ROCKLAND COUNTY CONTINUUM OF CARE:

CONTINUUM OF CARE WRITTEN STANDARDS

Introduction and Background

The Continuum of Care (CoC) is responsible for establishing and consistently following written standards for administering assistance. Written standards provide guidance on how CoC- and ESG-funded homelessness assistance is provided within the community. All projects that receive ESG or CoC funding are required to abide by these written standards. that provide guidelines for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of the Rockland County Continuum of Care (RCCoC), the NY-606 CoC for Rockland County. Written Standards are based on HUD regulations for both the Emergency Solutions Grant (ESG), the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH ACT) and the Interim Rule that sets specific actionable regulations for the HEARTH Act.

The Continuum of Care Written Standards will:

- Assist with the coordination of service delivery across the geographic area
- Assist in assessing individuals and families consistently to determine program eligibility
- Assist in administering programs consistently and in compliance with both CoC and ESG Regulation
- Establish outcome performance measurements for all CoC components.
- Provide the basis for the monitoring of all CoC and ESG funded projects

The CoC and ESG may establish additional written standards based upon community needs and preferences, and these standards should be reviewed regularly to ensure they are:

1. Reflective of the resources within the geographic area,
2. Responsive to the needs of people experiencing homelessness within the geographic area, and
3. Compliant with HUD regulations, requirements, and notices.

These Written Standards have been developed in conjunction with ESG recipients, the CoC Collaborative Applicant and with service providers to allow for input on standards, performance measures and the process for full implementation of the standards throughout the CoC providing guidance to organizations that are directly providing homeless housing and services, Including Prevention, Outreach, Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Supportive Service Only (SSO).

The RCCoC written standards have been established to ensure that persons experiencing homelessness who receive CoC or ESG funded assistance follow the same standards of assistance and ensure access to program component types listed above and enable the CoC to prevent, reduce and combat homelessness.

Standards of Assistance for CoC and ESG Programs

The Written Standards include the Standard of Assistance for each project component type including

1. Explanation of the project component type
2. Eligibility criteria
3. Prioritization of households for assistance
4. Minimum standards of assistance
5. Client access
6. Performance standards and Measurable Outcomes

As a baseline, the RCCoC has adopted current minimum standards set by HUD for all CoC funded projects and has worked collaboratively with CoC and ESG recipients/subrecipients to ensure CoC and ESG recipients are compliant with HUD's regulations that govern both the CoC and ESG Programs.

Ongoing Review & Evaluation

The Written Standards will be reviewed and revised as needed at a minimum every 2 years. Revisions that would affect the Coordinated Entry process would be addressed first. CoC and ESG funded projects and agencies will agree to abide by the Written Standards as a condition of being considered for CoC or ESG funding.

Projects are assessed for compliance with the Written Standards through annual monitoring by the CoC. To guarantee the written standards are implemented comprehensively, project performance, HMIS data, Coordinated Entry tracking, as well as project participant and stakeholder input, will all be considered when evaluating the written standards for effectiveness. As noted in the RCCoC bylaws, ongoing review and evaluation will be completed at least every two years.

HUD and the CoC are committed to promoting equal access to CoC programs for homeless individuals and program participants regardless of their race or other protected status. Project applicants must certify that they will not engage in illegal racial discrimination consistent with the requirements of 2 CFR 200.300(a)

Accessing Assistance through CoC Coordinated Entry

The RCCoC projects are required to follow the CoC's *Coordinated Entry Policies and Procedures* when accepting households into CoC and ESG funded projects. The *Policies and Procedures* outline the standardized access, assessment, and referral process for housing and other services across agencies in a community. Coordinated Entry assesses the household's housing needs, preferences, and vulnerability.

Referring households to appropriate housing placements allows the household to achieve the highest level of self-sufficiency. The goal of Coordinated Entry is to link all Emergency Solutions Grant CoC funded, and non-CoC funded programs to best assess household needs to refer households to services; while ensuring there is no duplication of benefits between CoC and ESG funded projects.

HUD Required Fundamentals of Coordinated Entry

- Full coverage - The Coordinated Entry Process must cover the CoC's entire geographic area with access points that are accessible and well-advertised to the people living there
- Outreach - Any street outreach efforts must be linked to the Coordinated Entry Process
- Emergency Services - The Coordinated Entry Process must allow people experiencing a housing crisis to access emergency services with as few barriers as possible
- Standardized Access and Assessment - The Coordinated Entry Process must use the same assessment process at all access points.
- Marketing and Access - CoC's and recipients of HUD CoC and ESG Programs are required to market their housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach.
- Safety Planning - The CoC's access must ensure the safety of persons who are fleeing, or attempting to flee, domestic violence (as well as dating violence, sexual assault, trafficking, or stalking).
- Privacy-The Coordinated Entry Process must ensure adequate privacy protections are extended to and enforced for all participants from the first point of access, through assessment and prioritization, and after participants have been offered permanent housing and even exited CoC projects.

All CoC and ESG funded projects must use referrals only through a single prioritized list that is created through the CoC's Coordinated Entry process. The CoC's *Coordinated Entry Policies & Procedures* and process are in alignment with HUD guidance and notices, namely:

- 24 CFR Part 578 - *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program* (specifically: 578.3 and 578.7(a)(8))
- CPD-017-01- *Notice Establishing Additional Requirements for a Continuum of Care Centralized Coordinated Assessment System*

The CoC will refer to and implement guidance based on any subsequent notices that update or replace prior notices and guidance.

CoC Project Applicants must Certify affirmatively to the following:

- The project applicant will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a).
- The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.

This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

In Addition to the Written Standards of Assistance for each CoC and ESG Component type the following documents are included as addendums.

- Emergency Transfer Plan
- Move On Strategy

Order of Documentation Requirements

Per HUD regulations, recipients must have homeless documentation in the following order: (1) third-party documentation and (2) intake worker observations and (3) self-certification from the person seeking assistance, self-report.

The following further details documentation for each category:

(1) Third-Party Documentation
   a. HMIS/comparable database record, or
   b. Individual record of stay at emergency shelter, safe haven or from a street outreach contact, or
   c. Written observation by an outreach or intake worker of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living.
   d. Written observation by community member that has physically observed where the person or household was or is currently living (a written referral by another housing/service
   provider must also be included)

(2) Intake Worker Observation
   a. Written observation by outreach and/or intake worker of encounters with person/household (must include description of living conditions)
   b. Does not need to be notarized
   c. Intake worker must still document living situation of individual/head of household seeking assistance, and
   d. Intake worker must document all steps taken to higher order of priority evidence

(3) **Self-certification*** (written) by individual/head of household seeking assistance
   a. Does not need to be notarized
   b. MUST be signed by individual/head of household, and
   c. Intake worker must document all steps taken to higher order of priority options.

Chronic Homelessness Documentation for PSH projects:

(1) 100% of households can use self-certification for 3 months of their 12 months,
(2) 75% of households served need to use third-party documentation for 9 months of their 12 months,
(3) 25% of households served can use self-certification as documentation for any and all months.

For more information on required homeless documentation, please see 24 CFR 576.500 (ESG), 24 CFR 578.103 (CoC), and the Homeless Definition and Recordkeeping Sheet.

The Violence Against Women Act (VAWA) Update to HUD Definition of Homeless

VAWA was amended in October 2022. This amendment necessitates an update to HUD's definition of homeless:

- "For purposes of VAWA grants, VAWA 2022 revises the definition of "domestic violence" and adds the

definitions of "economic abuse" and "technological abuse." HUD interprets its current regulatory definitions of "domestic violence" and "stalking" to include what is covered in these revised and new statutory definitions. Therefore, you and other covered housing providers are advised to apply HUD's VAWA requirements in a manner consistent with the following definitions."

- **Economic Abuse-** The term 'economic abuse', in the context of domestic violence, dating violence, and abuse in later life, means behavior that is coercive, deceptive, or unreasonably controls or restrains a person's ability to acquire, use, or maintain economic resources to which they are entitled, including using coercion, fraud, or manipulation to—(A) restrict a person's access to money, assets, credit, or financial information; (B) unfairly use a person's personal economic resources, including money, assets, and credit, for one's own advantage; or (C) exert undue influence over a person's financial and economic behavior or decisions, including forcing default on joint or other financial obligations, exploiting powers of attorney, guardianship, or conservatorship, or failing or neglecting to act in the best interests of a person to whom one has a fiduciary duty.
- **Technological Abuse-** The term 'technological abuse' means an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence or stalking and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, extort, or monitor, except as otherwise permitted by law, another person, that occurs using any form of technology, including but not limited to: internet enabled devices, online spaces and platforms, computers, mobile devices, cameras and imaging programs, apps, location tracking devices, or communication technologies, or any other emerging technologies.

HUD must recognize as "homeless" families and individuals who meet the new statutory criteria as of October 1, 2022. ESG and CoC recipients may implement the new definition prior to HUD rulemaking, provided that ESG recipients and CoCs update their relevant written standards and policies as needed to reflect the new statutory criteria.

ESG Project Type Descriptions & Purpose

Projects funded with ESG funds will be expected to adhere to the following to be considered in good project standing and align with the standards:

- Adhere to all project requirements of ESG as stated in Title 24 of the Code of Federal Regulations, Part 576
- Collaborate with other homeless providers in the operation of the project
- Participate in training and coordination meetings
- Cooperate with related research and evaluation activities
- Prioritize referrals from homeless service providers within the CoC to the Coordinated Entry System
- Meet high standards of professionalism in implementing the project
- Conform to all fiscal accountability standards required by the federal governments (24 CFR, Part 84)

ESG Core Program Elements and Outcomes

Specific ESG objectives and outcomes are organized around **five core program components**:

1. Street Outreach

- Objective: Engage unsheltered homeless individuals and families living on the street, connecting them with emergency shelter, housing, or critical services.

2. Emergency Shelter

- Objective: Improve the number and quality of emergency shelters for homeless individuals and families, operate these facilities, and provide essential services to residents.

3. **Homelessness Prevention**
   - Objective: Prevent individuals and families from becoming homeless and provide assistance to those at risk of losing their housing.
4. **Rapid Re-Housing Assistance**
   - Objective: Quickly provide housing and services to homeless individuals and families so they can regain long-term housing stability.
5. **Homeless Management Information System (HMIS)**
   - Objective: Collect high-quality, unduplicated data on homelessness and the effectiveness of the local crisis response system.

Measurable Outcomes s Specific to ESG Funded Projects

- Increase housing stability
- Increase project participant income
- Increase the number of participants obtaining mainstream benefits
- Increase the number of individuals and families served by Rapid Rehousing

Project Requirements for All Component Types

The RCCoC has adopted current minimum standards set by HUD for all CoC funded projects, all projects that receive ESG, or CoC funding are required to abide by these Written Standards. Programs must follow RCCoC Standards of Assistance, Move-On Strategy, and Emergency Transfer Plan. The CoC strongly encourages projects that do not receive these sources of funds to accept and utilize these Written Standards as a best practice.

- Programs must have written policies and procedures and consistently apply them to all participants.
- Programs that serve households with children must comply with the following:
    - A staff person must be designated as the educational liaison that will ensure children are enrolled in school, connected to appropriate services in the community, including early childhood project such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
    - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter or transitional housing for families with children.
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), however all homeless programs are strongly encouraged to participate in HMIS and meet the minimum HMIS data quality standards. Agencies that are Victim Service Providers (VSPs) are prohibited from entering into HMIS and are required to enter into an HMIS Comparable Database if they are CoC- or ESG-funded.
- Programs must coordinate and collaborate with other service providers within the geographic area (such as housing, social services, employment, education and youth programs, etc.) to best serve program participants.
- Programs are required to participate in the Coordinated Entry System and use the prioritization criteria established in this document and the Coordinated Entry Policies and Procedures Manual
- Programs must keep documentation of homelessness on file (please see Order of Documentation requirements.
- Programs must keep documentation of amount, source and use of resources for each match contribution.
- Eligible Programs must annually complete the HMIS agency MOU with their agencies' HMIS service provider. Programs must keep documentation for all eligible costs charged to the grant.
- Eligibility requirements as defined by CoC and ESG funding are the standard for receiving assistance. Additional project requirements for eligibility cannot be grounds for rejection. Project participants can only be rejected when the eligibility criteria as defined by CoC and ESG regulations and noted in the Written Standards are not met, or when the project-specific eligibility criteria for a targeted population are not met (e.g., mental health program participants must have a mental health diagnosis).
- Each Program must have written policy and procedures that include a formal procedure for terminating assistance to a participant that abides by all project funding, state and federal regulations.

Written Standards by Project Component Type

The project types directly providing homeless housing and services included within the written standards and their location within the document are listed below.

Homelessness Prevention ..... pg. 9

Outreach pg.10

Support Services Only (SSO).....pg.12

Emergency Shelter (ES) pg.13

Transitional Housing (TH) ..... pg. 14

PH- Permanent Supportive Housing (PSH) ..... pg. 15

PH- Rapid Re-housing (RRH) ..... pg. 16

HOMELESSNESS PREVENTION - § 576.103

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the "homeless" definition in § 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the "at risk of homelessness" definition, or who meet the criteria in paragraph (2), (3), or (4) of the "homeless" definition in § 576.2 and have 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 assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short-term and medium-term rental assistance requirements in § 576.106

Emergency Shelter Grant Program (ESG) Entitlement Communities that receive a direct allocation from Federal Sources

Accessing Assistance

- The Coordinated Entry System screens potential participants for prevention services or housing assistance needs.
- Agencies providing prevention services are promoted through the CoC and referrals are made to agencies that have homeless prevention services.

Eligibility Criteria

- Participants must meet the HUD definition of homelessness or at risk of becoming homeless.
- Participants must have combined income below 30% Area Median Income (AMI)
- Participant lacks identifiable financial resources and/or support networks.

Short and Medium Term Rental Assistance - § 576.106

(a) General provisions. Subject to the general conditions under § 576.103 and § 576.104, **the recipient or subrecipient may provide a program participant with up to 24 months of rental assistance during any 3-year period.** This assistance may be short-term rental assistance, medium-term rental assistance, payment of rental arrears, or any combination of this assistance.
(1) Short-term rental assistance is assistance for up to 3 months of rent.
(2) Medium-term rental assistance is assistance for more than 3 months but not more than 24 months of rent.
(3) Payment of rental arrears consists of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.
(4) Rental assistance may be tenant-based or project-based, based upon funding and component type.

Subject to the requirements of this section, the CoC may set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, or a maximum number of times that a program participant may receive rental assistance. The CoC may also require program participants to share in the costs of rent.

Except for a one-time payment of rental arrears on the tenant's portion of the rental payment, rental assistance **cannot be provided to a program participant who is receiving tenant-based rental assistance, or living in a housing unit receiving project-based rental assistance or operating assistance, through other public sources**. Rental assistance may not be provided to a program participant who has been provided with replacement housing payments under the URA during the period of time covered by the URA payments.

Rent restrictions. (1) Rental assistance cannot be provided unless the rent does not exceed the Fair Market Rent established by HUD, as provided under 24 CFR part 888, and complies with HUD's standard of rent reasonableness, as established under 24 CFR 982.507.

Measurable System Performance Standard: Expected Outcomes

- Reduce the Number of Homeless Households Seeking Emergency Shelter
- At least 85% of households will be discharged into positive household outcomes.
- At least 70% of households will remain in stable housing six months after discharge.

OUTREACH

Street Outreach serves unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Services are provided to eligible participants residing in a place not meant for human habitation. Essential services of street outreach include engagement, case management, emergency health and mental health services, transportation, and services for special population.

Eligibility Criteria (CoC, ESG)

- Participants must meet the HUD definition of unsheltered homelessness.

Accessing Assistance (CoC, ESG)

- The Coordinated Entry System screens participants for housing assistance needs.

Standards *of Assistance (CoC, ESG)*

- Please note, due to the varied nature of Outreach projects that may function within the CoC, the official minimum standards of assistance are tailored to align with the specific purpose and regulations of the particular project.

Performance Standards: Expected Outcomes (CoC and ESG)

- Expansion in Homeless Outreach Services
- At least 10% more households will be served than the previous year.

SUPPORTIVE SERVICES PROJECTS

The supportive services only (SSO) project component allows for the prov1s10n of services to homeless households not residing in housing operated by the recipient of SSO funding. SSO projects provide services to persons experiencing homelessness who are not tied to specific housing units. Supportive services can include conducting outreach to sheltered and unsheltered homeless persons and families, link clients with housing or other necessary services, and provide ongoing support for whom the recipient or subrecipient is not providing housing or housing assistance. SSO includes street outreach.

CoC Funded SSO projects must be consistent with 24 CFR 578.37 and 578.53 including projects with the outreach service activity described at 24 CFR 578.53(e)(13) to individuals and families primarily residing in places not meant for human habitation and those in Emergency Shelter placements.

SSO- STREET OUTREACH

In addition to complying with the references above, CoC funded Street Outreach includes:

- Providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
- Providers should partner with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.

Eligibility Criteria

- Participants must meet the HUD definition of homelessness

Minimum Standards of Assistance

- Please note, due to the varied nature of SSO projects that may function within the CoC, the official minimum standards of assistance are tailored to align with the specific purpose and regulations of the particular project.

Performance Standards and Measurable Outcomes

- Please note, due to the varying nature of SSO projects that may function within the CoC, the official performance standards are tailored to align with the specific purpose of the particular project.

SSO – COORDINATED ENTRY

The Coordinated Entry System is an approach to coordination and management of housing and supportive services that allows users to connect people effectively and efficiently to interventions that will rapidly end their homelessness. All CoC and ESG funded projects must use referrals only through a single prioritized list that is created through the CoC's Coordinated Entry process. The CoC's *Coordinated Entry Policies & Procedures* and process are in alignment with HUD guidance and notices, namely:

- 24 CFR Part 578 - *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program* (specifically: 578.3 and 578.7(a)(8))
- CPD-017-01- *Notice Establishing Additional Requirements for a Continuum of Care Centralized Coordinated Assessment System.*

SSO- HOMELESS MANAGEMENT INFORMATION SYSTEM § 578.57

The Homeless Management Information System is a Support Services Only project funded with CoC and/or ESG funds. A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Minimum Standards

- Produce an unduplicated count of persons experiencing homelessness for the CoC.
- Describe the extent and nature of homelessness within the CoC
- Identify patterns of service use
- Measure program effectiveness through HUD required reports: Point in Time and Housing Inventory, Longitudinal System Analysis, and System Performance measures.

Performance Standards and Measurable Outcomes

- CoC has 85% or higher Bed coverage across all projects.
- No more than 5% error rate for all required fields.

EMERRGENCY SHELTERS

Emergency Shelter activities are designed to increase the quantity and quality of temporary shelters provided to homeless people, through the renovation of existing shelters or conversion of buildings to shelters, paying for the operating costs of shelters, and providing essential services._Essential services of emergency shelter includes case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

Eligibility Criteria

- Participants must meet the HUD definition of homelessness.

Standards of Assistance

- Provision of shelter, food, and personal care items.
- Assistance in transitioning to permanent housing destinations
- Assistance with increasing employment income and accessing mainstream benefits.

Accessing Assistance

- The Coordinated Entry System screens participants for housing assistance needs. Participant needs will be documented to support prioritization decisions and referrals to available housing vacancies, consistent with established CoC guidelines.
- The Coordinated Entry System facilitates connections for projects receiving Emergency Solutions Grants (ESG) and CoC funding, including Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and transitional housing (TH)..

Performance Standards: Expected Outcomes (ESG and CoC)

- Reduce Rates of Homelessness
- At least 30% of households will exit to permanent housing destinations.
- A minimum of 50% households average length of stay is less than 30 days.

TRANSITIONAL HOUSING PROGRAMS § 578.37(a)(2)

Transitional housing (TH) is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Eligibility Criteria

- Participants must meet the HUD definition of homelessness

Standards of Assistance

- 50% of program participants will exit TH within 24 months. Maximum length of assistance cannot exceed 24 months.
- Assistance in transitioning to permanent housing must be provided.
- Project participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.
- Provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 55 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3

Performance Standards and Measurable Outcomes

- 50% or more of all participants will exit to positive destinations.
- 50% or more of adult participants will exit with employment income.

PERMANENT HOUSING – Permanent Supportive Housing

Permanent housing (PH). Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services. PH includes Permanent supportive housing for persons with disabilities (PSH). PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.

Individuals or families who are likely to never be able to return to the workforce–over 55 years old, physically disabled, developmentally disabled–should be prioritized for Permanent Supportive Housing.

Eligibility Criteria

- Participants must meet the HUD definition of homelessness
- PSH can only provide assistance to individuals with disabilities and families in which at least one adult or child has a disability

Accessing Assistance

The Coordinated Entry System screens potential participants for permanent housing assistance eligibility.

Standards of Assistance

- There can be no predetermined length of stay for a PSH project
- Supportive services designed to meet the needs of the project participants must be made available to the project participants throughout the duration of stay in PSH
- Project participants in PSH must enter into a lease (or sublease) agreement for an initial term of at least one year that is renewable and is terminable only for cause. Leases (or subleases) must be renewable for a minimum term of one month

Performance Standards: Strategic Planning Objectives

- 80% or more of all participants will remain stable in PSH or exit to other positive destinations
- 20% or more of adult participants will have income from employment
- 20% or more of adult participants will increase income from employment at the time of annual assessment.

RAPID RE-HOUSING PROJECTS

The CoC is required to establish written standards of which RRH projects are required to follow. RRH projects coordinate with their CoC and participate in the process to determine written standards of assistance for all RRH projects within the CoC. This includes establishing standards for determining and prioritizing which households will receive RRH assistance, how income will be calculated, and determining what percentage or amount of rent that each RRH program participant will pay (§ 578.37(a)(1)(ii) (A-B)).

RRH programs must offer participants supportive services to help them achieve long-term housing stability. Program participants are required to meet with a case manager at least once a month and should have access to a broad array of additional services to help them maintain housing. In addition, services may be provided for up to 6 months after the rental assistance ends (§ 578.37(a)(1)(ii)(C-F)).

The CoC Program Interim Rule requires that RRH programs annually reevaluate whether program participants lack sufficient resources and support networks necessary to retain housing without CoC Program assistance, and the types and amounts of assistance that the program participant needs to retain housing. The program may also require that participants notify them of changes in their income or other circumstances that affect their need for assistance. If given such notice, the program should reevaluate the participant's eligibility and amount and types of assistance needed (§ 578.37(a)(1)(ii)(E)).

ESG

Accessing Assistance

The Coordinated Entry System screens potential participants for permanent housing assistance eligibility.

Eligibility Criteria

Participants must meet the HUD definition of homelessness.

Participant must be a resident.

Participant must be 30% or below Area Median Income (AMI)

Participant lacks identifiable financial resources and/or support networks.

Minimum Standards *of Assistance*

- Short Term Rental assistance is provided for a maximum of 3 months (not including arrear payments).
- Medium Term Rental assistance is provided for medium term (4-24 months) tenant-based rental assistance and supportive services to households experiencing homelessness.
- Rental Assistance is adjusted based upon increases in income.
- Case Management is provided at a minimum of once monthly while participants are receiving assistance
- After-Care Follow-up will occur a minimum of six months after discharge.

Performance Standards and Measurable Outcomes

- Reduce the Length of Homelessness for Homeless Households
- At least 70% of households served will have an increase **in** income or benefits.
- At least 70% of households served will have an increase **in** health and wellbeing activity participation consistent with New York State EO 190.

MOVE ON STRATEGY FOR RECOGNITION OF TENANT INDEPENDENCE

Rockland County Continuum of Care (RCCoC, the Continuum of Care for Rockland County) has created a Move On Strategy to transition households in Supportive Housing (including Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)) who have become self-sufficient and no longer require intensive services or housing subsidies to afford housing. This strategy is broken into Phase I and Phase II and sets out the actions RCCoC will take to ensure the community has suitable long-term, affordable housing options for tenants ready to move on, and that tenants have the skills and are empowered to make this decision. The fundamental goal of the Move On Strategy is to promote the highest levels of self-sufficiency and independence and choice for tenants, as well as to create flow in supportive housing units to ensure these units are available for currently homeless families and individuals with disabilities who need housing combined with services. Promoting economic mobility and self-sufficiency, the Move On Strategy is first and foremost about celebrating growth, recovery and tenant success, and ensures all services are provided using strengths- based language and a recovery-focused model. Below details the CoC's process for identifying tenants who are eligible to move on; documentation needed to request ideal candidates for the strategy; and providing guidance for tenants on safety and security while prioritizing resources where they are most needed. The plan is based on a model Move On strategy discussed by the U.S. Department of Housing and Urban Development (HUD) and the Corporation for Supportive Housing. The PNHC Coordinated Entry and Governance Committees will be responsible for providing regular trainings, resources, relationship building, and outcome tracking to support implementation of and monitor the Moving On Strategy.

Recruiting Affordable Housing Providers

The Move On Strategy targets existing tenants in supportive housing who are stable and require only minimal supportive services. These tenants are, with client choice, assisted to transition to a mainstream rent subsidy or an affordable housing unit, which frees up their subsidy for someone who is over age 55 and/or has a household member with a physical or developmental d8sability that needs the intensive services and long-term subsidies offered in supportive housing. The mainstream rent subsidy may include programs like Public Housing Authorities (PHAs), multifamily assisted housing owners, Low Income Tax Credit (LIHTC) developments, and local low-income housing programs. Phase I of the Move On Strategy includes recruiting local affordable housing providers and PHAs to participate in the program, by setting preferences for tenants moving on from supportive housing. Phase II of the Move On Strategy will include working with private landlords to secure apartments within Fair Market Rent that are affordable without subsidies.

Identifying Households for Moving On

Housing providers identify households in supportive housing that may be ready to move on through ongoing case management with tenants. Specifically, program staff meet with tenants on an ongoing basis to establish tenant goals and set a plan towards meeting those goals, utilizing strengths-based language and a recovery-focused model. Program staff implement a client-choice model by ensuring tenants know there is a voluntary option to move on. Program staff ensure tenants interested in moving on (1) have demonstrated the ability to live stably and maintain housing, (2) will meet PHA or other affordable housing providers screening criteria, and (3) understand the decision to move on from supportive housing is voluntary. During Phase II of this strategy, a standardized assessment for moving on will be developed and implemented.

Program staff work with tenants to create a formal and comprehensive transition plan that identifies tenant strengths, living skills and the supports necessary to help them meet transition goals. Pre-transition plans are individualized to meet the specific needs of each household. Some common resources or supports tenants often need and are connected to include: employment supports, benefits counseling, activities of daily living skills, community living skills, and connection to community-based services. As households volunteer, housing providers make referrals to the PHA or other affordable housing providers.

Eligibility Considerations for Tenants

Individuals are identified by housing provider program staff who work directly with clients in the housing programs. Clients should meet four basic criteria in order to be recommended to move on: 1) a good rental history of on-time payments, 2) evidence of "good neighbor" behavior without any complaints or property management conflicts, 3) supported progress of quantitative areas and 4) low service needs.

Housing providers identify households in supportive housing who may be candidates for moving on by analyzing observations (interviews/survey's, demonstrated ability to live stably and maintain housing or any other mitigating circumstances) combined with quantitative key areas for assessing tenant capacity, motivation, confidence and emotional readiness. These key quantitative areas include:

- Emotional independence (interest and confidence in moving on),
- Financial Capacity (employment, income, savings, budgeting skills),
- Housing history (housing tenure, rent arrears, past evictions, neighbor/landlord relationships)
- Intensity of service use (need for on-site services),
- Health/behavioral health (substance use, mental health, medication management, treatment engagement, mobility),
- Connection to mainstream resources (rental supports if needed),
- Connection to family or other natural supports,
- Community living skills (self-managing behavior, limit setting relating to drugs, etc.),
- Activities of daily living skills (ability to get meals, keep appurtenant clean, follow lease), and
- Housing goals (location, size, affordability, live with family/friends).

Transition Services

Housing Providers are required to provide assistance with locating and securing a housing unit; case management to support transition including but not limited to assistance building linkages to community supports and services, such as mental and physical health services, substance use treatment stores for groceries and other necessities, recreational activities and public transportation options; and support with landlord negotiations. Services offered may also include providing funds to cover moving services, utility deposits/arrears and furniture/household items; and assistance with family reunification.

Aftercare Supports

RCCoC recommends housing providers offer voluntary aftercare services to individuals who have moved on for at least six months after their move-out, and track types of supports provided and outcomes of those supports. It is recommended housing providers provide a minimum of two check-ins per month that can be in-person, by phone or by email.

Creating a Culture of Moving On

RCCoC believes a programmatic reward/incentive structure for Moving On can assist in further promoting a culture of independence and self-sufficiency. The CoC will develop a variety of strategies to publicize and build interest in Moving On opportunities, including providing trainings on and working with providers to: post fliers in highly visible locations; host community meetings on Moving On; conducting one-on-one outreach to tenants; and encourage Moving On peers to talk about their experiences..

Moving on Timing and Availability

RCCOC understands a Move On request may not be able to be satisfied immediately due to a variety of variables. However, the housing program will act as quickly as possible with community partners to move a tenant into appropriate affordable housing.

Ongoing CoC Assessment of Move On Strategy

Periodically, RCCoC will assess the success of this Move On Strategy, reviewing number/percentage of persons who have moved on and rate of retention in affordable housing destinations. RCCoC will also discuss strengths/weaknesses related to the strategy's recommendations for recruiting affordable housing providers, identifying households for moving on, eligibility considerations for tenants, transition services, aftercare supports, and creating a culture of moving on.

EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING

Emergency Transfers

The RCCoC Continuum of Care is concerned about the safety of the tenants of the housing programs within its geographic area that are funded by Continuum of Care (CoC) Grant funds and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), CoC-funded programs providing permanent housing or transitional housing, except safe havens, must allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit.

The ability of a housing program to honor such a request for tenants currently receiving rental assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the housing provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer; the documentation needed to request an emergency transfer; confidentiality protections; and how an emergency transfer may occur. In addition, it provides guidance for tenants on safety and security. The plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the federal agency which ensures that RCCoC and the CoC funded providers within its geographic area in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L, is eligible for an emergency transfer, if: The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit; or The tenant is a victim of a sexual assault, and the sexual assault occurred on the premises within the go-day period preceding a request for an emergency transfer. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

To request an emergency transfer, a tenant must notify the housing program's administrator or manager and submit a written request for a transfer to that individual. The tenant's written request for an emergency transfer should include either:

1. A statement expressing why the tenant reasonably believes that there is a threat of imminent

harm from further violence if the tenant remains in the same dwelling unit assisted under the housing provider's program; or

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the go-day period preceding the tenant's request for an emergency transfer.

The housing program may request additional documentation from a tenant in accordance with the documentation policies of HUD's regulations at 24 CFR part 5, subpart L.

Confidentiality

The housing program will keep confidential any information that the tenant submits in requesting an emergency transfer, unless the tenant gives the housing program written permission to release the information or disclosure of the information is required by law or in the course of an eviction or termination proceeding. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person or persons that committed the act or acts of domestic violence, dating violence, sexual assault, or stalking against the tenant.

Emergency Transfer Timing and Availability

The housing program cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. However, the housing program will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to the availability and safety of a unit. If the housing program does not expect to have another unit available within a reasonable period of time, it will contact other housing programs in the area to determine whether they have an available unit. If a unit is available, the tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant is being transferred.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. The tenant is encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Attachment 1: Rockland County Local organizations offering assistance to victims of domestic violence.

ATTACHMENT 1

LOCAL ORGANIZATIONS OFFERING SERVICES TO VICTIMS OF DOMESTIC VIOLENCE

CENTER FOR SAFETY & CHANGE

24-hour Domestic Violence Hotline (845) 634-3344

All calls are confidential. We provide information, crisis intervention, counseling, referral, and/or shelter. **The hotline is available to victims, friends, family, and other concerned individuals. Collect calls accepted**.

People

A nonprofit, tax-exempt community organization serving victims of domestic violence, sexual assault, and other violent crimes in Rockland County, New York. Since its inception in 1979, Center for Safety & Change (formerly Rockland Family Shelter, Inc.) has worked to end violence.

Programs

Direct services for survivors of domestic violence, sexual assault and other violent crimes Survivor advocacy and empowerment Prevention programs, outreach and education initiatives Inter-agency collaboration and technical assistance Leadership in coordinated community action. Both residential and non-residential services for survivors of intimate partner violence and their families, as well as targeted outreach and education programs for the larger Rockland County community. **All Domestic Violence services are** confidential **and free of charge**.