Participants in transitional housing must enter into a lease, sublease or occupancy agreement for the term of at least one month. The lease, sublease or occupancy agreement must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum of 24 months.

Unless otherwise prohibited by other project funding sources, transitional housing projects are encouraged to utilize a low barrier Housing First Approach (i.e., not have service participation requirements or preconditions to entry, such as sobriety or minimum income threshold), and must prioritize rapid placement and stabilization in permanent housing.

Transitional Housing providers should provide informational programs and give assistance accessing these programs if it assists in meeting identified needs:

- 211 Brevard
- Social Security benefits
- SNAP and TANF assistance
- Affordable housing database
- Job training programs
- Health services
- Education programs
- Services for victims of domestic violence
- Veteran services

Transitional Housing providers must meet ESG Minimum Habitability Standards and should be inspected at least once every five years or upon request.

Performance Indicators for CoC Transitional Housing: Performance indicators to be determined by BHC's Transitional Housing committee.

Rapid Rehousing

I. Overview:

The goal of the BHC is to effectively use community wide resources to reduce homelessness by improving coordination and integration with mainstream services, leveraging all existing resources, increasing efficiency and improving coordination within the Brevard County Continuum of Care. Rapid Re-housing (RRH) is an important tool in that effort. RRH is successful when used to support homeless households of medium acuity. As stated in Department of Housing and Urban Development directive 24 CFR 576, RRH services may include support in the form of rental and utility assistance, housing search and placement assistance, and housing stability Case Management.

II. Eligibility:

BHC agencies may provide direct funding to help households achieve long term housing stability and avoid becoming homeless again. The first step in the BHC Coordinated Assessment process is for a client household to be assessed using the VI-SPDAT. Homeless individuals who score in the range of 5-9 will be referred for RRH. The Coordinated Housing Assessment Team (CHAT) meets every two weeks to determine priority order based on household acuity. An application package will be filled out that will assist in determining eligibility and the level of need.

Verification of the information will be managed to ensure that the household:

- Meets the definition of homelessness or risk of homelessness (see Section II)
- Has an income level of at least 30% below the median income of (\$27,440 for an individual, or \$49,099 for a household). This is achieved by examining source documentation to provide evidence of annual income such as wage statements, pay stubs, tax returns, interest statements and unemployment compensation statements. Third party verifications may be used for income verification. This may include contacting outside entities (with the consent and executed release of information from the household authorizing the third party to release the required information) such as employers, banks, the U.S. Social Security Administration and public assistance agencies. Note that RRH funds may not be used with other subsidies of the same type, such as Section 8 housing vouchers.

Once the household's eligibility has been verified, and assuming that there are funds sufficient to provide an RRH intervention, a Case Manager is assigned. The Brevard Homeless Coalition does not employ a minimum household income barrier for any housing interventions. Case plans are often designed in such a way that rental and/or utility assistance starts at a maximum level and tapers off in later months.

III. Standards

Case Plan:

- An individualized Case Plan must be developed no later than 21 days after the RRH referral.
- The Case Manager assists the participant in making an assessment of issues and barriers to their own housing stability in a client-centered manner.
- The plan must specify how the tenant will retain permanent housing and assume responsibility for the full rent after RRH assistance ends.
- The plan must take into account all relevant considerations such as the program participant's current or expected income and expenses, other public or private assistance for which the program participant will be eligible and likely to receive, the relative

affordability of available housing in the area and supportive services necessary to overcome barriers to housing stability. The Plan must also assess the household's budgeting skills and measures to improve such skills as necessary.

- The Plan should cover goal setting over a one year period.

Case Manager:

- Assist participants in identifying the need for and availability of other support services in the community. These include, but are not limited to physical and behavioral health treatment, counseling, supervision, child care, government and private benefits and assistance including Medicaid, SNAP, WIC, unemployment, SSDI/SSI, etc.
- Assist households in locating rental properties that are within the household's projected budget. Households must be placed within 45 days of referral. Selection of a housing unit is based on participant choice. However, the participant must select and move into an approved unit within 45 days of the date of the Program's written approval of assistance.
- Ensure that all RRH housing is in the client's name with a standard (minimum) one-year lease. Case Managers ensure that any housing units pass HUD Housing Quality Standards as found at 24 CFR 982.401 using HQS Inspection Checklist Form 52580.
- At least once a month, case managers will perform face-to-face home visits. Such visits may be made more frequently as deemed appropriate to assist the household in making progress toward housing stability.
- Participate in activities such as mediation (between households served and landlord), and referrals for legal services and credit counseling.
- If a household requires RRH services for longer than a 3-month period, that household must be recertified. In any case, Case Managers are encouraged to maintain contact once the financial assistance has been completed to ensure that the household is stable.
- Perform data collection and performance measurement. Manger enters data into the Homeless Management Information System (HMIS) including demographic information on households served, along with the type of services provided. The Case Manager tracks and reports out monthly all activity for each household served. The Case Manager will manage a budget in order to provide sound fiscal management of the funds provided to serve this population. This may include authorizing rental fees, security deposits, utility payment, short and medium term rental assistance and payment of rental arrears.

Standards for Determining Amount and Duration of Housing Stabilization and RRH Assistance:

- The Interim Rule allows discretion in determining the type, amount and duration of rental assistance a recipient can receive for RRH assistance. BHC agencies utilize Federal Poverty Guidelines as a standard to determine share of rent and utility costs. The higher the Federal Poverty Level of the identified household, the lesser the amount of share that the household will be required to provide. Specifically, households at 100% poverty would not be assessed any share and households at 110% of Federal Poverty would be responsible for 10% of the amount. Hardships will be considered and granted (when extenuating circumstances warrant exception) on an individualized case by case basis for any household that is unable to render payment of required share of responsibility.

Standards of Denial or Termination of RRH Assistance:

- Applicants denied RRH assistance must receive written notice by clearly explaining the reason for denial with contact information (including name, mailing address, email and phone number) for the person designated by the Rapid Re-housing provider to receive an eventual appeal. Review of the decision to deny assistance if appealed shall be the same as set forth below for terminations of assistance.

- To terminate rental assistance or housing relocation and stabilization services to a program participant, the required formal process must consist of:
 - Providing the program participant with a written copy of the program rules* and the termination process before the participant begins to receive assistance
 - Written notice to the program participant containing a clear statement of the reasons for termination
 - A review of the decision is offered upon request, where the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision, and
 - Prompt written notice of the final decision to the program participant.
- This does preclude the client from resuming assistance when assistance was previously terminated.

* RRH clients are encouraged to attain self-sufficiency as soon as possible. They are required to:

1. Pay their portion of the rent on time every month.
2. Maintain their home in a safe and sanitary condition and in the condition in which it was initially rented to them, except for normal wear and tear.
3. Avoid behavior (their own or that of a household member or guest) that would disturb their neighbors' peaceful enjoyment of their own home (i.e., yelling, loud music, violence, illegal activity, damage to, or theft of, others' property, blocking or cluttering common areas or right-of-ways).

Standards of Limits, Assistance and Guidelines:

- The BHC has established \$3,500 as the maximum RRH assistance to be provided to any one household. This includes any combination of rental and utility assistance and other allowable financial assistance for any 4 months during a 12-month period.
- Rental assistance for eligible households are paid directly to the housing provider for 1 to 4 months over the course of a 12-month period.
- Utility payments for gas, electric, water and sewage bills are paid directly to the utility providers and are not to exceed 4 months of payments per participant over the course of a 12-month period.

Specific Grants and programs may modify these limitations.

For budgeting purposes, the following are average costs per household that should be used:

- Rental Assistance of \$700
- Utility Assistance of \$300

Standards for Homeless Management Information System (HMIS):

- BHC agencies utilize the BHC Homeless Management Information System (HMIS) to comply with HUD's data collection, management and reporting standards. HMIS is examined during the initial screening process to assess whether the household is receiving services from other providers. If the services are similar, the applicant will be asked to return back to the other agency.
- HMIS is the used to collect client level data and data on the provision of housing and services to the homeless households and persons at risk of homelessness. Results of SPDATS are entered into the system. Extensive Case Notes are included in the real-time data collection

- Proper precaution is taken to protect the identity of every person, especially in cases when serving any victims of domestic violence, dating violence, sexual assault or stalking including persons who receive services from rape crisis centers, battered women shelters, domestic violence transitional housing programs, victims of human trafficking and those placed in safe havens.

Standards for client file management:

The content of each client's case file must include, but is not limited to:

- Client Intake Form
- Brevard HMIS Basic Data Form
- Signed HIPAA Notice
- Emergency Food Assistance Program Certification of Eligibility Form (if applicable)
- Copy of Driver's License/ID for head of household (Proof of Florida residence)
- Copy of Social Security Card or birth certificate for all household members (at least one household member is US citizen)
- Information about the number of people in the household
- Any past homeless assistance received
- Status of total household income (both earned and unearned) and eligibility
- A Monthly Income and Expense Form
- Proof of the reason given for the unpaid bill
- Any recent change in employment
- A Release of Information Form
- Copies of all payments made
- Case Plan and Notes
- Outcome and monitoring

Records are compiled and retained in compliance with 24 CFR 576.500 (b)-(e). Documentation is secured at intake of the evidence establishing at-risk for homelessness status. Proof of identity, income, need and other federally required documentation to comply with 24 CFR 576.500 (b)-(e) are also included and listed above (case file contents). HMIS documentation and financial match information must also be maintained by Program staff.

Standards for follow-up:

- Case Management may continue for a number of months after exit from the RRH program.
- To ensure services are effective, agency staff conducts follow up reports on clients.
- Clients' housing status is tracked at 12 months following assistance and results entered into HMIS. Various methods can be used to determine a former client's housing status: phone calls and letters sent to the client's home address; landlords contacted to verify tenant's status; HMIS and utility payment history checked online via partnership with the local utility company.

Performance Indicators for CoC Transitional Housing: Performance indicators to be determined by BHC's Rapid Re-Housing committee.

Permanent Supportive Housing (PSH)

I. Overview

The overarching goal is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the goal of ending chronic homelessness. In order to ensure that all CoC Program-funded PSH beds are used most effectively, this policy establishes an order of priority for the coordinated assessment process. With adoption by the CoC and incorporation into the CoC's written standards, all recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most. Such adoption and incorporation will ensure that persons are housed appropriately and in the order provided.

II. Eligibility

There are two significant ways in which CoCs can increase progress towards ending chronic homelessness in their communities using only their existing CoC Program-funded PSH:

- Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness. Dedicated PSH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.
- Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness. Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. Project applicants are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable. CoCs will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoC's written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

III. Standards

Order of Priority for Dedicated PSH:

Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

- First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. Of this Notice for definition of severe service needs).
- Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
 - The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria of the definition for chronically homeless, of the family as having severe service needs.
- Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
 - The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria of the definition for chronically homeless, of the family as having severe service needs.
- Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - The chronically homeless individual or head of household of a family

- Has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and
- The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families, the order of priority may be followed. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority to the extent in which persons with serious mental illness meet the criteria.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority. Some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them.

Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness:

This is a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

- **First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.
- **Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months

or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

- Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.
- Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

Recipients of CoC Program-funded PSH should follow the order of priority above, while also considering the goals and any identified target populations served by the project.

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

Performance Indicators for CoC Permanent Supportive Housing Programs: Performance indicators to be determined by BHC’s Permanent Supportive Housing committee.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

I. Overview

Since 2001, 2-1-1 Brevard has served as the lead agency for the county's Homeless Management Information System (HMIS). Funded primarily by the U.S. Department of Housing and Urban Development (HUD), the HMIS allows member providers of supportive services to homeless individuals and families to manage information for services provided and also contains case management tools for case managers. The HMIS facilitates the collection of data and generate aggregate reporting of information about the homeless population, demographics, needs and services provided throughout our community. Approved HMIS participating agency staff are provided Privacy/Security, Intake and Program Management training classes.

II. Standards

- BHC agencies utilize the BHC Homeless Management Information System (HMIS) to comply with HUD's data collection, management and reporting standards. HMIS is examined during the initial screening process to assess whether the household is receiving services from other providers. If the services are similar, the applicant will be asked to return back to the other agency.
- HMIS is used to collect client level data and data on the provision of housing and services to the homeless households and persons at risk of homelessness. Results of SPDATS are entered into the system. Extensive Case Notes are included in the real-time data collection
- Proper precaution is taken to protect the identity of every person, especially in cases when serving any victims of domestic violence, dating violence, sexual assault or stalking including persons who receive services from rape crisis centers, battered women shelters, domestic violence transitional housing programs, victims of human trafficking and those placed in safe havens.

Standards for client file management

The content of each client's case file must include, but is not limited to:

- Client Intake Form
- Brevard HMIS Basic Data Form
- Signed HIPAA Notice
- Emergency Food Assistance Program Certification of Eligibility Form (if applicable)
- Copy of Driver's License/ID for head of household (Proof of Florida residence)
- Copy of Social Security Card or birth certificate for all household members (at least one household member is US citizen)
- Information about the number of people in the household
- Any past homeless assistance received
- Status of total household income (both earned and unearned) and eligibility
- A Monthly Income and Expense Form
- Proof of the reason given for the unpaid bill
- Any recent change in employment
- A Release of Information Form
- Copies of all payments made
- Case Plan and Notes
- Outcome and monitoring

Records are compiled and retained in compliance with 24 CFR 576.500 (b)-(e). Documentation is secured at intake of the evidence establishing at-risk for homelessness status. Proof of identity,

income, need and other federally required documentation to comply with 24 CFR 576.500 (b)-(e) are also included and listed above (case file contents). HMIS documentation and financial match information must also be maintained by Program staff.

Coordinated Entry and Assessment

I. Overview

National research has highlighted Coordinated Assessment as a key factor in the success of ending homelessness. Coordinated Assessment can enhance the quality of screening and assessment and better target program assistance where it can be most effective. As a result, the system for preventing and ending homelessness is less fragmented and scarce resources are used more efficiently. Coordinated Assessment for Brevard Homeless Coalition, Inc. is a centralized access point through the Brevard Homeless Coalition and its agencies in conjunction with 2-1-1 Brevard. Initial screening can be conducted for all populations at any of the outreach locations or through Housing Navigators. Coordinated Assessment includes the following core components:

- Information so that people will know where or how to access intake for homeless prevention or housing services;
- A screening and assessment process and tools to gather and verify information about the person and his/her housing and service needs and program eligibility and priority;
- Information about programs and agencies that can provide needed housing or services;
- A process and tools for referral of the person to an appropriate program(s) or agencies; and assistance in making program admissions decisions.

While most housing and support services are made available through other agencies, a variety of services may be identified by the Brevard Homeless Coalition, Inc. or by a Housing Navigator. These services typically meet basic client needs and may include diversion services, showers, laundry, assessment, referral, shelter, bus pass and/or access to mainstream resources.

II. a) Eligibility - Clients

Clients who are in need of homeless prevention or housing services can access information and eligibility criteria through 2-1-1 Brevard or by referral to a Housing Navigator, providing multiple points access. Participants seeking assistance must be screened by a Housing Navigator or by the Homeless Outreach Teams during off-site outreach. Participants not eligible for services will be referred to other appropriate community resources.

- Individuals and families that are “Literally Homeless” (meeting HUD’s Category 1 definition of homelessness).
- Participation Requirement. All households (with the exception of households in domestic violence situations) must be screened prior to program entry.
- Homeless Individuals can expect:
 - To be treated with respect and dignity.
 - Their initial phone call for assistance to be answered live or returned within one business day by a Housing Navigator.
 - To be scheduled for an in-person assessment within two to five business days.
 - To be matched by the Coordinated Housing Assessment Team (CHAT) to an appropriate program based upon their unique needs, and referred based on their priority status to opening in a program.
 - To wait until the system has the capacity to assist them, and to get help through diversion or other resource available to them.

II. b) Applicant Responsibilities

- Answer all questions truthfully and to the best of their ability.
- Bring all required documentation.
- Keep their contact information current in order to be notified of available opening, and referred in a timely manner.

II. c) Provider Responsibilities

- All providers receiving funding through HEARTH or HUD funded programs are required to participate in the coordinated assessment process.
- Providers must be live on the HMIS system and must maintain data which is entered no later than within 24 hours of a service or outcome being achieved or rendered. Providers must have an appeal process for those applicants who have been denied service or entry into a program.

II. d) Coordinated Housing Assessment Team (CHAT) Responsibilities

- Regularly update and make current all program eligibility guidelines and program contact information so that Housing Navigators can make the best referrals possible.
- Update status of placement referrals within two business days.
- Ensure that when a placement referral is made, to confirm within two business days whether the referral is accepted, declined by provider, declined by the homeless individual or family, or pending, or the provider is unable to contact the homeless individual or family.
- Bring problems and suggestions to the Standard Policies & Procedures Committee meeting.
- Oversee provision of homeless diversion and housing services for eligible clients.
- Ensure utilization of the same screening and assessment tool, data collection forms, policies on eligibility verification and referral/information-sharing systems.

NOTE: This system acknowledges that the needs of a household fleeing or attempting to flee, domestic violence, dating violence, sexual assault or stalking, may be different than the needs of non-victims. Housing Navigators will be trained on sensitivity in regard to victim's assistance, and referrals will only be made to domestic violence providers.

III. Standards

Assessment Tools and Protocols:

This system is focused on providing a continuum of care including prevention, diversion, rapid re-housing and permanent supportive housing approaches. The plan requires that each Housing Navigator assess each household's eligibility for services. Prevention services target people at imminent risk of homelessness who will be referred to available homeless prevention programs. Diversion services will target individuals and families as they are applying for entry into shelter. For housing programs, rapid re-housing services will target individuals and families who are already homeless with a SPDAT score that warrants the most appropriate housing. Housing first and permanent supportive housing will target individuals and families that are chronically homeless and the SPDAT score identifies this housing type.

Applicant:

- Each individual and family is evaluated on a variety of criterion, including rental history, criminal history, domestic violence, mental health challenges, disabling conditions, language barriers, educational attainment, employment status, and length of homelessness. Services are then assigned based on the SDPAT score.

- The Assessment tool provides a procedure for determining which individuals and families are eligible and appropriate for the variety of housing and support services available in the community as well as other eligibility factors such as for permanent supportive housing must have a disabling condition and lack the resources to obtain housing.

Providers:

- Each individual and family who is referred for housing or services will have been evaluated through an assessment based on their current barriers to obtaining and successfully maintain permanent housing.
- The Assessment will be used as a guide, with the understanding that each individual and family has a unique set of circumstances.

Coordinated Housing Assessment Team (CHAT) and BHC Partners:

- The Service Prioritization Decision Assistance Tool (SPDAT) is the assessment tool utilized for this system.
- The SPDAT will utilize 15 domains to determine an acuity score that will help inform Housing Navigators and Providers about the following :
- Individuals and families who will benefit most from Permanent Supportive Housing.
- Individuals and families who will benefit most from Rapid Re-Housing.
- Individuals and families who are most likely to end their own homelessness with little to no intervention.
- Which areas of the individuals and family's life that can be the initial focus of attention in the case management relationship to improve housing stability.
- How individuals and families are changing over time as result of case management process.
- The SPDAT will be integrated into the HMIS System and each agency will ensure data is being maintained and monitored.
- The Coordinated Housing Assessment Team (CHAT) Partners will provide a system of care that allows individuals and families to give feedback on suggestions and improvements of the Intake and Assessment Process.
- The Coordinated Housing Assessment Team (CHAT) Partners will ensure that the SPDAT is not used to :
 - Provide a diagnosis.
 - Assess current risk or be a predictive index for future risk.
 - Take the place of other valid and reliable instruments used in clinical research and care.
- BHC Partners that receive federal CoC and ESG funds and any local funds required by the funder must participate in the Coordinated Assessment process and track data in the Homeless Management Information System (HMIS). Only Domestic Violence providers are exempt from the HMIS required as per Florida Statute and Federal regulations.

Prevention / Diversion:

According to the National Alliance to End Homelessness many people seeking homeless assistance still have an opportunity to remain in their current housing situation, whether it's their own housing or the housing of a friend, relative, acquaintance or coworker. In light of this, prevention and shelter diversion are key interventions in the fight to end homelessness. Immediate screening for these possibilities at entry is an important feature, and can preserve emergency beds for individuals/households that truly have nowhere else to go. Access to rental

subsidies and case management at entry is often enough to ensure the household successfully remains housed.

While prevention and diversion are two separate concepts, they are utilized almost interchangeably in this strategy, as they both focus on preventing homelessness. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.

Once an individual/household enters into the system, they should be assessed to determine what housing needs they have. To determine which individuals/households are appropriate for prevention/diversion, Housing Navigators can ask applicants a series of questions during the assessment, such as those delineated below.

Homeless Individuals and families:

- Individuals and families who are being referred for prevention/diversion will be asked:
- Where did you sleep last night? If they slept somewhere safe where they could potentially stay again, this might mean they are good candidates for diversion.
- What other options do you have for the next few days or week? Even if there is an option outside of shelter that is only available for a very short time, it worth exploring if this housing resource can be used.
- (If staying in someone else's housing) What issues exist with you remaining in your current housing situation? Can those issues be resolved with financial assistance, case management, etc? If the issues can be solved with case management, mediation, or financial assistance (or all of the above), diversion is a good option.
- (If coming from their own unit) Is it possible/safe to stay in your current housing unit? What resources would you need to do that (financial assistance, case management, mediation, transportation, etc.)? If the individual or family could stay in their current housing with some assistance, systems should focus on a quick prevention-oriented solution that will keep the individual or family in their unit.

Providers:

- Referrals to prevention/diversion providers must be at imminent risk of homelessness AND meet the following threshold:
 - No appropriate subsequent housing options have been identified;
 - The individual and family lacks the financial resources to obtain immediate housing or remain in its existing housing; and
 - The individual and family lacks support networks needed to obtain immediate housing or remain in its existing housing

Coordinated Housing Assessment Team (CHAT):

The following list includes some, but not all, risk factors that may be considered when determining imminent risk of homelessness. SPDAT will be utilized to determine acuity of the risk factors:

- Eviction within two weeks from a private dwelling (including housing provided by family or friends).
- Residency in housing that has been condemned by housing officials and is no longer meant for human habitation.
- Sudden and significant loss of income.
- Sudden and significant increase in utility cost.
- Mental health and/or substance abuse issues.
- Physical disabilities and other chronic health issues including HIV/AIDS.

- Severe housing cost burden (greater than 50% of income for housing costs).
- Homeless in last 12 months.
- Young head of household (under 25 with children or pregnant).
- Current or past involvement with child welfare, including foster care.
- Pending foreclosure of rental housing.
- Extremely low income (less than 30% of AMI).
- High overcrowding (the number of person exceeds health and/or safety standards for housing unit size).
- Past institutional care (prison, treatment facility, hospital).
- Recent traumatic life event, such as death of a spouse or primary care provider, or recent health crisis that prevented the household from meeting its financial responsibilities.
- Credit problems that preclude obtaining of housing.
- Significant amount of medical debt.

Some individuals and families may not be good candidates for diversion programs due to a lack of safe and appropriate housing alternative and require immediate admittance to shelter, e.g. Individuals and families fleeing domestic violence. An individual's safety should always be the top consideration when developing an individual/family referral to a program.

Rapid Rehousing

I. Overview

Generally, rapid re-housing is intended to assist eligible individuals and families to quickly obtain and sustain stable, permanent housing. Effective rapid re-housing requires case management and financial assistance, as well as housing search and locations services. Support and duration of service are tailored to meet the needs of each household and each household has a lease in their name and is connected to mainstream resources in the community in which they reside.

II. a) Eligibility - Individuals and Families:

- Be homeless as defined by HUD.
- Be prepared to put together a reasonable plan that shows how they are going to maintain housing once housing assistance has ended; a budget, a financial worksheet and or a narrative description of changes in household circumstances that made them homeless.

II. b) Eligibility - Providers:

- Will utilize the “Progressive Engagement” methodology; that is, providers will determine the amount of rent and utility assistance and/or supportive services that a household will receive using the progressive engagement approach. Household will be asked to identify the minimum amount and duration of assistance needed to achieve housing stability. If it becomes clear that a rapid re-housing intervention is insufficient and or inappropriate for a particular household, the provider will work with the Housing Opportunities Team and/or other housing provider to find a more suitable program.
- Households should be housed within 30 days of acceptance into the program.
- Providers are expected to remain engaged with the household from first contact to program exit as per the BHC approved Rapid Re-Housing Standards.

III. Standards

Coordinated Housing Assessment Team (CHAT):

The following process will be used to refer clients to any Rapid Re-Housing program. Providers will receive referrals from any of the following sources provided they have been assessed by the Housing Navigators and all eligibility and vacancy information is up to date in HMIS.

- Outreach Workers
- Shelters
- Transitional Housing Programs

All households being referred for Rapid Re-Housing must be assessed by a Housing Navigator. While they may be identified through other resources, e.g., shelter or transitional housing provides, McKinney-Vento Liaisons in school districts, or other service providers, they will require screening and assessment through the Coordinated Housing Assessment Team (CHAT).

- Housing Navigators are responsible for gathering documentation for verification of homeless status.
- All Rapid Re-Housing clients must be entered into HMIS once the provider has confirmed entry into the program. Information should all include all HUD required data elements.

Housing and/or More Intensive Program Referral:

Individuals and families unable to be served by prevention, diversion or rapid re-housing programs will most likely need more intensive housing and service interventions, such as transitional housing or permanent supportive housing. Those fleeing domestic violence that are not eligible or appropriate for prevention and rapid re-housing services may fall into this category of needing more intensive service intervention, and should be referred to a domestic violence provider prior to intake and/or HMIS data entry.

Table 1 below delineates the characteristics of Permanent Support Housing and Transitional Housing Programs.

Characteristics of Transitional Housing & Permanent Supportive Housing Programs

Programs & Characteristics	Transitional Housing	Permanent Supportive Housing
Length of Stay	Maximum stay 24 month	No time limit
Occupancy Agreement	Participants are clients , not tenants and sign an occupancy or program agreement instead of a lease	Participants have a lease
Service Requirements	Services are required	Services are optional
Eligibility	Applicant must meet HUD’s definition of homeless	Applicant must meet HUD’s definition of homeless and member of the household must have a disabling condition

Provider:

Transitional Housing programs that provide transitional housing should provide housing to individuals and families, usually for period of four to twenty-four months along with supportive services to help them become self-sufficient. In addition to providing a place to live, transitional housing providers should help participants increase their life management skills and resolve the problems that have contributed to their homelessness.

Individuals/Households who are homeless and have two or more of the following barriers are appropriate for referral to Transitional Housing:

- Domestic Violence victims (require only one barrier: being a victim of domestic violence.)
- No income.
- Poor rental history.
- Sporadic employment history.
- No high school diploma or GED.
- History of homelessness.
- Poor rental history (i.e current eviction, rent/utility arrears.)

Permanent Supportive Housing

The overarching goal is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the goal of ending chronic homelessness. In order to ensure that all CoC Program-funded PSH beds are used most effectively, this policy establishes an order of priority

for the coordinated assessment process. With adoption by the CoC and incorporation into the CoC's written standards, all recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most. Such adoption and incorporation will ensure that persons are housed appropriately and in the order provided.

There are two significant ways in which CoCs can increase progress towards ending chronic homelessness in their communities using only their existing CoC Program-funded PSH:

- Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness. Dedicated PSH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.
- Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness. Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. Project applicants are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable. CoCs will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoC's written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

Order of Priority for Dedicated PSH:

Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

- First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless

individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. Of this Notice for definition of severe service needs).
- **Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
 - The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria of the definition for chronically homeless, of the family as having severe service needs.
- **Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
 - The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria of the definition for chronically homeless, of the family as having severe service needs.
- **Fourth Priority—All Other Chronically Homeless Individuals and Families.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - The chronically homeless individual or head of household of a family
 - Has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and
 - The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families, the order of priority may be followed. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with

a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority to the extent in which persons with serious mental illness meet the criteria.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority. Some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them.

Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness:

This is a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

- First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.
- Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.
- Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.
- Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also

includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

Recipients of CoC Program-funded PSH should follow the order of priority above, while also considering the goals and any identified target populations served by the project.

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

Housing Opportunities Team (HOT):

The Housing Case Manager provides needed intake services, is in frequent communication with the individual and family, and serves as the primary liaison between the individual and family and the housing provider. The Housing Opportunities Team (HOT) is responsible for overseeing and ensuring that:

- Advocacy and services to collect required housing documentation are provided.
- A climate of trust is created and maintained between individuals and families and Housing Case Managers.
- A housing inventory within HMIS is maintained that lists units and vouchers participating within the system.
- Individuals and families are housed based upon a prioritization determination; that is, those who score on the SPADAT as the most vulnerable will be prioritized for housing depending on the availability of housing and services.
- If the Partner Agency is denying the placement, the Agency must submit in writing the reasons for denial to the Housing Opportunities Team (HOT).

Unaccompanied Youth and Young Adults:

Unaccompanied youth are one of the fastest growing and most underserved sub- populations, in the community.

Eligibility - Clients:

Unaccompanied Youth and Young Adults are defined as youth (ages 13-17) and young adults (ages 18-24) who are unaccompanied by a parent or guardian and are without shelter, whose parent or guardian is unable or unwilling to provide shelter and care, or who lack a fixed, regular and adequate nighttime residence. Undocumented unaccompanied youth and young adults may also be served under these provisions except where exclusions are noted.

Eligibility - Providers:

Providers of services for unaccompanied youth and young adults should be able to provide safe and high quality housing and supportive services (scattered-site independent apartments, host homes, and shared housing) to youth and young adults experiencing homelessness that involve

integrated affordable housing, intensive strength-based case management, self-sufficiency services, trauma informed care, and positive youth development approaches.

Standards

Coordinated Housing Assessment Team (CHAT):

All housing service referrals for unaccompanied youth and young adults must be screened and assessed. The Coordinated Housing Assessment Team (CHAT) is responsible for overseeing and ensuring that:

- Unaccompanied youth and young adults willingly engage with the coordinated process for a screening and when appropriate, a full SPDAT.
- Minimizing barriers to engagement.
- Housing Navigators consult with expert providers of this population when conducting screenings to properly match clients and providers, and reduce the risk of flight for this highly vulnerable population.

Program Evaluation:

Coordinated Assessment is one of many projects within the community that addresses the needs of individuals and families that are at risk or experiencing homelessness. The Brevard Homeless Coalition, Inc. will evaluate the effectiveness as well as required HEARTH Act outcomes by utilizing data from HMIS. As recommended by the National Alliance to End Homelessness, the Brevard Homeless Coalition, Inc. will track progress in the following areas to evaluate the Coordinated Assessment process:

- Length of stay, particularly in shelter: If individuals and families are referred to the right interventions and those interventions have the necessary capacity, fewer individuals and families should be staying in shelter waiting to be moved elsewhere. Also if individuals and families are referred immediately to the right provider, over time, individuals and families will likely spend less time jumping from program to program looking for help, which could reduce their overall length and/or repeated episodes of homelessness.
- New entries into homelessness: If individuals and families seeking assistance is entering through the front door, and the front door has prevention and diversion resources available, more people should be able to access these resources and avoid entering a program unnecessarily.
- Repeat episodes of homelessness: If individuals and families are sent to the intervention that is the best suited to meet their needs on the first time, families are more likely to remain stably housed.

To track the outcomes summarized above, the Brevard Homeless Coalition, Inc. will analyze the following HUD Data Standards annually.

- Length of time persons remain homeless; dependent on timely and complete data entry of project Entry and Exit records by agency intake staff. The performance target is to reduce the length of time a person is homeless and residing in transitional housing from 24 months to 6 months and emergency shelter to no more than 30 days
- The extent to which persons who exit homelessness to permanent housing destinations return to homelessness; dependent on long term post project follow-up and recording results in the HMIS/SPDAT for report data population. Measurable goals will be set once a baseline has been established.
- Number of homeless persons; dependent on accurate and consistent PIC surveys along with timely, accurate and complete data intake in the HMIS. The performance

target is to establish policies and procedures for an accurate count reduce the Point in Time Count by 20% overall.

- Jobs and income growth for homeless persons in CoC Program-funded projects; dependent on the recording of income records at project Entry and project Exit. The performance target is to increase income of assisted households by 10%.
- Number of persons who become homeless for the first time; recording BHC results of outreach efforts in the HMIS/SPDAT (Date of engagement, prevention actions and follow-up). The performance target is to decrease the number of persons who become homeless for the first time by 40%.
- Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects; measuring results of BHC, Inc. Outreach efforts and recording results in the HMIS/SPDAT. Measurable goals will be set once a baseline has been established.
- Successful housing placement; the performance target is to increase the percentage of homeless that exit to permanent housing by 40%.

Measuring the success of this system and transparency with the community and providers will be a key to the success of coordinated assessment process. The Brevard Homeless Coalition, Inc. will summarize the data annually.

Moving forward, the Brevard Homeless Coalition, Inc. will expand the evaluation of outcomes by establishing mechanisms to monitor the quality of service through system-wide monitoring. For example, once an individual and family enter shelter an assessment is to be completed. Procedures will be built into the monitoring system to determine how often this goal is met. This will allow for ongoing monitoring of the quality of services and how the program and Providers are able to follow through with this goal.

As part of the evaluation process, as recommended by the National Alliance to End Homelessness, the Brevard Homeless Coalition, Inc. will set a goal to establish an integrated feedback loop that involves using information gained from these assessments to make any necessary program/process adjustments to the system. Additionally, the Brevard Homeless Coalition, Inc. Will continue working to develop data tools to ensure overall system efficiency and effectiveness.

OTHER STANDARDS

I. Conflicts of Interest

- Subrecipients must avoid any conflict of interest in carrying out activities funded by the CoC program and ESG.

II. Organizational Conflicts of Interest

- The provision of any type or amount of ESG assistance may not be conditioned on an individual's or family's acceptance or occupancy of emergency shelter or housing owned by the recipient, the sub-recipient, or a parent or subsidiary of the sub-recipient. Subrecipients must not conduct initial evaluation or provide homelessness prevention assistance to persons living in property owned by the subrecipient or parent/subsidiary of the subrecipient.

III. Individual Conflicts of Interest

- Recipients and subrecipients must comply with HUD's Administration requirements (24 CFR 85.36 or 84.42 for procurement of goods and services. For all other transactions and activities:
 - Restrictions on financial interests and benefits apply to employees, agents, consultants, officers and elected or appointed officials of the recipient or subrecipient if they have certain types of responsible positions.
 - Restrictions pertain to financial gain for self, family or those with business ties.
 - Exceptions: Upon written request by the recipient, HUD may grant exceptions on a case by case basis. (see 24 CFR 576.404(b)(3)(ii))

IV. Fair Housing & Civil Rights Requirements

- Agencies must comply with all applicable fair housing and civil rights requirements in 24 CFR 5.105(a). In addition, agencies must make known that ESG rental assistance and services are available to all on a nondiscriminatory basis and ensure that all citizens have equal access to information about ESG and equal access to the financial assistance and services provided under this program. Among other things, this means that each subgrantee must take reasonable steps to ensure meaningful access to programs to persons with limited English proficiency (LEP), pursuant to Title VI of the Civil Rights Act of 1964. This may mean providing language assistance or ensuring that program information is available in the appropriate languages for the geographic area served by the jurisdiction and that limited English proficient persons have meaningful access to H-ESG assistance. In addition, all notices and communications shall be provided in a manner that is effective for persons with hearing, visual, and other communication related disabilities consistent with section 504 of the Rehabilitation Act of 1973 and implementing regulations at 24 CFR 8.6.
- If the procedures that the agency intends to use to make known the availability of the rental assistance and services are unlikely to reach persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for such rental assistance and services, the agency must establish additional procedures that will ensure that such persons are made aware of the rental assistance and services.
- Under section 808(e)(5) of the Fair Housing Act, HUD has a statutory duty to affirmatively further fair housing. HUD requires the same of its funding recipients.
- Agencies will have a duty to affirmatively further fair housing opportunities for classes protected under the Fair Housing Act. Protected classes include race, color, national origin, religion, sex, disability, and familial status. Examples of affirmatively furthering fair housing include: (1) marketing the program to all eligible persons, including persons

with disabilities and persons with limited English proficiency; (2) making buildings and communications that facilitate applications and service delivery accessible to persons with disabilities (see, for example, HUD's rule on effective communications at 24 CFR 8.6); (3) providing fair housing counseling services or referrals to fair housing agencies; (4) Informing participants of how to file a housing discrimination complaint, including providing the toll-free number for the HUD Housing Discrimination Hotline: 1-800-669-9777; and (5) recruiting landlords and service providers in areas that expand housing choice to program participants.

V. Equal Participation of Religious Organizations

- Agencies that are religious or faith-based are eligible, on the same basis as any other organization, to participate in ESG. Neither the federal government nor a grantee shall discriminate against an organization on the basis of the organization's religious character or affiliation.
- Agencies that are directly funded under ESG may not engage in inherently religious activities, such as worship, religious instruction, or proselytization as part of the programs or services funded under ESG. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded under ESG, and participation must be voluntary for the program participants.
- A religious organization that participates in ESG will retain its independence from federal, state, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct ESG funds to support any inherently religious activities, such as worship, religious instruction, or proselytization. Among other things, faith-based organizations may use space in their facilities to provide ESG-funded services, without removing religious art, icons, scriptures, or other religious symbols. In addition, a ESG-funded religious organization retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.
- Agencies that participate in the ESG program shall not, in providing program assistance, discriminate against a program participant or prospective program participant on the basis of religion or religious belief.

VI. Lobbying and Disclosure Requirements

- The disclosure requirements and prohibitions of section 319 of the Department of the Interior and Related Agencies Appropriations Act for Fiscal Year 1990 (31 U.S.C. 1352) (the Byrd Amendment), and implementing regulations at 24 CFR part 87, apply to H-ESG. Applicants must disclose, using Standard Form LLL (SF-LLL), "Disclosure of Lobbying Activities," any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, members of Congress, or congressional staff regarding specific grants or contracts.

VII. Drug-Free Workplace Requirements

- The Drug-Free Workplace Act of 1988 (41 U.S.C. 701, et seq.) And HUD's implementing regulations at 24 CFR part 21 apply to ESG.

VIII. Sub-Recipient Policies and Procedures

- Each sub-recipients of CoC and ESG funds must also create agency level policies and procedures to include, but not limited to:
- Admission criteria (program eligibility, required documentation, use of CES)
- Shelter stay (length of stay; involuntary family separation; case management and other services; meeting safety and shelter needs of special population; assessing; prioritizing; and reassessing individuals' and families' needs for essential services related to emergency shelter, etc.)
- Additional requirements (use of HMIS; recordkeeping; coordination among other providers of services for homeless individuals and families, etc.)
- Discharge and termination procedures (required documentation; file closing; grievance procedures, etc.)
- Requirement for person with lived experience to serve on Board of Directors
- Policies and procedures should also address Nondiscrimination and Equal Opportunity Requirements, Fair Housing, Lead Based Paint Requirements, Lobbying and Disclosure requirements and Drug-free Workplace Requirements.

APPENDICES

Appendix 1: Hold

Appendix 2: Hold

Appendix 3: Coronavirus Relief Standards

The regular CoC Written Standards remain in effect during the period of relief and response to the COVID-19 pandemic. The following Coronavirus/COVID-19 relief standards constitute additional guidance and waivers enacted at the discretion of the BHC Board of Directors and should be used appropriately based upon funding specific requirements and waivers granted to the CoC and State of Florida Department of Families.

The CoC will decide on the priorities of ESG CV activities through provider input and an Request for Proposals (RFP) process. Submitted applications will only be accepted from agencies that meet eligibility for funding through the coalition as stated in the written standards. Projects must align with the most current edition of the ESG CV HUD notice.

The BHC (CoC FL-513) will allow funding under these eligible activities for ESG CV funds:

- Emergency shelter
- Homeless prevention
- Rapid rehousing
- Homeless Management Information System (HMIS) training

The BHC received \$535,000 in ESG-CV1 funds for SFY 2020-2021. Brevard County network provider agencies have a long history of utilizing ESG funds effectively to combat homelessness in our community. Each of the projects carried out by the ESG sub-recipients fulfills a critical need in our community and addresses critical goals and objectives in the BHC Strategic Plan.

Emergency Shelter

The BHC partners with multiple shelter providers presently receiving ESG funds. Shelter locations and units have been expanded to meet the need resulting from COVID-19 (20%).

Rapid Re-Housing (RRH) And Homeless Prevention (HP)

The BHC has taken a lead role in rallying all concerned parties in finding innovative short-term and long-term solutions to this problem where ESG RRH Grant funding is part, but not all, of the solution. This involves increased collaboration with elected officials, civic and corporate leaders, faith-based institutions, investors, builders and property managers.

Through the use of ESG-CV1 funds, the Brevard Homeless Coalition is expanding existing programs and partnerships with housing and social service providers throughout the county to ensure fast placement of individuals and families in safe, affordable housing. This innovative strategy focuses on the following areas to strengthen existing programs and further prevent homelessness as predicted by recent trends and analysis of data such as evictions filed with the county, calls for service assistance, requests for housing interventions, and increased need for outreach efforts:

- Focus on Homeless Prevention for those affected by COVID-19. This includes those affected by loss of employment and other economic conditions impacting the community, as well as those households that may have suffered a COVID-19 related illness (25% of ESG-CV1 funds)
- Focus on Rapid Rehousing for those who have found themselves newly homeless due to economic or financial impacts resulting from COVID-19 (25% of ESG-CV1 funds)
- Focus on Rapid Rehousing for chronically homeless families and individuals who are identified as high risk for COVID-19 and who require permanent safe housing as a preventative measure to contracting COVID-19 (20% of ESG-CV1 funds).

Homelessness Prevention funds are distributed between the five sub-provider agencies currently providing those services. Rapid Rehousing funds are administered through the Coordinated Housing Assessment Team (CHAT) process via BHC, with funds provided to each agency as they take on individual cases.

Homeless Management Information System (HMIS)

5% of the ESG-CV1 funds will be used to expand the capacity of HMIS in order to upgrade or enhance the HMIS as needed to incorporate ESG program data related to COVID-19.

Limits, Assistance and Guidelines

- The BHC has established \$18,000 as the maximum RRH assistance to be provided to any one household. This includes any combination of rental and utility assistance and other allowable financial assistance for any 12 months during a 24-month period.
- Rental assistance for eligible households are paid directly to the housing provider for 1 to 12 months over the course of a 24-month period.
- Utility payments for gas, electric, water and sewage bills are paid directly to the utility providers and are not to exceed 12 months of payments per participant over the course of a 24-month period.

Specific Grants and programs may modify these limitations.

For budgeting purposes, the following are average* costs per household that should be used:

- Rental Assistance of \$1,200 (average cost of rental assistance will be based on the HUD FMR and may fluctuate)
- Utility Assistance of \$300

Policies and Procedures for ESG CV Funds

- ESG CV clients will be referred through the Coordinated Entry (CE) system using the CE prioritization based on HUD requirements to receive services within the activities above approved by the CoC.
- CE prioritization will align with the current CDC guidelines to refer clients that have an increased risk of severe illness when contracting COVID-19.
- CE requirements are to include more vulnerable populations (low/no income, elderly, disabled, chronic health conditions, long term histories of homelessness, minorities, etc.) ensuring these are low-barrier CE requirements.
- ESG CV clients will be referred according to our Housing First philosophy to case managers with no service participation requirements such as employment, substance abuse counseling, etc.
- UWSV HSNSV will provide access to services within the communities affected by COVID-19 by outreach targeted in areas around the CoC to ensure equity-based principles for all clients.
- ESG CV clients that need Rapid Rehousing assistance will be referred according to the ESG CV prioritization through our CE process:
 - Households fleeing domestic violence, dating violence, sexual assault, stalking or human trafficking will be referred to the domestic violence shelters and referred appropriately to programs for assistance.
 - Hotel stays are only for client receiving rapid rehousing until stable housing is secured.
 - Case managers will assist in obtaining and maintaining housing for homeless clients for up to 12 months. No participation requirements for ESG CV RR clients to remain housed utilizing funds.

- Clients receiving Homeless Prevention assistance, will be prioritized through our CE process:
 - Households fleeing domestic violence, dating violence, sexual assault, stalking or human trafficking will be referred to the domestic violence shelters and referred appropriately to programs for assistance.
 - HP CV Clients must provide proof of income (if applicable to ensure 50% AMI), rental agreements and an eviction notice to receive HP CV funds. UWSV's effective and efficient plan for preventing homelessness include a wide range of targeted assistance.
 - Prioritization based on vulnerabilities and history of homelessness when referring these clients to CV HP programs as indicated in our ESG CV HP CE process.
 - Initial diversion discussions with clients to help identify resources outside of ESG CV HP funds will occur. This process will allow programs to serve households that are closest to homelessness.
 - Targeted outreach will be conducted in areas that have been affected by Covid-19 to ensure equity for services.

Clients fleeing domestic violence seeking emergency shelter/temporary shelter assistance will be referred to the ESG ES standards for domestic violence protocols. When domestic violence shelters are unable to accommodate participants due to the current CDC guidelines for shelters, their emergency shelter/temporary funds will be utilized for temporary hotel stays with the understanding these funds end on June 30, 2021. These residents will be referred to coordinated entry for assessment.

Emergency shelter/temporary sheltering will be utilized to provide hotel stays due to lack of low-barrier emergency shelters in our CoC. These clients will be referred through the coordinated entry process and be referred to case managers to provide temporary emergency sheltering through local hotels only through the emergency shelter/temporary shelter component through ESG CV while awaiting stable housing.

All clients assisted with ESG CV funds will be referred to community resources as needed according to the ESG protocols.

Clients seeking assistance will be access by coordinated entry and referred to the appropriate program. Clients in rapid rehousing will receive assistance for housing with no participation requirements or barriers as our COC has a Housing First philosophy. Homeless prevention clients will be evaluated with the guidelines for ESG homeless prevention program but at 50% AMI for eligibility. Both RRH and HP clients will be reassessed as required by ESG. Clients that have increased income from program entry, can be expected to start paying percentages set by case managers progressively to help achieve self-sustaining housing stability in permanent housing. Clients receiving RRH and HP assistance for 12 months will be exited from the program. If it is determined that a client needs further assistance, that determination will be made by the case manager presenting the case to supervisors for assessment.

These ESG CV funds are to address plans to prevent, prepare and respond to COVID-19 as our community needs dictate. Our CoC is committed to work with our community to address needs should they arise.