



# **CONTRA COSTA COUNTY CONTINUUM OF CARE**

## **SYSTEMWIDE WRITTEN STANDARDS FOR PROVIDING HOUSING AND SUPPORTIVE ASSISTANCE IN CONTRA COSTA COUNTY**

*Adopted by the Contra Costa Council on Homelessness – May 4, 2023*

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## INTRODUCTION

### PURPOSE

The HEARTH Act requires the Contra Costa County Continuum of Care to have written standards that govern the provision of assistance to individuals and families. While agencies that receive Emergency Solutions Grant (ESG) or Continuum of Care (CoC) funding are required to abide by these written standards per the terms of their funding, Contra Costa requires that CoC participating providers also adhere to these requirements as applicable by project type to ensure a high and equitable standard of care throughout the Continuum of Care. Agency and program procedure should reflect the policy and procedures described in this document. The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain services and housing. Programs that receive ESG or CoC funding or other funding administered by Contra Costa Health Services, the CoC lead agency, will be monitored for compliance to these written standards, unless otherwise specified in a contract agreement. Programs that do not receive either of these sources of funding will be monitored to compliance to these standards as well. Recipients and sub-recipients of CoC Program, ESG, and other funds may develop additional standards for administering program assistance, but these additional standards may not be in conflict with those established in the CoC and ESG Standards.

The CoC and ESG Standards are not intended to be in lieu of or in place of the [CoC Program Interim Rule](#), which focuses on regulatory implementation of the CoC Program, but are intended to clarify local decisions regarding program administration. All Department of Housing and Urban Development (HUD)-funded providers must follow the regulations found in the CoC Program Interim Rule in their entirety.

As the CoC Lead Agency, Contra Costa Health Services - Health, Housing and Homeless Services Division (H3) is responsible for ensuring these standards remain up to date and aligned with federal, state, and local regulations and best practices, and the interests of the CoC. All written standards will be reviewed and approved by the CoC's governing body, the Council on Homelessness, before implementation and enforcement.

### PROGRAM OVERVIEWS: EMERGENCY SOLUTIONS GRANTS AND CONTINUUM OF CARE

**Emergency Solutions Grants (ESG) Program:** This federal program provides funds for a variety of activities to address homelessness as authorized under the HEARTH Act and State program requirements. The program is designed to respond to crisis and provide emergency assistance to prevent homelessness and enable homeless households to move toward independent living. The goals of this funding are to help improve the quality of existing emergency shelters for the homeless, make additional shelters available, meet the costs of operating these facilities, rapidly rehouse homeless individuals and families, provide essential services to them, and to prevent homelessness. ESG projects will be required to assist people in moving to permanent housing and reduce the time spent in shelters and on the streets. The California Department of Housing and Community Development administers the program with funding from the U.S Department of Housing and Urban Development (HUD).

**Continuum of Care (CoC) Program:** This program is funded by HUD and is designed to promote communitywide commitment to the goal of ending homelessness. The CoC Program also funds efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and

communities by homelessness; promotes access to and effect utilization of mainstream programs by homeless individuals and families; and optimizes self-sufficiency among individuals and families experiencing homelessness. In Contra Costa County, the CoC Program funds are currently used to support various Permanent Supportive Housing and Rapid Rehousing projects, as well as system infrastructure initiatives such as planning, Coordinated Entry, and Homeless Management Information Systems.

**CONTRA COSTA COC VALUES AND PRINCIPLES**

The Contra Costa CoC believes everyone should have a home. We are committed to ending homelessness for all persons experiencing homelessness today in our community and are proactively working to ensure that any future housing crisis is uncommon, brief, and nonrecurring. The Contra Costa CoC has three principles that guide the work of the CoC: Equity, Transparency and Data Informed Decision Making.

- **Equity** - The CoC is constantly engaging in the cyclical process of learning, implementing, evaluating and improving our practices, policies, procedures, communications, valuations, decision making and engagement to ensure an individual’s racial, ethnic or other identity markers do not determine how they fare in our system. Systems and practices must also be designed in a way that respects, affirms, and responds to the cultural beliefs, practices, and needs of diverse clients.
- **Transparency** - The CoC values transparency and works to regularly communicate information about activities, funding and data across multiple platforms to all stakeholders.
- **Data Informed Decision Making** - The CoC establishes a data culture to ensure the CoC is committed to high data quality throughout the entire system of care to make sure there is reliable data to use in decision making. Data will be used to make decisions about the CoC.

**HOW POLICIES WERE DEVELOPED**

The Contra Costa CoC and ESG Standards were developed in partnership with H3, Homebase, the Council on Homelessness, and community stakeholders. The goal is to update this document on an annual basis. Updates will be tracked in the chart below.

**Revision History**

Date	Description
06/06/2019	Adoption of first modern written standards with deep involvement from the Oversight Committee
XX/XX/2023	Adoption of written standards to reflect: <ul style="list-style-type: none"> <li>• CoC newly approved Program Models and Performance Standards</li> <li>• CoC newly approved Complaint Policy</li> <li>• Updates to CoC Transfer Policy</li> <li>• Updates to include current language changes regarding terms used for people with lived experience of homelessness and equity</li> </ul>

## HOW TO USE THIS DOCUMENT

The Contra Costa CoC and ESG Standards are the main guiding document for the CoC. They should be used with other CoC Policies and Procedures including, but not limited to, the following:

- **CoC Program Models and Performance Standards:** <https://cchealth.org/h3/coc/pdf/Program-Models.pdf>
- **HMIS Governance Charter and HMIS Policies and Procedures:** <https://cchealth.org/h3/coc/pdf/HMIS-Policies-and-Procedures.pdf>
- **Coordinated Entry Policies and Procedures:** <https://cchealth.org/h3/coc/pdf/CES-P-and-P.pdf>
- **CoC Complaint Process:** <https://cchealth.org/h3/coc/pdf/Complaint-Form-Process.pdf>
- **Housing Security Fund Policies and Procedures:** <https://cchealth.org/h3/coc/pdf/HSF-P-and-P.pdf>

All of these documents can be used a reference to understand requirements, best practices, values and expectations of the Contra Costa CoC.

The document is broken out into three main sections: System Level CoC Standards and Requirements, Agency Level Policies and Program Level Policies. System level standards and requirements include values and requirements the CoC as a system is responsible for ensuring. Agency Level Policies and Procedures describe best practices, requirements, and expectations that agencies who are participating in the CoC are required to do. Finally, Program level policies describe program specific requirements, best practices and expectations for each program that is provided in the CoC.

Providers must ensure programs conform to applicable eligibility and other requirements established by federal and state rules. Those requirements may include, but are not limited to: the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (42 USC 11302); the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program Interim Rule, 24 CFR Part 578; CoC Final Rule Defining “Homeless”; CoC Final Rule Defining “Chronically Homeless”; federal ESG regulations and definitions, including CFR 576.1 et seq., 24 CFR 576.400 et. seq; Notice on Coordinated Entry, CPD 17-01; Notice on Order of Priority in CoC Program-Funded Permanent Supportive Housing Beds, CPD 16-11; Final Rule: Violence Against Women Reauthorization Act 2013 – Implementation in HUD Housing Programs (24 CFR 200 et. seq) (VAWA); Final Rule on Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs (24 CFR Part 5), and other regulations set forth governing eligible use of CoC and ESG funds. Where not specifically set forth below, those regulations are incorporated by reference into these written standards.

## KEY TERMS, ROLES AND DEFINITIONS

### KEY TERMS AND DEFINITIONS

The following are key definitions contained in this document. A list of acronyms can be found in Appendix 7.

- A. **At Risk of Homelessness** – According to [HUD](#), an individual or family who:
  - a. Has an annual income below 30% of median family income for the area; AND

- b. Does 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 the “homeless” definition; AND
- c. Meets one of the following conditions:
  - i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
  - ii. Is living in the home of another because of economic hardship; OR
  - iii. 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; OR
  - iv. 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; OR
  - v. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
  - vi. Is exiting a publicly funded institution or system of care; OR  
Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the Contra Costa Consortium Consolidated Plan (Con Plan).

**B. Chronically Homeless-**

- a. Lives in a place not meant for human habitation, a safe haven<sup>1</sup>, or in an emergency shelter; and
- b. Has been homeless and living as described in (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

**C. Continuum of Care (CoC):** The Contra Costa County Continuum of Care carries out the responsibilities required under HUD regulations, set forth at [24 CFR 578 – Continuum of Care Program](#). The CoC is comprised of a broad group of stakeholders dedicated to ending and preventing homelessness in Contra Costa County. CoC membership is open to all interested parties and includes representatives from organizations within Contra Costa County. The over-arching CoC responsibility is to ensure community-wide implementation of efforts to end homelessness and ensuring programmatic and systemic effectiveness of the local Continuum of Care program.

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<sup>1</sup> HUD will not fund any new safe haven projects under the CoC Program. However, HUD will continue to renew funding for an existing safe haven project as long as they meet certain requirements highlighted in this fact sheet: [https://files.hudexchange.info/resources/documents/SafeHavenFactSheet\\_CoCProgram.pdf](https://files.hudexchange.info/resources/documents/SafeHavenFactSheet_CoCProgram.pdf)

- D. **Continuum of Care (CoC) Program:** Program that provides funding for the following program types: Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, Supportive Services Only (including Coordinated Entry), HMIS, and Planning. There are four categories of participant eligibility: (1) Literally Homeless, (2) Imminent Risk of Homelessness, (3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence. The Contra Costa County Continuum of Care elects to serve categories 1, 2, and 4 due to the shortage of resources for those priority populations and excessive demand.
- E. **Coordinated Entry System (CES):** The centralized and coordinated process to ensure that homeless individuals and families in Contra Costa County, and those at risk of homelessness, receive the best services to meet their housing needs. CES includes a coordinated process where participants can easily access housing or services through a standardized intake, assessment, prioritization, and referral and matching process.
- F. **Disability- having one or more of the following:**
- a. Physical, mental or emotional impairment including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
    - i. Is expected to be long-continuing or of indefinite duration; and
    - ii. Substantially impedes the person’s ability to live independently; and
    - iii. Could be improved by more suitable housing.
  - b. Developmental disability
    - i. Defined in Section 102 of the [Developmental Disability Assistance and Bill of Rights Act](#) of 2000.
  - c. HIV/AIDS
- G. **Emergency Solutions Grant (ESG) Program:** Program that provides funding for Rapid Rehousing, Homeless Prevention, Street Outreach, HMIS, and Emergency Shelter. To receive ESG Rapid Rehousing (ESG-RRH) assistance, an individual or family must demonstrate at initial evaluation that it is Literally Homeless (aka Category 1). To receive ESG Homeless Prevention (ESG-HP) assistance, an individual or family must demonstrate at initial evaluation that it meets the criteria under the “at risk of homelessness” definition C.F.R. § 576.2, or meets the criteria for one of the following categories: (2) Imminent Risk of Homelessness, (3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence; AND has an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help a participant regain stability in the participant's current permanent housing or move into other permanent housing and achieve stability in that housing. In order to gain access to ESG Emergency Shelter (ESG-ES) services, individuals or families must meet the HUD definition of homeless under Category 1, 2, or 4.
- H. **Homeless Management Information System (HMIS):** A local information system designated by the Continuum of Care in order to collect, track, and report uniform information on participant needs and services and enhance community-wide service planning and delivery. HMIS is administered by H3 and its operations and use is governed by Contra Costa’s HMIS Governance/Policies & Procedures.
- I. **Homelessness:**



- a. **Category 1: Literally Homeless-** Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
  - ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
  - iii. Is exiting an institution where the individual has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
  
- b. **Category 2: Imminent Risk of Homelessness-** Individual or family who will imminently lose their primary nighttime residence, provided that:
  - i. Residence will be lost within 14 days of the date of application for homeless assistance;
  - ii. No subsequent residence has been identified; and
  - iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing.
  
- c. **Category 3: Homeless under other Federal statutes:** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition but who:
  - i. Are defined as homeless under the other listed federal statutes;
  - ii. Have not had a lease, ownership interest or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
  - iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
  - iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers.
  
- d. **Category 4: Fleeing/Attempting to Flee DV:** Any individual or family who:
  - i. Is fleeing, or is attempting to flee, domestic violence;
  - ii. Has no other residence; and
  - iii. Lacks the resources or support networks to obtain other permanent housing
  
- J. **Housing First:** An approach to quickly and successfully connecting individuals and families experiencing homeless to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to

maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.<sup>2</sup>

- K. **Survivor of Domestic Violence:** Anyone who has experienced, or is fleeing, domestic violence, dating violence, sexual assault, stalking, or human trafficking
  
- L. **Victim Service Provider:** A private nonprofit organization or tribal organization or rape crisis center, including a State or tribal coalition, that assists or advocates for victims of domestic violence, dating violence, sexual assault, or stalking victims, including domestic violence shelters, faith-based organization, and other organizations with a documented history of effective work concerning domestic violence, dating violence sexual assault, or stalking. This term includes permanent housing providers—including rapid re-housing, domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs.

**ROLES**

The following chart identifies the key entities in the CoC and defines the roles and expectations for each entity.

Entity	Definition
<b>CoC Lead</b>	H3 as the CoC Lead is responsible for working with the CoC Board, providers and stakeholders to ensure the system is continuing to operate to prevent and end homelessness.
<b>HMIS Lead</b>	H3 as the HMIS Lead is responsible for operating and maintaining the Contra Costa HMIS. Additional information on the role of the HMIS Lead can be found in the <a href="#">HMIS Policies and Procedures</a> .
<b>Collaborative Applicant and Administrative Entity</b>	<p>H3 is designated as the Collaborative Applicant and Administrative Entity for the Contra Costa CoC. The responsibilities of H3 as the Collaborative Applicant and Administrative Entity includes:</p> <ul style="list-style-type: none"> <li>• Apply for and administer program funds for the CoC;</li> <li>• Apply for HUD CoC planning funds on behalf of the CoC;</li> <li>• Submit the consolidated application for HUD CoC funds;</li> <li>• Develop a governance charter with the CoC; and</li> <li>• Is designated by the Council on Homelessness to assist the Council and CoC to comply with State and Federal CoC program regulations.</li> </ul>
<b>Council on Homelessness</b>	The governing body of the Contra Costa Continuum of Care, serving as an Advisory Body to the Contra Costa County Board of Supervisors.
<b>Participating Agencies</b>	Providers or other organizations providing housing and services within the Contra Costa County homeless system of care and participating in CoC activities

<sup>2</sup> U.S. Department of Housing and Urban Development. Housing First in Permanent Supportive Housing. Retrieved from: <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

	like monthly Council on Homelessness meetings, Point-In-Time Count canvassing, and CoC trainings.
<b>Other Service Providers Named as Formal Partners of the CoC</b>	There are other services providers offering housing and supportive services to people experiencing or at risk of homelessness in the Contra Costa homeless system of care. These providers may receive funding from sources other than HUD. To the extent that these programs participate in the CoC’s HMIS, those programs may offer a wide variety of project types for individuals or families who are: Literally Homeless, Imminent Risk of Homelessness, and Literally Homeless or at Imminent Risk and Fleeing/Attempting to Flee Domestic Violence. Providers who are partners of the CoC and are not participating in HMIS or receive funding through ESG, CoC or from H3 are strongly encouraged to abide by these written standards to ensure consistency and equity across all providers in the Contra Costa system of care. These standards will be taken into consideration when a provider would like to partner with the Contra Costa CoC.
<b>Participant</b>	Individual or household that is enrolled in a CoC- or ESG-funded program captured in HMIS or program otherwise formally identified as a CoC service provider partner.
<b>Persons with Lived Experience (or Expertise) of Homelessness</b>	Individuals who are currently experiencing or have previously experienced homelessness.

## PROGRAM MODELS

### PURPOSE

The purpose of defining and publishing standardized program models is to enable the CoC and H3 to:

- Create consistent parameters for contracting scopes
- Establish clear performance expectations, measures, and benchmarks
- Improve consistency, clarity, and coordination in service delivery within and between models
- Improve the quality of service and outcomes for people experiencing or at-risk of homelessness
- Increase accountability and transparency within the homelessness response system

The following seven intervention models were adopted by the Council on Homelessness in 2022 after several months of community engagement, including a public comment period, a survey of stakeholders, and multiple public meetings with contractors and community members to collect feedback and answer questions. The descriptions below include only the intervention model purpose. To view the Program Models in full – including eligible population, prioritization, required elements, best practices, access, operating hours, and other guidance – please visit: <https://cchealth.org/h3/coc/pdf/Program-Models.pdf>

### PERMANENT SUPPORTIVE HOUSING

**Purpose:** Permanently house the Continuum of Care’s most vulnerable individuals and families with long histories of homelessness by providing permanently subsidized housing and trauma-informed supportive services to ensure housing retention and improved quality of life for participants.

### RAPID REHOUSING

**Purpose:** Permanently house vulnerable individuals and families who are unsheltered, with long histories of homelessness and severe service needs by providing housing location and move-in assistance, medium-term subsidy of rents that taper down over time, and trauma informed supportive services in the mold of Critical Time Intervention, which seeks to connect participants with community supports that will help sustain their housing after the program ends its support.

### RAPID EXIT

**Purpose:** To assist those who are literally homeless to exit the homeless services system to temporary or permanent housing (can be independent or with family/friends), using housing problem solving and one-time financial assistance if needed.

### EMERGENCY SHELTER

**Purpose:** To provide Trauma-Informed, safe interim housing for people experiencing literal homelessness while supporting their access to permanent housing opportunities through Housing Problem Solving, which includes assisting residents to secure benefits and income and obtain the documents needed for ESG or CoC PH program enrollment, such as verification of homelessness, and if applicable, chronic homelessness and/or disability, as well as the documents that are likely to be required by a landlord (i.e., government issued photo ID and proof of income).

### CARE CENTERS

**Purpose:** To serve as a Coordinated Entry access point for people experiencing unsheltered homelessness by providing a safe, accessible place for people to access basic needs such as showers, laundry, mail, meals, hygiene kits, information, and referral, and for a limited subset of participants—housing focused case management. As a CE access point, CARE Centers and CARE Center Case Management also conduct intakes and enrollments into the CES program, triage tools and the Housing Needs Assessment (VI-SPDAT) and refers to the Community Queue.

### OUTREACH

**Purpose:** To serve as a Coordinated Entry access point to connect people experiencing unsheltered homelessness to the system of care, address their immediate health and safety needs, and assist them to move indoors. CORE teams are mobile and go where clients are, providing food, hygiene kits, blankets, rain gear and information and referral. As a CE access point, CORE outreach also conducts intakes and enrollments into the CES program, Triage Tools, and the Housing Needs Assessment (VISPDAT) and refers to the Community Queue in the field.

### PREVENTION/DIVERSION

**Purpose:** To keep people from experiencing literal homelessness for the first time or returning to it after being permanently housed.

## REQUIREMENTS

The requirements and expectations in this section are to describe system-wide standards for providers, partners, leadership and participants of the CoC. All of the information described below are practices that the system is required to do. The CoC will provide the resources to CoC participating agencies in order to comply with these system-level requirements. CoC participating agencies and providers are expected to follow the requirements listed below.

### COORDINATED ENTRY SYSTEM (CES)

The Contra Costa Coordinated Entry System (CES) was created to centralize and coordinate the homeless services provided by the County and community-based organizations. Coordinated Entry is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry system covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. The purpose of a Coordinated Entry System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized. Implementing Coordinated Entry is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). Specific requirements for the Coordinated Entry System can be found in the Contra Costa Coordinated Entry System Policies and Procedures.

### HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

The purpose and mission of the Homeless Management Information System of the Contra Costa County Continuum of Care is to serve as a central database to collect, track, analyze and report uniform client and activity data regarding the provision of shelter, housing, and services to individuals and families experiencing homelessness and at risk of homelessness within the Contra Costa CoC region. The long-term vision of HMIS is to enhance Partner Agencies' collaboration, service delivery and data collection capabilities. Accurate information will put The Continuum in a better position to request funding from various sources and improve planning efforts for future needs for the Contra Costa homeless system of care through evidence-based decision making. A fundamental goal of Contra Costa County HMIS is to understand the trajectory of how clients are moving through the homeless system of care from access and enrollment to referral and housing. Data regarding clients' trajectory through the system can help identify patterns in utilization of services, effectiveness of services, and inform any gaps or process improvement points in the system. In addition, HMIS also documents the demographics of homelessness in Contra Costa County according to the U.S. Department of Housing and Urban Development (HUD) HMIS Standards. Demographic data is important in identifying the trends in the population of individuals and families experiencing homelessness to ensure individuals of different racial and ethnic backgrounds, age, gender, household size, and other subpopulations have access to and receive services within the CoC in a fair and equitable manner. Data that is gathered in HMIS will be used to complete required local, state, and federal reporting requirements, including HUD Annual Progress Reports. HMIS data may also be analyzed to provide unduplicated counts and anonymous aggregate data to funders, policy makers, service providers, advocates, and clients and the public upon request.

HMIS utilizes a web-enabled application residing on a central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members who meet the necessary

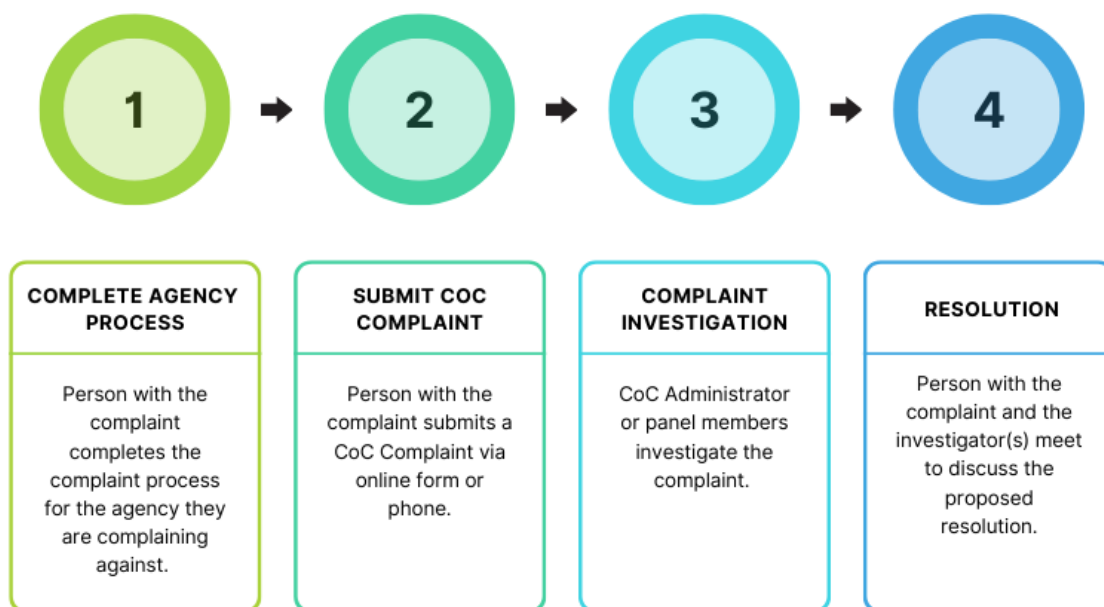
training and security requirements. Additional information on the requirements of the Contra Costa CoC HMIS can be found in the Contra Costa CoC HMIS Policies and Procedures.

## CO C COMPLAINT PROCESS

### Overview

The Contra Costa Continuum of Care (CoC) has a process in place for handling complaints made by individuals against participating CoC-funded programs, the Coordinated Entry System (CES) or the Homeless Management Information System (HMIS). Complaints may be filed against the following entities and their staff: CoC-funded programs providing housing or services to individuals experiencing homelessness; CES; or HMIS. A complaint is defined as a formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the CoC, including all CoC-funded programs, CES, or HMIS. A complainant can be a participant or their representative.

## Contra Costa CoC Complaint Review Process



To view the CoC Complaint Process in full – including internal agency complaint policy and procedure requirements, recordkeeping and accountability, retaliation policy, and complaint form – please visit: <https://cchealth.org/h3/coc/pdf/Complaint-Form-Process.pdf>

## PRACTICES FOR SERVING COC PARTICIPANTS

### REPRESENTATION: PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS

The CoC Program interim rule states that each recipient and subrecipient must have at least one person with lived experience on the board of directors or equivalent policymaking entity and must involve such individuals through employment. Specifically, at 24 CFR 578.75(g):

(g) Participation of homeless individuals.

(1) Each recipient and subrecipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

(2) Each recipient and subrecipient of assistance under this part must, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

## HOUSING FIRST

The Contra Costa County Continuum of Care has adopted a Housing First approach to be implemented and used in all participating programs, including in CoC and ESG programs. Housing First is an approach where persons experiencing homelessness are provided immediate access to housing and then offered the supportive services that may be needed to foster long-term stability and prevent a return to homelessness. This approach removes unnecessarily barriers and assumes that supportive services are more effective in addressing needs when the individual or family is housed. The Housing First approach is characterized by the following practices:

1. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
2. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
3. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
4. Participant choice in the services and housing that meets their needs, within practical and funding limitations;
5. Connecting participants to appropriate support and services available in the community that foster long-term housing stability;
6. Offering financial assistance and supportive services in a manner which offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis by either ending homelessness, or avoiding an immediate return to literal homelessness or the imminent risk of literal homelessness. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing; and
7. Any other practices promoted or required by HUD.

## **EQUITY**

Equity is a Contra Costa CoC system principle. Addressing equity in homelessness requires an ongoing commitment to identify and address disproportionate needs, outcomes, and causes, including structural racism, and increase equitable access to housing and services. The end goal is for full and equal access to opportunities, power, and resources so that all people in Contra Costa County may achieve their full potential.

All programs must comply with the California Fair Employment and Housing Act (FEHA) which provides legal protection based on sexual orientation, gender identify and gender expression, marital status, medical condition, ancestry, source of income, age, genetic information, arbitrary discrimination.

All CoC- and ESG-funded programs must also comply with applicable civil rights laws, including the nondiscrimination and equal opportunity requirements in the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act. Further, in providing services and outreach activities related to such services, all programs within the CoC will not discriminate against a program participant or prospective program participant on the basis of race, color, citizenship, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, status as a survivor of domestic violence, or other reasons prohibited by law.

#### AFFIRMATIVELY FURTHERING FAIR HOUSING OUTREACH

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- A. All programs will practice outreach to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability as detailed in 24 CFR 578.93(c) and employ additional efforts to establish effective communication with persons with disabilities and persons with limited English proficiency, working cooperatively with the Coordinated Entry System Manager.
- B. This outreach will consist of affirmative marketing of the program's housing opportunities and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities.
- C. If programs encounter a condition or action that impedes fair housing choice for current or prospective program participants, programs will provide such information to the CoC Board. Programs will also provide participants with information on rights and remedies available under applicable federal, state and local fair housing and civil rights laws.

#### EQUAL ACCESS

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All CoC- and ESG-funded programs must provide equal access to housing, services, and accommodations in accordance with [24 CFR 5.105\(a\)](#). A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by HUD shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

CoC programs may exclude families without minor children if the project was funded solely to serve families with children. However, the project must serve all types of families with children that are otherwise eligible for assistance, including families with children headed by a single adult or consisting of multiple adults (with at least one child) who reside together.

CoC Programs may serve a single sex only if the project: 1) serves adults only (no minors), and 2) has a physical configuration such that privacy is a concern, specifically shared bathing areas or shared sleeping areas. Agency program policies and procedures must be updated to reflect these policies. Equal Access policies must be shared with program participants at intake.



## REASONABLE ACCOMMODATION

The Fair Housing Act requires owners of housing facilities to provide reasonable accommodations to persons with disabilities. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, or procedure that allow a person with a disability to have equal enjoyment of the housing program. There must be an identifiable relationship between the requested accommodation and the person's disability. Reasonable accommodations need not be provided if they would constitute an undue financial and/or administrative burden, or if they would be a fundamental alteration of the provider's program. When a person with a disability believes that they have been subjected to a discriminatory housing practice, including a provider's wrongful denial of a request for reasonable accommodation, they may file a complaint with the CoC or [HUD's Office of Fair Housing and Equal Opportunity](#).<sup>3</sup>

## SYSTEM REQUIREMENTS

The information provided in this section describes requirements by the Contra Costa CoC that all CoC participating providers are expected to follow.

## ONBOARDING

Agencies who become a CoC participating provider are required to follow the CoC Onboarding process outlined below.

- A. **Introduction and Orientation** – The agency with the new project will be referred to the CoC Lead. The CoC lead will facilitate an introduction and orientation to the Contra Costa CoC.
- B. **Project Onboarding Meeting** – CoC Lead, CE, HMIS Lead staff and staff from the agency will meet to discuss the project and identify appropriate next steps. If it is determined this project needs to be set up with Coordinated Entry and in HMIS, the agency will be required to complete the HMIS application which will be reviewed internally by the HMIS Lead, CoC Lead and CE staff.
- C. **Project Set Up and Workflow with CE & HMIS** – A new project will work with HMIS Lead staff and CE staff to identify details for the project set up in HMIS. The agency will be required to complete a [new project set up form](#) to complete this process. The document will be reviewed with the provider and will be used to identify and clarify the project structure and components and the connection to CE. The CoC will coordinate this process and facilitate as needed.
  - a. HMIS lead will coordinate with the provider and CES team to finalize the HMIS project build out; organize the provider HMIS training and any necessary TA; and will notify the CoC Lead once TA and project build out are complete. The agency will be responsible for completing the MOU, HMIS training, and process for obtaining license.
  - b. CE staff will coordinate a meeting with the provider to identify CE coordination points and conduct the CE training which will include information on how the provider and project will request and receive referrals; participate in housing placement committee meetings; and participation in provider meetings.
- D. **Introduction to Community and Follow Up** –

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<sup>3</sup> U.S. Department of Housing and Urban Development. Reasonable Accommodations and Modifications. Retrieved from: [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/reasonable\\_accommodations\\_and\\_modifications#\\_E\\_xamples\\_1](https://www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications#_E_xamples_1)

- a. The CoC Lead and HMIS Lead will facilitate introduction of the new provider and project at the HMIS Policy Committee meeting and other appropriate meetings so the community can be introduced to the new agency.
- b. Once completed the staff will follow up with the provider to make sure things are going well; answer outstanding questions; and gather feedback on the onboarding process.

## TRAINING REQUIREMENTS

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CoC participating providers are expected to attend the annual trainings provided by the CoC. Regular annual trainings are listed below. Content may change to reflect changes in compliance requirements or current practice. Providers are expected to attend and participate in any additional trainings that the CoC Lead determines mandatory based on changes in local, federal or state requirements.

- **Housing First** – an overview of the Housing First approach, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers.
- **Fair Housing and Equal Access** – an overview on how providers can effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2)–Equal Access to HUD-Assisted or HUD-Insured Housing; Covers how to effectively address discrimination based on any protected class under the Fair Housing Act.
- **Connecting Clients to Mainstream Benefits** – Information regarding projects to supplement CoC program funds with resources from other public and private funding sources, including mainstream programs that assist participants in apply for and receiving mainstream benefits including but not limited to food assistance, SSI, TANF, and substance use.
- **Increasing Employment** - An overview on how to connect program participants and people experiencing homelessness with education and job training opportunities; how to facilitate information and formal employment opportunities and how to facilitate volunteer opportunities.
- **Trauma Informed Care** – An overview of adoption of principles and practices that promote a culture of safety, empowerment, and healing. A trauma-informed approach reflects adherence to six key principles: 1) Safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, voice, and choice, and 6) cultural, historical, and gender issues.
- **Motivational Interviewing** – An overview of evidence-based practices focused on exploring and resolving ambivalence and centering on motivational processes within the individual that can facilitate change.
- **Harm Reduction** – An overview of an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

In addition, CoC participating providers are expected to have client-facing staff complete the following trainings to protect the health and safety of staff and CoC participants.

- Mandated Reporter
- CPR

- NARCAN administration
- HIPAA and Confidentiality

## MONITORING

Contra Costa County receives funding from the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and is thus responsible for monitoring to operate and oversee programs serving homeless individuals and families in Contra Costa County. As such, H3 monitors subrecipients of its CoC funds annually to ensure compliance with HUD regulations and to evaluate and ensure compliance with regulatory requirements. In addition, the County is the Collaborative Applicant for the CoC. The CoC is required to monitor compliance and performance of all CoC/ESG-funded projects annually, as well as assess program performance and effectiveness.

The CoC Interim Regulations (24 CFR § 578.7(a)) mandate that the Continuum of Care do the following:

- A. Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers; and
- B. Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD.

The CoC is committed to implementing a regular monitoring process to:

- Improve system performance by identifying barriers to effective program performance;
- Increase knowledge and capacity among CoC-funded agencies regarding CoC compliance and financial management;
- Help agencies prepare for audits or monitoring from HUD; and
- Identify opportunities and gaps for additional technical assistance trainings or one-on-one meetings regarding areas of compliance impacting multiple agencies.

The monitoring process generally involves three phases: document review, virtual site visits, and report drafting. A monitoring checklist that reflects HUD's common monitoring categories is used to include the following categories:

- Organizational Policies and Procedures
- Project Policies and Procedures
- Financial Monitoring
- Client Files

## AGENCY LEVEL: POLICIES AND PROCEDURES

This information described in this section represents what agencies and agency staff are required to do. The information below describes the requirement and how agencies are expected to meet each requirement.

## PARTICIPATION IN COORDINATED ENTRY

The CoC has established a Coordinated Entry System in compliance with ESG regulations, 25 CCR 8409; HUD Coordinated Entry Notices CPD-17-01 and CPD-16-11; VAWA Reauthorization Act of 2013; and the CoC Program Interim Rule, 24 CFR Part 578. All CoC- and ESG-funded programs are required to

participate in this system. All referrals to CoC- and ESG-funded programs, including screening for program eligibility and prioritization, occur according to Contra Costa County CoC's Coordinated Entry System protocols. All programs that are not funded by CoC or ESG are highly encouraged to participate in the Coordinated Entry System. If a program chooses to participate, they will be required to adhere to the Contra Costa County CoC's Coordinated Entry System protocols detailed in the CES Policies and Procedures.

### PARTICIPATION IN HMIS

- A. All CoC- and ESG-funded projects must ensure that data on all persons served and all activities provided under these federally funded programs are entered into HMIS, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS. Victim service providers may use a comparable database, independent from HMIS.
- B. Data associated with anyone who is fleeing or suffering from any form of domestic violence – including dating violence, stalking, trafficking, sexual assault, or youth with a perceived threat of violence due to their gender or sexual orientation-must receive additional safeguards. As required by the Violence Against Women Act (VAWA), Victim service providers and providers that receive funds from the Family Violence Prevention and Services Act (FVSPSA), Office for Victims of Crime (OVC), or Office on Violence Against Women (OVW) and use those funds agency-wide cannot use HMIS to collect data from survivors of domestic violence to protect this subpopulation's privacy and to ensure safety. Instead, victim service providers must use an HMIS compatible database maintained by trained users. This HMIS compatible database must meet all HMIS HUD requirements.
- C. Programs should additionally adhere to requirements outlined in Contra Costa County's CoC-HMIS Governance Charter, Policies & Procedures.

### DOMESTIC VIOLENCE/PRIVACY POLICIES

Per HUD and Violence Against Women Act (VAWA) guidelines, policies around the specific needs of those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking are maintained. In addition to access to services, including shelter and hotline support, designed specifically for survivors of domestic violence and trafficking, the CoC maintains an emergency transfer policy as outlined in the Written Standards.

### EMERGENCY TRANSFERS

An Emergency Transfer Plan provides for emergency transfers for survivors of domestic violence receiving rental assistance or residing in units subsidized under a covered housing program (including CoC- and ESG- funded programs).

#### A. **Emergency Transfer Plan**

A client qualifies for an emergency transfer if:

1. The client is a survivor of domestic violence, dating violence, sexual assault or stalking;
2. The client expressly requests the transfer; *and*
3. Either:
  - a. The client reasonably believes there is a threat of imminent harm from further violence if the client remains in the same dwelling unit; or

- b. If the client is a survivor of sexual assault, the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

**B. Emergency Transfer Process**

A client may submit an emergency transfer request directly to program staff. The program must communicate with the Coordinated Entry System Manager to inform them that an emergency transfer request has been made and whether the request is for an internal transfer (a transfer where the client would not be categorized as a new applicant), external transfer, or both. A client may seek an internal and external emergency transfer at the same time if a safe unit is not immediately available. The program will take reasonable steps to support them in securing a new safe unit as soon as possible and a transfer may not be necessary.

Programs will ensure strict confidentiality measures are in place to prevent disclosure of the location of the client's new unit to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the client.

Where a family separates as part of the emergency transfer, the family member(s) receiving the emergency transfer will retain the rental assistance when possible. The program will work with the CoC and the household to support an effective transfer in situations where the program is not a good fit for the family member(s) receiving the emergency transfer.

**C. Internal Transfer**

Where the client requests an internal emergency transfer, the program should take steps to immediately transfer the client to a safe unit if a unit is available. Requests for internal emergency transfers should receive at least the same priority as the program provides to other types of transfer requests.

If a safe unit is not immediately available, program staff will inform the client that a unit is not immediately available and explain the options to:

1. Wait for a safe unit to become available for an internal transfer,
2. Request an external emergency transfer, and/or
3. Pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.

**D. External Transfer**

If a client requests an external emergency transfer, the client has priority over all other applicants for CoC-funded housing assistance, provided the household meets all eligibility criteria required by HUD and the program. After the agency communicates the client's emergency transfer request to the Coordinated Entry System Manager, they will facilitate referral of the participant to the next available appropriate unit through the Coordinated Entry System. The household retains their original homeless status for purposes of the transfer.

**E. Documentation and Record Keeping**

To request an emergency transfer, the client should submit a written request to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the client is requesting an emergency transfer. No other documentation is required.

Programs must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD annually.

### SYSTEM PERFORMANCE MEASURE POLICIES

It is the responsibility of all programs participating in the CoC to create and implement policies and procedures that support high achievement in HUD System Performance Measures. The CoC Program Models and Performance Standards outline service expectations including connecting participants to mainstream resources available for which they may qualify (e.g., Food Stamps, SSI, TANF, substance abuse programs), Reducing barriers to program enrollment, and ensuring timely response to Coordinated Entry.

### EDUCATION POLICIES

Consistent with the CoC Program Interim Rule 24 CFR §578.23, all CoC and ESG programs, programs in HMIS, receiving funding from H3 or other service providers participating in the Continuum of Care assisting families with children or unaccompanied youth must:

- A. Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.
- B. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures.
- C. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
- D. Allow parents or the youth (if unaccompanied) to make decisions about school placement.
- E. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school.
- F. Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
- G. Designate staff that will be responsible for:
  - 1. Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to.
  - 2. Coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons, and other mainstream providers as needed.
- H. In order to ensure compliance and to assist providers in meeting these requirements, the CoC will provide training on these issues annually and will include these in the funding competition review and ranking process.

### FAMILY ADMISSION/SEPARATION POLICIES

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- A. Consistent with the CoC Program Interim Rule §578.93, neither CoC nor ESG program-funded projects may involuntarily separate families: The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds. The gender and marital status of a parent or parents may also not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds.
- B. The CoC will work closely with providers to ensure that placement efforts are coordinated to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs.
- C. Any participant that believes that they or a family member has experienced involuntary separation may report the issue to the CoC. The CoC will investigate the claim and take appropriate remedial action.
- D. Programs not funded through CoC or ESG funding are strongly encouraged to follow the policies stated here to ensure consistent protocol throughout the Continuum of Care.

### HOUSING FOR SPECIFIC SUBPOPULATIONS

All CoC-funded programs may exclusively serve a particular homeless subpopulation if the housing addresses a need identified by the Continuum of Care for the geographic area and meets one of the following:

- A. The housing may be limited to one sex where such housing consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex;
- B. The housing may be limited to a specific subpopulation, so long as admission does not discriminate against any protected class under federal non-discrimination laws in 24 CFR 5.105 (e.g., the housing may be limited to homeless veterans, victims of domestic violence and their children, or chronically homeless persons and families).
- C. The housing may be limited to families with children.
- D. If the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the housing.
- E. If the housing is assisted with funds under a federal program that is limited by federal statute or Executive Order to a specific subpopulation, the housing may be limited to that sub-population (e.g., housing also assisted with funding from the Housing Opportunities for Persons with AIDS program under 24 CFR part 574 may be limited to persons with acquired immunodeficiency syndrome or related diseases).
- F. Programs may limit admission to or provide a preference for the housing to subpopulations of homeless persons and families who need the specialized supportive services that are provided in the housing (e.g., substance abuse addiction treatment, domestic violence services, or a high intensity package designed to meet the needs of hard-to-reach homeless persons). While the housing may offer services for a particular type of disability, no otherwise eligible individuals with disabilities or families including an individual with a disability, who may benefit from the services provided may be excluded on the grounds that they do not have a particular disability.

For ESG-funded Rapid Rehousing and Homelessness prevention activities, no subpopulation targeting will be permitted except if documentation of all of the following is provided to the California Department of Housing and Community Development prior to the award of funds for these activities: (1) that there is an unmet need for these activities for the subpopulation proposed for targeting, and (2) that there is existing funding in the Continuum of Care Service Area for programs that address the needs of the excluded populations for these activities.

#### PROGRAMS SERVING ONLY HOUSEHOLDS WITH CHILDREN

While it is acceptable for a program to limit assistance to households with children, it may not limit assistance to only women with children. The program must also serve the following family types, should they present, in order to be in compliance with the Equal Access rule:

- i. Single male head of household with minor child(ren); and
- ii. Any household made up of two or more adults, regardless of sexual orientation, marital status, or gender identity, presenting with minor child(ren).

In this example, the program would not be required to serve families composed of only adult members and could deny access to these types of families provided that all adult-only families are treated equally, regardless of sexual orientation, marital status, or gender identity.

#### PARTICIPANT ELIGIBILITY AND DOCUMENTATION

##### A. Literally Homeless

**Eligibility should be documented in the following manner (in order of preference):**

- i. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
- ii. Written observation by an outreach worker; or
- iii. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.

##### B. Imminent Risk of Homelessness

**Eligibility should be documented in the following manner (in order of preference):**

- i. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
- ii. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
- iii. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and
- iv. Certification that no subsequent residence has been identified; and
- v. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

##### C. Homeless Under Other Federal Statute (Not applicable in the Contra Costa County Continuum of Care)

##### D. Fleeing/Attempting to Flee Domestic Violence (DV)



**Eligibility should be documented in the following manner (in order of preference):**

**For victim service providers:**

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

**For non-victim service providers:**

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

E. Chronically Homeless

**Homeless eligibility should be documented in the following manner (in order of preference):**

- iv. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
- v. Written observation by an outreach worker; or
- vi. Certification by the individual or head of household seeking assistance stating that they were living on the streets or in shelter.

If the provider is using anything other than a Third-Party Verification, the case file must include documentation of due diligence to obtain third party verification.

**Disability eligibility should be documented in the following manner:**

- i. Disability documentation must be third-party and must be documented by:
  - a. A professional licensed by the state to diagnose and treat that condition; or
  - b. Social Security Administration (SSA) for persons receiving disability benefits.
- ii. Intake staff observations
  - a. Only acceptable in the absence of third-party verification and must be confirmed and accompanied by written third-party verification no later than 45 days from initial intake.
- iii. Oral third-party and self-certification are not appropriate for documenting disability.

**PROGRAM INTAKE**

**A. Distribution of Written Program Rules and Process for the Termination of Assistance**

At intake (prior to the provision of financial assistance), all programs must ensure participants receive a written copy of program rules and the process for terminating assistance. To the greatest extent possible, documents should be available in other foreign languages and provided in the participant's language. Evidence of this should be preserved in the participant's file.

**B. Required Violence Against Women Act (VAWA) Notifications for Participants**

Programs responsible for the administration and/or oversight of VAWA protections (see “Covered housing provider” in [24 CFR 5.2005](#)) must provide each individual or family applying for CoC or ESG assistance the Notice of Occupancy Rights and the Certification Form described in [24 CFR 5.2005](#) at each of the following times:

1. When an individual or family is denied assistance;
2. When a program participant is admitted to a program;
3. When a program participant receives notification of eviction; and
4. When a program participant is notified of termination of assistance.

Evidence of this should be preserved in the participant’s file. When HUD grant funds are used for rental assistance, the program must ensure that the owner or manager of the housing provides the Notice of Occupancy Rights and Certification Form to the participant with any notification of eviction.

## PRIORITIZATION

The Contra Costa County Continuum of Care prioritizes individuals and families, including victims of domestic violence, as follows:

### A. Orders of Priority (HUD Notice CPD 16-11)

The Contra Costa County CoC has adopted the order of priority described in Notice CPD 16-11.

#### **Order Of Priority In Permanent Supportive Housing Beds Dedicated Or Prioritized For Occupancy By Persons Experiencing Chronic Homelessness**

1. The Contra Costa County CoC adopts the recommended order of priority established in Notice CPD 16-11 to ensure that those persons experiencing chronic homelessness with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens, and with the most severe service needs are given first priority in PSH beds dedicated or prioritized for occupants by persons experiencing chronic homelessness. A chronically homeless individual or head of household must meet the definition stated in the Definition of Chronically Homeless final rule (see Participant Eligibility and Documentation Requirements section above).
2. A standardized Coordinated Entry assessment tool will be used by all providers with a focus on length of time homeless and severity of the individual’s or family’s service needs to establish priority. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs will be given priority. Housing match and placement will be conducted in accordance with these established priorities and facilitated through the Coordinated Entry system.
3. Where there are no chronically homeless individuals and families within the CoC’s geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority for non-prioritized, non-dedicated beds described below.

#### **Order of Priority in Permanent Supportive Housing Beds Not Dedicated Or Prioritized For Persons Experiencing Chronic Homelessness**

1. **FIRST PRIORITY:** Homeless Individuals and Families with a Disability with a Long Period of Episodic Homelessness and Severe Service Needs.  
An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
2. **SECOND PRIORITY:** Homeless Individuals and Families with a Disability with Severe Service Needs.  
An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
3. **THIRD PRIORITY:** Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelters without Severe Service Needs.  
An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
4. **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 currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

B. Orders of Priority for ESG-Funded Activities

The Contra Costa County CoC adopts the recommended order of priority established in 25 CCR 8409 for ESG-funded activities. The CoC will prioritize access to assistance for people with the most urgent and severe needs, including, but not limited to, survivors of domestic violence. ESG-funded activities shall seek to prioritize people who:

1. Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
2. Have experienced the longest amount of time homeless;

## CONTRA COSTA WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

3. Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and
4. For homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

For a full description of prioritization and matching within the Coordinated Entry System, please see the Coordinated Entry System Policies and Procedures here: <https://cchealth.org/h3/coc/pdf/CES-P-and-P.pdf>

### RELOCATION DUE TO PROGRAM CLOSURE

- A. In the event that a program ceases business operations, the program should contact the local HUD field office. These entities should work together to develop a plan for transitioning the participants to other permanent housing. HUD expects that programs that are closing, in partnership with the CoC, will take a client-centered, proactive approach to ensure consistency of appropriate housing for program participants after the program closes. Programs that are not funded by HUD should contact the CoC Lead Agency to notify of the closing. These entities will work together to develop a plan for transitioning the participants to other permanent housing.
- B. Program participants that are receiving assistance through programs such as the Emergency Solutions Grants (ESG) Program, the Continuum of Care (CoC) Program, the Supportive Services for Veterans Families (SSVF) Program, or the Veterans Homelessness Prevention Demonstration Program (VHPD) maintain their homeless status for the purpose of eligibility for other permanent housing programs, such as HUD-VASH and CoC-funded permanent supportive housing (so long as they meet any other additional eligibility criteria for these programs). Program participants only maintain their homeless status during the time period that they are receiving the rapid re-housing assistance.

### POLICIES AND PROCEDURES

All CoC- and ESG-funded programs will establish and maintain standard operating procedures that adhere to CoC and ESG requirements, including but not limited to recordkeeping, as outlined in 24 CFR §§ 578.103 and 576.500 respectively. Programs that do not receive CoC and ESG funding to establish and maintain standard operating procedures that adhere to these written standards to ensure an equitable standard of care throughout the Continuum of Care.

### RECORDKEEPING REQUIREMENTS

1. All records pertaining to CoC funds will be retained for 5 years from the expenditure of the grant, or, in the case of documentation of each program participant's eligibility and other program participant records, for 5 years after the expenditure of all funds from the grant under which the program participant was served. 24 CFR 578.103(c)(1-3). Records required include the following, according to 24 CFR 578.103(a):
  - i. Verification of Homeless Status

## CONTRA COSTA WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

- ii. Verification of Chronic Homeless Status (if applicable)
  - iii. Annual Income Verification and Rent Contribution Calculation for Participants receiving Housing Assistance
  - iv. Program Participant Records
  - v. Signed Occupancy Agreements or Leases
  - vi. Notice of Occupancy Rights and Certification Forms required by VAWA
  - vii. Housing Quality Standards Checklist
  - viii. Services Provided
  - ix. Other records required by HUD or individual programs
2. ESG Programs will maintain additional documentation to demonstrate:
    - i. The program participant met with a case manager at least once per month. 24 CFR 576.401(e)(1-2) and 24 CFR 576.500(f).
    - ii. The program used a plan to assist the program participant to retain permanent housing after the ESG assistance ends, 24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f).
    - iii. Programs made efforts to assist each program participant to obtain mainstream or other resources as needed. 24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f).
    - iv. Rental Assistance Agreements were entered into with each owner before providing the owner with rental assistance payments. 24 CFR 576.106(e), 24 CFR 576.500(h), 24 CFR 576.106(f).
  3. HUD may monitor projects as long as records are maintained. 24 CFR 578.103(d)(1). All client files are available for HUD monitoring, and will be reviewed during CoC monitoring visits at least once per fiscal year.

### PARTICIPATION TERMINATION AND APPEALS POLICY

If a participant violates program requirements or no longer meets minimum eligibility requirements for assistance, the program may terminate assistance. Program policies and procedures must outline the termination and appeals process. These policies and procedures must be given to the participant at program entry and at the time of termination.

- A. To terminate assistance, the minimum required formal process must consist of:
  1. A written notice to the participant containing a clear statement of the reasons for termination; and
  2. A review of the decision, in which the 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
  3. Prompt written notice of the final decision to the participant.
- B. Termination does not bar the program from providing further assistance at a later date to the same family or individual if they so wish.
- C. To file a complaint against an agency and staff providing housing of services to individuals experiencing homelessness in Contra Costa County, the Coordinated Entry System, or Homeless Information Management System, please refer to the CoC Complaint Process:  
<https://cchealth.org/h3/coc/pdf/Complaint-Form-Process.pdf>

## OTHER APPLICABLE LAWS

### DRUG-FREE WORKPLACE

All CoC- and ESG-funded programs will certify that they operate in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701, *et. seq.*) and HUD's implementing regulations at 2 CFR § 2429. All programs shall notify HUD about any employee's conviction for a criminal drug offense pursuant to HUD-50070. Programs that are not HUD funded are strongly encouraged to adopt a Drug Free Workplace policy.

### ANTI-LOBBYING

- A. All CoC- and ESG-funded programs are prohibited from using appropriated funds for lobbying the executive or legislative branches of the Federal Government in connection with a specific contract, grant, or loan.
- B. All CoC- and ESG-funded programs shall disclose, using Standard Form LLL (SFLLL), "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 contract, grant, or loans.
- C. As an applicant for future funds, programs shall submit the SFLLL if it has used or intends to use federal funds for lobbying activities.

### COMPLIANCE WITH SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968

Employment and other economic opportunities generated by federal financial assistance for housing and community development programs shall, to the greatest extent feasible, be directed toward low- and very low-income persons, particularly those who are recipients of government assistance for housing.

### SOLID WASTE DISPOSAL ACT

All CoC- and ESG-funded programs will comply with the requirements of Section 6002 of the Solid Waste Disposal Act as amended by the Resource Conservation and Recovery Act, in the procurement of certain items and services as follows. Programs will:







1. Procure items designated in guidelines of the EPA at 40 CFR part 247 that contain the highest percentage of recovered materials practical, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000;
2. Procure solid waste management services in a manner that maximizes energy and resource recovery; and  
Establish an affirmative procurement program for the procurement of recovered materials identified in the EPA guidelines. Programs who are not funded through CoC or ESG funds are strongly encouraged to follow the requirements in this section to ensure consistency throughout the Continuum of Care.

**NATIONAL ENVIRONMENTAL POLICY ACT (NEPA)**

**APPENDICES**

**APPENDIX 1: CHRONIC HOMELESS DOCUMENTATION CHECKLIST**

**Chronic Homelessness Definition**

<b>Recordkeeping Documentation Options Explained</b>			
<b>3<sup>rd</sup> Party Documentation</b>			
	<p>Documentation from HMIS/Comparable Database</p> <p><i>Records must show entries/exits at Shelters.</i></p> <p><i>An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.</i></p>	<p>Written observation by an outreach worker or Written referral by another housing or service provider</p>	<p>Documentation from Institutions like Hospitals, Correctional Facilities, etc.</p> <p><i>Must include records about stay the length of stay, signed by Clinician or other appropriate staff.</i></p>
<b>Self Certification</b>		<p>Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.</p> <p>Remember that for each Project:</p> <ul style="list-style-type: none"> <li>• 100% of households served can use self-certification for 3 months of their 12 months,</li> <li>• 75% of households served need to use 3<sup>rd</sup> Party documentation for 9 months of their 12 months, and</li> <li>• 25% of households served can use self-certification as documentation for any and all months.</li> </ul>	
<b>When do you need third party documentation?</b>			
<p> Preferred to record all occasions of homelessness to document Chronic Homelessness.</p> <p> Not necessary to record breaks in homelessness, these can be based on self reports.</p>			



**Chronic Homelessness Documentation Checklist**

*An individual is defined by HUD as “Chronically Homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).*

<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Number in Household:</b>	<b>Client Head of Household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part 1: Current Housing Status</b>	
<p><i>Client must currently be in one of these locations in order to be considered chronically homeless.</i></p> <p><b>Client is currently residing:</b></p> <p><input type="checkbox"/> In Emergency Shelter</p> <p><input type="checkbox"/> On the Streets/Place not Meant for Human Habitation</p> <p><input type="checkbox"/> In the Safe Haven</p> <p><input type="checkbox"/> In an Institutional Care Facility (Where they have been for fewer than 90 days)</p>	
<b>Start Date:</b> _____	<b>End Date:</b> _____
<b>Location Name/Address:</b>	
<b>Current Housing Status Notes:</b>	
<b>Chronic Homelessness Documentation Checklist - Page 1 of 4 (Not including Attachments)</b>	

Part 2: Housing History													
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Mo./Yr.													
Location	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Break Mo./Yr. & Descr. or N/A	Break 1: Break 2: Break 3: If there are additional breaks please detail and attach.												
Notes													
Self-Cert. Check	Does the documentation include more than 3 Months of Self-Certifications? * <input type="checkbox"/> Yes <input type="checkbox"/> No * Please be advised that if you answered YES, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. <b>Please check with you project administrator to ensure your project has not exceeded its self-certification cap.</b>												
Key	Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description												
<b>Chronic Homelessness Documentation Checklist - Page 2 of 4 (Not including Attachments)</b>													

### Part 3: Disability Status

*The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that*

- *Is expected to be long-continuing or of indefinite duration;*
  - *Substantially impedes the individual's ability to live independently;*
  - *Could be improved by the provision of more suitable housing conditions; and*
  - *Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*
- *Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*
- *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.*

The head of household has been diagnosed with one or more of the following (check all that apply):

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- Other:

Documentation Attached:

- Written verification of the disability from a licensed professional;
- Written verification from the Social Security Administration;
- The receipt of a disability check; or
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

**Disability Notes:**

**Part 3: Disability Status**

*The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that*

- *Is expected to be long-continuing or of indefinite duration;*
  - *Substantially impedes the individual's ability to live independently;*
  - *Could be improved by the provision of more suitable housing conditions; and*
  - *Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*
- *Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*
- *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.*

**Chronic Homelessness Documentation Checklist - Page 3 of 4 (Not including Attachments)**

**Part 4: Staff and Client Certifications**

**Client Certification:**

*To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify \_\_\_\_\_ of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.*

**Client Name: (Printed)**

**Client Signature:**

**Date:**

**Staff Certification:**

*To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.*

**Staff Name: (Printed)**

**Staff Signature:**

**Date:**

**Staff Role:**

**Agency:**



**Notes:**

**Chronic Homelessness Documentation Checklist - Page 4 of 4 (Not including Attachments)**



APPENDIX 2: DISABILITY CERTIFICATION

1. Name of Client: \_\_\_\_\_

The above named individual is a client of the \_\_\_\_\_ program. As required by the US Department of Housing and Urban Development (HUD), we must verify the following self-reported disabilities before entering this information into the Homeless Management Information System: Mental health issues, chronic health conditions, physical/medical conditions, developmental disabilities. A disability as defined by HUD is as follows:

- (1) a disability as defined in Section 223 of the Social Security Act;
- (2) a physical, mental, or emotional impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
- (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
- (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; OR
- (5) a diagnosable substance abuse disorder.

Other Definitions:

- *Mental Health Problem* – a mental health condition that is expected to be of long-continued and indefinite duration and may substantially impede a client’s ability to live independently. A mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.
- *Chronic Health Condition* - a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.
- *Physical/Medical* -a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
- *Developmental* - a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

2. Please indicate the type of disability that is being verified (you may check more than one) and sign below to certify that the individual meets HUD’s definition of said disability. Certification must be signed by a qualified licensed professional.

- Mental Health Problem: \_\_\_\_\_
- Physical/Medical: \_\_\_\_\_
- Chronic Health Condition: \_\_\_\_\_
- Developmental \_\_\_\_\_

_____ <i>Signature 1</i>	_____ <i>Date</i>	_____ <i>License No and License Type</i>
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_____ <i>Signature 2</i>	_____ <i>Date</i>	_____ <i>License No and License Type</i>
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**APPENDIX 3: REQUEST FOR REASONABLE ACCOMMODATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

The following member of my household has a disability. “Disability” is defined as having a physical or mental impairment that substantially limits one or more major activities, a record of having such an impairment, or being regarded as having such an impairment.

Name of Person with Disability \_\_\_\_\_

As a result of the disability, the person listed above requires the following change(s) be made to the existing residence:

- A modification to the residence or a modification to the housing complex. Describe the change requested:
  
- A change to a rule, policy or procedure. Describe the change requested:

The reasonable accommodation is needed so that the person with the disability can:

To verify the disability and need for accommodation, you may contact the following person:

Name and Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I give \_\_\_\_\_ permission to contact the above individual for purposes of verifying that I or a household member has a disability and requires the reasonable accommodation described above. I understand that the information you obtain will be kept completely confidential and used solely to determine necessity for reasonable accommodation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

## APPENDIX 4: REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES

Applicant/Tenant Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

I have a disability. I am submitting this request because my application was rejected, I received a lease violation or I received an eviction notice due to circumstances resulting from my disability.

1. Describe why you believe the problem was a result of the disability.
2. Describe why the problem is not likely to happen again.
  - The following circumstances have changed.
  - A request for reasonable accommodation has been approved. (Describe the accommodation or attach a request form.)

3. To verify the disability, you may contact the following person:

Name and Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

4. To verify that the problem is not likely to reoccur, you may contact the following person:

Name and Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

5. To verify that the reasonable accommodation request is necessary and likely to solve the problem, you may contact the following person:

Name and Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

I give \_\_\_\_\_ permission to contact the above individuals for purposes of verifying the information described on this form. I understand that the information you obtain will be kept completely confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_





**APPENDIX 5: VERIFICATION OF MITIGATING CIRCUMSTANCES**

In signing this form, I verify the following information regarding the individual:

Name \_\_\_\_\_

- The individual was denied services, received a lease violation or an eviction notice due to circumstances resulting from a disability. Describe the reason one or more of these occurred.
  
- The problem is not likely to reoccur because of the following changes. Describe the changes and explain your reasoning.
  
- The problem is not likely to reoccur if the individual is provided the following reasonable accommodation. Describe the reasonable accommodation and explain your reasoning.

Name and Title \_\_\_\_\_

Relationship to Named Individual \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



## APPENDIX 6: COVID-19 PANDEMIC RESPONSE

### Overview

The Contra Costa CoC and ESG Standards serve as the CoC's written standards for providing assistance in accordance with the CoC Program Interim Rule and the ESG Program Interim Rule. This addendum temporarily expands the written standards to include standards that provides guidance to projects in the CoC to respond to the COVID-19 pandemic. This document provides information on guidance and modifications to existing policies and procedures.

This document will be updated as needed and will be approved by the Council on Homelessness.

### Nature of Emergency

On March 4, 2020, Governor Newsom declared a state of emergency due to the COVID-19 pandemic. Coronavirus (COVID-19) is an illness caused by a virus that can be spread from one individual to another. Individuals can become infected by coming into close contact with another individual who has COVID-19. Some individuals are more vulnerable to contracting COVID-19 because of their age or an underlying medical condition. Federal, state and local requirements on cleaning, social distancing, use of PPE, and other requirements relevant to homeless service providers were put into place to protect the health and safety of clients and staff and to reduce the spread of COVID-19. The state and local COVID-19 State of Emergency ends on February 28, 2023.

### Applicability and Implementation

On September 1, 2020 HUD released Notice CPD-20-08, Waivers and Alternative Requirements for the Emergency Solutions Grant (ESG) Program under the CARES Act. In addition, HUD has released a number of memos announcing waivers for certain CPD programs to respond to the COVID-19 pandemic. The interim policies and procedures described in this document are applicable to all projects operating within the Contra Costa Continuum of Care.

### COC recommendations for all project types

#### Waivers and Guidance issued by HUD

HUD issued a series of waivers and continues to issue guidance for CoC, ESG and other federally funded programs that may conflict with the CoC and ESG Standards.

- March 31, 2020 memo "Availability of Waivers of Community Planning and Development (CPD) Grant Program and Consolidated Plan Requirements to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Caused by COVID-19"
- May 22, 2020
- September
- December
- March 31, 2021

If a project chooses to utilize any of the waivers or other guidance issued by HUD in response to the COVID-19 pandemic, the provision of that waiver will supersede the Contra Costa CoC and ESG standards for the duration of the applicable waiver or guidance. Providers must keep documentation of



## CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

utilization of these waivers that includes the date the provider informed the CPD Director for the Regional Office, waiver the provider anticipates using, the process for determining when usage of each waiver is necessary, and documentation and recordkeeping standards for usage of each waiver.

### **Waivers and Requirements for the Emergency Solutions Grants (ESG) Program Under the CARES Act**

On September 1, 2020 HUD issued Notice CPD-20-08 that announced the allocation formula, amounts, and requirements for the additional \$3.96 billion in funding provided for the Emergency Solutions Grants (ESG) Program under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

CES Process

COVID screening

It is recommended that providers screen clients during the pandemic to

HMIS Data Sharing

Project Length of Stay

### **Safety Guidelines**

Providers should follow guidelines from the CDC, HUD, CA Department of Public Health, and Contra Costa County Health Services. Providers should work with the CoC, local public health agency, and emergency management agencies to plan for, and respond to a public health crisis.

### **Resources**

Additional guidance has been released by the CDC, and state and local county health department and can be found at the links below. This guidance is continuously released. Providers in the Contra Costa CoC are to follow all federal, state and local applicable guidance.

#### **Centers for Disease Control and Prevention (CDC)**

- <https://www.coronavirus.gov/>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

#### **HUD Exchange (U.S. Department of Housing and Urban Development)**

- <https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-for-People-Experiencing-Homelessness.pdf>
- <https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Shelters.pdf>
- <https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Encampments.pdf>



# CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

## CA Department of Public Health

- <https://covid19.ca.gov/>
- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

## Contra Costa County Health Services

- <https://www.coronavirus.cchealth.org/>
- <https://www.coronavirus.cchealth.org/for-the-homeless>
- <https://cchealth.org/coronavirus/pdf/COVID-19-highrisk-guidance.pdf>
- <https://cchealth.org/healthcare-for-homeless/#Services>
- <https://cchealth.org/h3/>
- <https://cchealth.org/bhs/>



# CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

## APPENDIX 7: COMMONLY USED ACRONYMS

Acronym	Definition
APR	Annual Performance Report (for HUD homeless programs)
CARE	Coordinated Assessment and Resource
CCYCS	Contra Costa Youth Continuum of Services
CDBG, CDBG-CV	Community Development Block Grant (federal and state programs) and the federal Community Development Block Grant CARES Act coronavirus allocation.
CESH	California Emergency Solutions and Housing program (state funding)
Continuum of Care (CoC)	Continuum of Care approach to assistance to the homeless. Federal grant program promoting and funding permanent solutions to homelessness.
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG.
CORE	Coordinated Outreach Referral, Engagement program
COVID-19	Coronavirus
DOC	Department Operations Center
EHSD	(Contra Costa County) Employment and Human Services Division
EOC	Emergency Operations Center
ESG and ESG-CV	Emergency Solutions Grant (federal and state program) and the federal Emergency Solutions Grant CARES Act coronavirus allocation.
ESG-CV	Emergency Solutions Grant CARES
FMR	Fair Market Rent (maximum rent for Section 8 rental assistance/CoC grants)
HCD	Housing and Community Development (State office)
HEAP	Homeless Emergency Aid Program (State funding)
HEARTH	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009
HHAP	Homeless Housing and Assistance Program
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HUD	U.S. Department of Housing and Urban Development (federal)
MHSA	Mental Health Services Act
NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PUI	Persons Under Investigation
SAMHSA	Substance Abuse & Mental Health Services Administration
SRO	Single-Room Occupancy housing units
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TA	Technical Assistance
TAY	Transition Age Youth (usually ages 16-24)
VA	Veterans Affairs (U.S. Department of)
VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

Contra Costa County COVID-19 Resources:

Please see below for additional resources on COVID-19.



## CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

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Health Services COVID Data Dashboard- <https://www.coronavirus.cchealth.org/dashboard>

Health Services Homeless Specific Data Dashboard- <https://www.coronavirus.cchealth.org/homeless-dashboard>

Health Services COVID Updates- <https://www.coronavirus.cchealth.org/health-services-updates>

Health Services Homeless-Specific COVID Resources -<https://www.coronavirus.cchealth.org/for-the-homeless>