Columbus and Franklin County

Homeless Crisis Response System Policies and Procedures

FY2022

September 1, 2021 – June 30, 2022

Version 1.0 (effective 9/1/2021)

THE CITY OF COLUMBUS

Franklin County Where Government Works

United Way of Central Ohio Member Agency

U.S. Department of Housing and Urban Development

Ohio Department of Development

How to Use this Document *– Sections I and II are applicable to all partner agencies. Agency and program applicability for the other sections is specified at the beginning of each section. Use these policies and procedures in conjunction with the Monitoring Guide and Program Review and Certification (PR&C) Standards available on CSB's website (http://www.csb.org/providers/monitoring).*

Why We Need this Document *– Meeting the requirements outlined in these policies and procedures and in the PR&C standards helps ensure that our system functions according to best practices in a standardized manner to best meet the needs of families and individuals who face homelessness. It also ensures we collectively comply with federal, State, County, and City laws and regulations, and meet community and funder expectations and intent.*

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I. OVERVIEW

A. Community Shelter Board

Community Shelter Board (CSB), established in 1986, is a collective impact organization leading our community's response to homelessness by creating collaborations, developing innovative solutions, and investing in quality programs in Columbus and Franklin County. CSB's primary objectives are to ensure that resources are used in the most effective, efficient way possible, reduce duplication of services, assure that outcomes are achieved, and ensure that the needs of people experiencing homelessness and the needs of the community are at the forefront.

Community Shelter Board leads A Place to Call Home, a strategic framework that articulates our community's vision for making sure everyone has a place to call home. This framework for action includes goals tailored to specific needs of people facing homelessness – like expectant mothers, youth age 18-24, and veterans. There are also goals aligned with broader community work already underway – including affordable housing, equity, employment and benefits, integration with other systems, and homelessness prevention. Each goal aligns with federal and state plans to address homelessness.

Community Shelter Board leads a coordinated, community effort to make sure everyone has a place to call home. CSB is the collective impact organization driving strategy, accountability, collaboration, and resources to achieve the best outcomes for people facing homelessness in Columbus and Franklin County. CSB's network of partner agencies served 13,000 people last year with homelessness prevention, shelter, street outreach, rapid re-housing, and permanent supportive housing.

As a coordinating body, CSB brings together extensive and diverse organizations in Franklin County to work together as an efficient system. Examples of these collaborations include: Adult System and Family System Operations Workgroups, Veterans System Operations Workgroup, Permanent Supportive Housing Roundtable, the Citizens Advisory Council, and the Youth Action Board. CSB also convenes regular system case conferences to discuss and help problem-solve complex cases requiring involvement of multiple system partner agencies.

B. Continuum of Care

Continuum of Care Partners– ADAMH Board of Franklin County, Affordable Housing Trust Corporation of Columbus/Franklin County, CHOICES for Victims of Domestic Violence, Church and Community Development for All People, City of Columbus, Columbus City Council, Columbus Mayor's Office, Columbus Police Department, Columbus Metropolitan Housing Authority, Columbus City Schools – Project Connect, OhioHealth, Columbus Coalition for the Homeless, The Columbus Foundation, Columbus State Community College, Community Shelter Board, Corporation for Supportive Housing, Franklin County Board of Commissioners, Franklin County Children Services, Franklin County Department of Job and Family Services, Franklin County Office on Aging, Franklin County Board of Developmental Disabilities, , Sanctuary Night, Legal Aid Society of Columbus, Mount Carmel Health System Street Medicine, Office of the Columbus City Attorney, Ohio Capital Corporation for Housing, Twin Valley Behavioral Healthcare, United Way of Central Ohio, Veterans Administration, Veterans Service Commission, Workforce Development Board of Central Ohio, local businesses, partner agencies, and people with lived experience and expertise of homelessness.

The Columbus and Franklin County, Ohio, Continuum of Care is composed of representatives from the private sector, public sector, homeless service providers, faith-based organizations, public housing agencies, schools, hospitals, mental health agencies, law enforcement, and other stakeholders. The CoC provides stewardship for strategies developed under *A Place to Call Home*, our community's strategic framework to address homelessness, by coordinating and promoting collaboration to achieve framework goals and strategies, as well as securing resources for programs and initiatives that support framework goals. The CoC is also responsible for approving homeless crisis response system standards and federal funding.

C. A Place to Call Home: Our Framework

A Place to Call Home is our community's framework for addressing the needs of individuals and families facing homelessness in Columbus and Franklin County. The framework includes our community vision for effectively preventing and ending homelessness, along with 13 goals around different populations experiencing literal homelessness[1], as well as goals focused on affordable housing, equity, employment and benefits, integration with other systems, and homelessness prevention.

[1] Literal homelessness includes people who have no safe, appropriate housing and require emergency shelter to avoid staying in a place not meant for human habitation. At-risk of literal homelessness includes people who will imminently require emergency shelter *but for* targeted prevention assistance and in spite of comprehensive and responsive early prevention efforts.

System Goal

The Continuum of Care for Columbus and Franklin County and Community Shelter Board seek to effectively prevent and end homelessness for people who are at-risk of or experiencing literal homelessness. This does not mean we will achieve an absolute end to homelessness or that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life, and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience or be at risk of homelessness. Instead, **an effective end to homelessness[2] means our community will have *a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.***

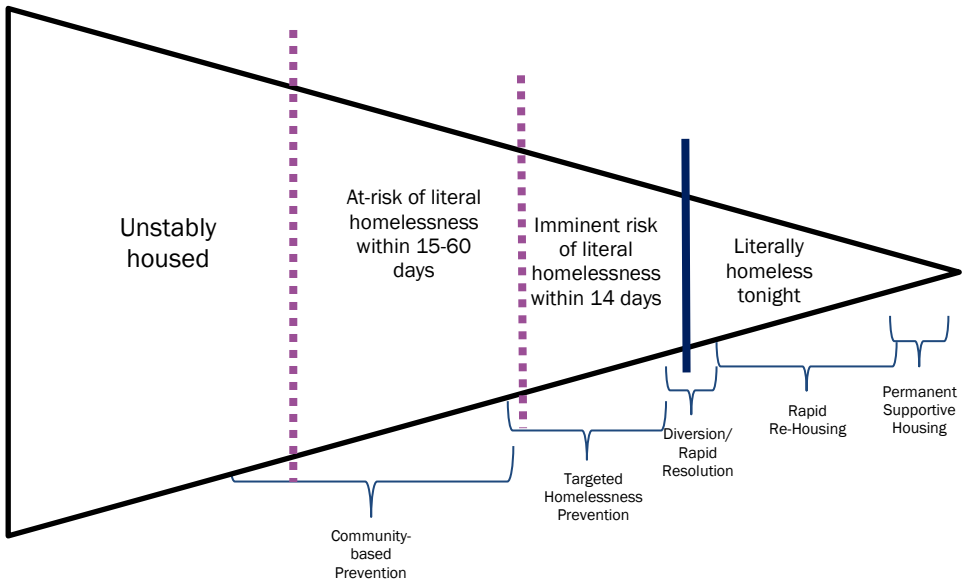
Housing Crises and Interventions

People experiencing a housing crisis may or may not be imminently at-risk of literal homelessness. For most, housing instability does not automatically result in literal homelessness and a need for emergency shelter. However, for those who run out of safe housing options and have limited or no resources to help with housing, more targeted and timely assistance is needed to avoid shelter and secure housing. When those efforts are unsuccessful and shelter is needed, experience has shown that most people will resolve their homelessness within a short period of time, with only limited assistance, and not return to shelter.

The vast majority of those remaining require rapid re-housing assistance, which provides more intensive and individualized housing search, placement and stabilization assistance, to quickly resolve their homelessness. Finally, a smaller percentage of people with the most significant barriers experience homelessness repeatedly and for extended periods and require permanent supportive housing with a long-term subsidy and ongoing services to successfully stabilize in housing.

[2] Adapted from the U.S. Interagency Council on Homelessness

Housing Crises & Interventions



Guiding Principles

Guiding principles in *A Place to Call Home* include the approaches, philosophies, and practices that serve as the foundation for the framework and our local response to people at-risk of or experiencing homelessness. These principles help ensure that services and programs are as effective as possible in quickly resolving housing crises. The Continuum of Care and Community Shelter Board promote and support these principles, including support for partner agencies in their implementation. Where possible and as resources allow, we aspire to have policies, system and program design, direct services, resource allocation, monitoring, and evaluation processes reflect these principles.

- **Recognition that homelessness is a crisis** that causes personal and community harm. There is inherent common interest and obligation to pursue efficient responses that effectively prevent and end homelessness.

- **Prioritize safe, stable housing** as the primary solution to homelessness and a basic human right. Homelessness is fundamentally due to lack of available, safe, affordable housing. Assistance intended to prevent or end homelessness should focus on resolving critical housing needs *first ("Housing First").* Housing First approaches quickly connect people experiencing a housing crisis with permanent

housing and the supports needed to stabilize housing without preconditions (e.g., income, sobriety, or engagement in treatment).

- **Prioritize self-determination**. People experiencing homelessness should be able to choose housing among a variety of housing types and models, within reasonable limits. Services and supports should be voluntary, and there should be choice in who provides them.

- **Reduce disparities and ensure equity in outcomes**. Our collective efforts to prevent and end homelessness should reflect the disproportionate rate at which different groups experience housing instability and homelessness, especially people of color; people with disabilities; and lesbian, gay, bisexual, transgender, and questioning youth. Assistance should account for structural biases that cause or perpetuate homelessness, as well as individual needs, abilities, or resources, and adjust accordingly to ensure equitable resolution to housing crises.

- **Protect and support individual rights**. Each person should be treated with dignity and respect, be afforded basic rights, and be supported to protect those rights.

- **Support community integration**. In alignment with Ohio's mandate to provide community-based services to persons with disabilities, assistance should support community integration and the highest level of independence possible that assures people can quickly resolve their housing crisis and maintain safe, stable housing. To that end, other community systems – corrections, healthcare, foster care, etc. – should work to not discharge people to the streets and homeless shelters given the increased harm and compounding impact of homelessness.

- **Remove and maintain low barriers to shelter, services, and housing**. People who are or will be unsheltered, including people with wide-ranging and significant health conditions and housing barriers, should have ready access to emergency shelter, re-housing and stabilization assistance to resolve their crisis as quickly as possible.

- **Focus on individual needs**. Services should be flexible, person-centered and adapt to a person or family's needs and preferences. People experiencing homelessness should participate in their own housing plan.

- **Target resources for people with greatest vulnerability** for becoming or remaining homeless. Community resources are limited and demand often exceeds them. People also have wide ranging housing, income, health, and service needs beyond the scope of our homeless crisis response system. Therefore, assistance from the homeless crisis response system should be used progressively and as-needed to help people quickly secure and stabilize in housing, while being connected with

important community-based supports they need and desire. Assistance should also be prioritized for people more likely to become or remain homeless and with greater vulnerabilities, including people who are disabled and have severe service needs, women who are pregnant, transition age youth, and people who have experienced long term homelessness.

- **Stewardship and maximization of resources**. Public and private resources supporting the homeless crisis response system should be used for maximum benefit. Resources should be re-aligned and reallocated when necessary to support system efficiency and effectiveness (e.g., decreasing time people spend homeless, increasing successful housing outcomes).

D. Homeless Crisis Response System (HCRS) Overview

The Continuum of Care and Community Shelter Board seek to develop and sustain a fully *optimized* homeless crisis response system that can quickly and effectively prevent or end literal homelessness – every day and for everyone. Accomplishing this requires adequate resources, adherence to the guiding principles described above, and use of evidence-based and promising practices. It also depends on having an effective, community-wide prevention system that prioritizes access to assistance for people at greater risk of homelessness and resolves housing crises before literal homelessness occurs. More organized and targeted community-based prevention services can reduce the need for assistance from the homeless crisis response system.

Core HCRS Functions

An optimized homeless crisis response system is able to fulfill the following core functions for each individual or family experiencing a housing crisis:

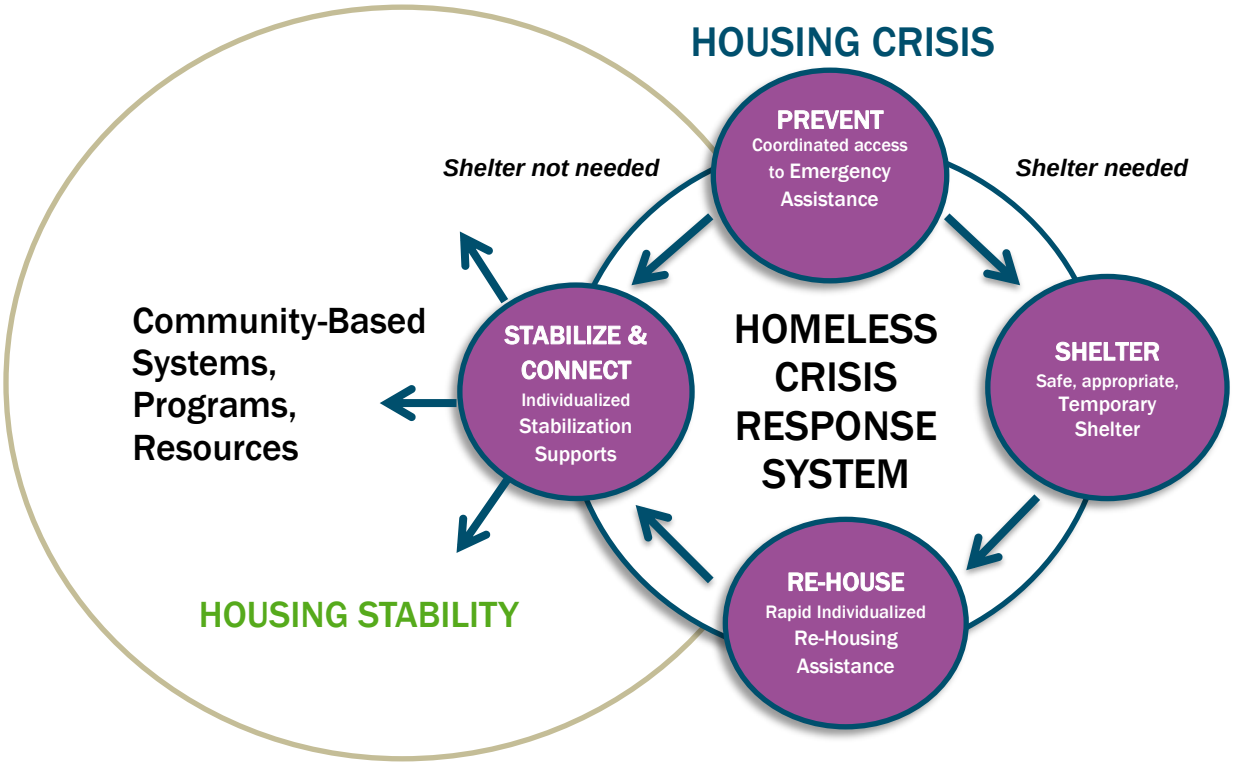
- **Prevent** homelessness by providing coordinated and ready access to emergency assistance for all people at-risk of or experiencing literal homelessness in Columbus and Franklin County. This includes targeted homelessness prevention assistance for people at highest risk of homelessness and other community-based or homeless crisis response system resources, as needed.

- **Shelter** people who are literally homeless and not more appropriately assisted by other public systems. This includes providing year-round access to a variety of temporary shelter options and support services to best meet the varying needs of people experiencing homelessness.

- **Re-house** people who are literally homeless by providing immediate access to individualized re-housing assistance and connection to a wide range of private market, subsidized, and permanent supportive housing options.

- **Stabilize and connect** people who experience a housing crisis by providing direct access to a wide range of community-based services that help address immediate needs and support long-term housing stability.

A fully developed and optimized system is able to fulfill these functions generally and for different sub-populations who may have different or unique needs and access to different benefits, resources, and assistance (e.g., families with children).



Performance Goals & Indicators

The homeless crisis response system aspires to achieve an optimized level of system performance for each system core function and for each distinct subpopulation served by the system (i.e., families with children, single adults, youth, veterans) in line with our overall goal and guiding principles. Achievement of these goals is affected by available resources,

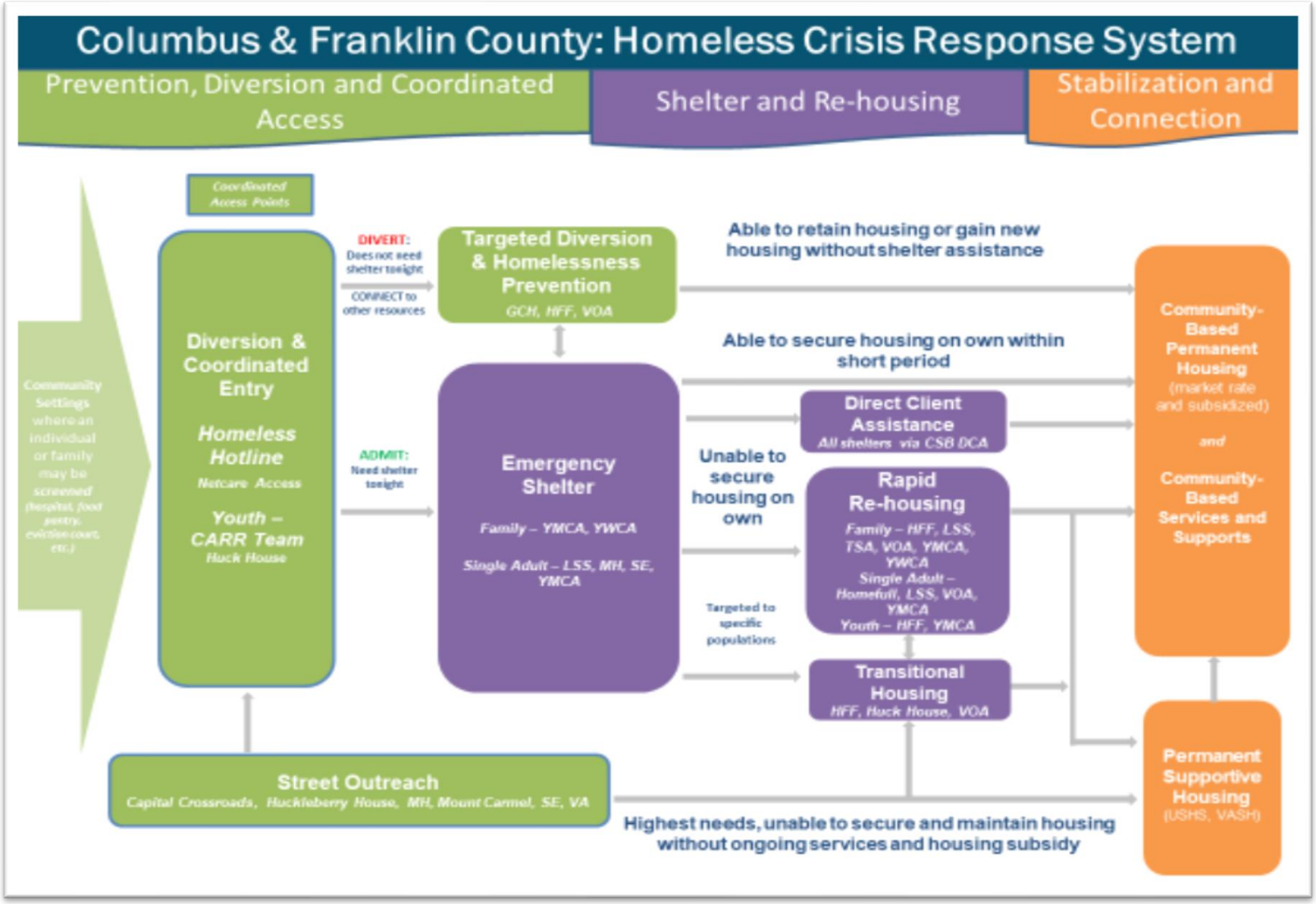
use of evidence-based practices, fidelity to service standards, high quality service delivery, and sound management.

Function	Goal	Indicators
Prevent	Homelessness is prevented whenever possible	✓ Low number of people newly homeless ✓ Low number of unsheltered ✓ Low length of time homeless ✓ High positive housing outcomes ✓ Low returns to targeted prevention ✓ Low returns to homelessness ✓ High client satisfaction
Shelter	People are not unsheltered due to lack of decent, safe shelter	
Re-House	Homeless episodes are brief People are successfully re-housed People do not return to homelessness	
Stabilize & Connect	People have coordinated and direct access to services and supports they need	

Each year, standards are established for each type of homeless assistance program (e.g., street outreach, emergency shelter) around key performance metrics, such as number served, length of time people are homeless, income and employment improvements, successful exits to permanent housing, and returns to homelessness. Programs are also reviewed for compliance with local program administration and practice standards. Standards are based on CSB Governance Ends Policies, HUD performance standards and requirements, and additional CoC performance standards. Performance standards for FY2022 are located here. These performance standards are part of the Columbus and Franklin County Homeless Crisis Response System Policies and Procedures.

Individual program achievement of these standards is influenced by adherence to best practices, providing a consistent level of services year-to-year, and available funding. Performance is also impacted by environmental conditions. The availability of decent, safe, and affordable rental housing, changes in the job market, changes in public assistance, access to healthcare, the opioid crisis, and COVID-19 – to name a few – all directly affect how many people experience housing crises and homelessness and how quickly and successfully such crises can be resolved.

The following page provides a high-level overview of the Columbus/Franklin County Homeless Crisis Response System components and basic client flow.


Columbus & Franklin County: Homeless Crisis Response System
Prevention, Diversion and Coordinated Access
Shelter and Re-housing
Stabilization and Connection
Coordinated Access Points
Community Settings where an individual or family may be screened (hospital, food pantry, eviction court, etc.)
Diversion & Coordinated Entry
Homeless Hotline
Netcare Access
Youth – CARR Team
Huck House
DIVERT: Does not need shelter tonight
CONNECT to other resources
ADMIT: Need shelter tonight
Targeted Diversion & Homelessness Prevention
GCH, HFF, VOA
Emergency Shelter
Family – YMCA, YWCA
Single Adult – LSS, MH, SE, YMCA
Able to retain housing or gain new housing without shelter assistance
Able to secure housing on own within short period
Direct Client Assistance
All shelters via CSB DCA
Unable to secure housing on own
Rapid Re-housing
Family – HFF, LSS, TSA, VOA, YMCA, YWCA
Single Adult – Homefull, LSS, VOA, YMCA
Youth – HFF, YMCA
Targeted to specific populations
Transitional Housing
HFF, Huck House, VOA
Community-Based Permanent Housing (market rate and subsidized)
and
Community-Based Services and Supports
Permanent Supportive Housing (USHS, VASH)
Street Outreach
Capital Crossroads, Huckleberry House, MH, Mount Carmel, SE, VA
Highest needs, unable to secure and maintain housing without ongoing services and housing subsidy

E. Federally-funded Program Information

Federally-funded programs are subject to the provisions of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and all accompanying regulations and rules published by the U.S. Department of Housing and Urban Development (HUD), including the CoC Interim Rule (24 CFR Part 578) and the ESG Interim Rule (24 CFR Part 576). Federally-funded programs also must comply with all provisions of 2 CFR 200, the U.S. Office of Management and Budget's Guidance for Grants and Agreements.

The **Emergency Solutions Grants (ESG) Program** places an emphasis on helping people quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. ESG funds may be used to support four program components: street outreach, emergency shelter, homelessness prevention, and rapid re-housing assistance (RRH). ESG funds may also be used to support data collection through a local Homeless Management Information System (HMIS) and administrative activities.

ESG Applicability *– HFF RRH, HFF Intensive RRH, HFF Housing for Pregnant Women, LSS Adult Shelters, Maryhaven Engagement Center, Southeast Men's Shelter, TSA RRH, VOA RRH, YMCA RRH and Expansion RRH, YMCA Emergency Shelters, YWCA Family Center*

The **Continuum of Care (CoC)** program provides funding for housing and supportive services for homeless individuals and families. The components of the CoC Program are: permanent housing, including Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH), transitional housing, and supportive services only programs. CoC funds may also be used to support data collection through a local HMIS and administrative activities.

CoC Applicability – *Equitas Health, CHN Family Homes, CHN Inglewood, CHN Wilson, CHN Parsons Place, CHN Terrace Place, CHN Southpoint Place, CHN East 5th, CHN Safe Haven, CHN Briggsdale, CHN Marsh Brook Place, HFF TAY RRH, HFF TAY Transition to Home, Homefull rental assistance, Homefull Leasing, Homefull Mainstream/EHV, Huckleberry House Transitional Living Program, Huckleberry House CARR Team, Maryhaven Commons at Chantry, N^^ Commons at Buckingham, N^^ Commons at Grant, N^^ Commons at Third, TSA J2H, VOA Family PSH, VOA Van Buren Village, YMCA 40 West Long, YMCA Isaiah Project, YMCA DV RRH, YWCA WINGS*

TANF funding is used for services and tenant-based rental assistance for families at risk of homelessness and families experiencing homelessness.

TANF Applicability *– Gladden Family Homelessness Prevention and HFF HPEM and Rapid Re-housing Intensive*

HOME funding is used for tenant-based rental assistance for homeless individuals.

HOME Applicability *– YMCA Scattered Sites*

Community Development Block Grant (CDBG) funding is used for street outreach for homeless individuals.

CDBG Applicability *– Maryhaven Outreach*

Additional temporary federal funding is available from time to time, with various program applicability – COVID-19 funding issued part of the ESG CV allocation, Emergency Rental Assistance (ERA) Treasury funding issued part of the American Rescue Plan Act are a couple of examples.

In Columbus and Franklin County, ESG- and CoC-funded homeless assistance (along with homeless assistance funded by other federal, state and local resources) is prioritized for households that meet HUD's Category 1 (Literally Homeless) criteria because of resource constraints.

Category 1 – Literally Homeless: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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

Category 2 – Imminent Risk of Homelessness: An individual or family that will imminently lose their primary nighttime residence, provided that:

a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
b. No subsequent residence has been identified; and
c. The individual or family lacks the resource or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

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:

a. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
c. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
d. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

Category 4 – Fleeing or Attempting to Flee Domestic Violence: Any individual or family who:

a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
b. Has no other residence; and
c. Lacks the resource or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

F. Recordkeeping

Homeless status must be verified through recordkeeping and documentation procedures outlined by HUD in 24 CFR 576 and 578. CSB applies these standards for all programs regardless of federal funding.

- Records for each individual or household receiving services must be completed in accordance with HUD regulations, the CSB Partner Agency Standards and, as applicable, documentation substantiating eligibility and prioritization for PSH via the Unified Supportive Housing System and for RRH via the coordinated entry system guidelines.
- Each program must maintain and follow written intake procedures. The procedures must require documentation at program enrollment of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining such evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third.
- Documentation confirming homeless status may be a Homeless Management Information System (HMIS) program history record, an approved homeless outreach partner agency Verification of Street Homelessness Form, written confirmation from another housing or service provider (e.g., CHOICES, Star House), or self-certification. Refer to the Documentation of Homelessness cheat sheet and cheat sheet for Youth Homelessness Demonstration Programs for additional information.
- For individuals being released directly from hospital, jail/prison, or another institution for stays less than 90 days and who were previously in an emergency shelter or unsheltered, documentation of homelessness immediately prior to entry into institution is required. Written documentation of homeless status immediately prior to entering the institution, as well as documentation of institution entry and exit dates through hospital exit paperwork is required. Stays in institutions of fewer than 90 days do not constitute a break in homelessness and count toward total time homeless.

- Lack of third-party documentation cannot prevent clients from receiving street outreach, CARR Team, emergency shelter, or victim services. For shelter, street outreach, CPoA, and CARR team, self-certification can be used at the time of program enrollment. For RRH, TH, and PSH, self-certification can be used as a last resort. Self-certification should be used sparingly and only after other efforts to obtain third-party documentation have been documented in the client file. For RRH, TH and PSH, homelessness documentation must be dated within 1 week (7 days) prior to program enrollment. Any gap greater than 7 days between exit from outreach, shelter, RRH, or

TH and enrollment into the next program requires documentation of literal homelessness.

〈 Clients enrolled in PSH and RRH maintain their homeless and chronic status prior to housing move-in regardless of current residence, but do not accrue homeless time unless they are verifiably literally homeless. If a client is enrolled in a PSH or RRH program, they retain eligibility for that PSH or RRH program, regardless of where they reside between program enrollment and move-in. After a client has been enrolled in a PSH or RRH program, they can stay with friends/family or in a hotel/motel without losing PSH or RRH eligibility for the program they have been enrolled in. The temporary housing situation between shelter and permanent housing should be limited to less than 30 days. Program enrollment must be documented by the PSH or RRH provider.

In addition to evidence of homeless status or "at risk of homelessness" status, providers must keep records as described below and as specified under 24 CFR 576.500 and 24 CFR 578.103, where applicable.

〈 For all providers, regardless of federal funding:
- The services and assistance provided to each program participant, including, as applicable, the security deposit, rental assistance, and utility payments.

〈 For federally funded providers:
- Compliance with the applicable requirements for providing services and assistance to the program participant under the program components and eligible activities provisions for Street Outreach, including engagement, case management, emergency health and mental health services, and transportation (24 CFR 576.101); Emergency Shelter, including essential service and shelter operations (24 CFR 576.102); Homelessness prevention (24 CFR 576.103); rapid re-housing assistance (24 CFR 576.104); housing relocation and stabilization services, including financial assistance costs, service costs, and maximum amounts and periods of assistance (24 CFR 576.105); short- and medium-term rental assistance (24 CFR 576.106); leasing (24 CFR 578.49); long-term rental assistance (24 CFR 578.51); supportive services (24 CFR 578.53); operating costs (24 CFR 578.55); administrative costs (24 CFR 578.59), the provision on determining eligibility and amount and type of assistance through evaluations of the program participant and re-evaluations for homelessness prevention and RRH assistance at 24 CFR 576.401 (a) and (b), and the provision on using appropriate assistance and services by connecting program participants to mainstream and other resources and housing stability case management at

24 CFR 576.401 (d) and (e); match requirements (24 CFR 578.73); and program income (24 CFR 578.97)

- Compliance, where applicable, with the termination of assistance requirement in 24 CFR 576.402 and 24 CFR 578.91 stating if a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established that recognizes the rights of the individuals affected
- Income eligibility documentation per 24 CFR 576.500 and 24 CFR 578.103

II. ALL PROGRAMS

The requirements described in this section are applicable to all programs unless otherwise noted.

A. Homeless Management Information System

All programs receiving funding through CSB are required to maintain all client data in a Homeless Management Information System (HMIS), which in our community is Clarity by Bitfocus. The goal of HMIS is to support the delivery of homeless and housing services in Columbus and Franklin County by serving as:

- A benefit to individual clients through enhanced service delivery;
- A tool for the partner agencies in managing programs and services; and
- A guide for CSB and its funders regarding community resource needs and service delivery.

While accomplishing these goals, CSB recognizes the primacy of client needs in the design and management of HMIS, including the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in Columbus and Franklin County and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care. As the guardians entrusted with this personal data, we have both a moral and a legal obligation to ensure that this data is being collected, accessed and used appropriately. The needs of the people we serve are the driving forces behind HMIS.

B. Collaboration

All partner agencies are expected to actively participate in workgroups to increase collaboration, coordinate services, and provide input for ending homelessness in our community. System level workgroups meet regularly, including, but not limited to: Adult System Operation Workgroup, Family System Operation Workgroup, Permanent Supportive Housing Roundtable, HMIS Administrators Group,Youth – Community Plan Community Meeting, Veteran System Operations Workgroup and Prevention Operations Workgroup. Each agency is required to send a representative to the workgroup related to their population served, as outlined in agency contracts with CSB.

Education: Programs serving children must ensure that children and youth have access to public education and that their rights are protected in accordance with federal and state requirements. Collaboration opportunities with Columbus City Schools' Project Connect staff are available.

Employment: Case managers must establish referral relationships with employers and employment programs for each person who is seeking employment. In instances where additional job skills are necessary to elevate the client's income level to afford permanent affordable housing, case managers should link the client to local job training programs and encourage the client's motivation and engagement.

Benefits: Case managers must assist clients in applying for all community benefits including, but not limited to, TANF, Project Welcome Home, food stamps, public child care subsidy, PRC, OWF, Medicaid, disability benefits, and Social Security benefits.

Mental Health: Case managers must refer any client, with the client's permission, that reports a mental health or substance abuse disorder to a reputable community partner agency for evaluation and ongoing treatment or to Netcare Access, the centralized intake, assessment, and referral point in Franklin County. Case managers also must refer, with the client's consent and interest, any client who expresses concerns about and/or exhibits mental health or substance abuse symptoms. For the safety of all, case managers or any staff, must immediately follow-up on any concerns where a client expresses thoughts of harming self or others. Staff should seek supervision immediately in these situations.

Finance: If a client needs credit counseling or financial planning beyond the budget counseling provided by case managers, the case manager should refer the client to consumer credit counseling and/or other financial planning organizations.

C. Coordinated Point of Access/Homeless Hotline

People experiencing homelessness or at risk of experiencing homelessness contact the Coordinated Point of Access/Homeless Hotline (CPOA/HH). CPOA/HH has specialists available 24 hours a day, 7 days a week to conduct a preliminary triage and assessment and explore diversion possibilities via a standardized Housing Crisis Assessment and diversion process.

If diversion from literal homelessness is not possible for a single adult, CPOA/HH refers single adults who meet eligibility criteria to the most appropriate shelter. All CSB-funded shelters except Maryhaven Engagement Center are contractually obligated to coordinate services through CPOA/HH. If diversion is not possible for a family, CPOA/HH places the family on a standby list that is monitored throughout the day by Gladden Community House Family Diversion. Family Diversion will call all families on the standby list and attempt to divert the family again. If the family still cannot be diverted, Family Diversion will schedule a face-to-face meeting with the family to explore additional diversion options. CPOA/HH or Family Diversion staff may schedule an emergency overnight stay for a family only as

needed to fully pursue diversion possibilities and only proceed to formal admission when all other options have been exhausted. Shelter staff determine each individual and family's immediate re-housing assistance needs and provide access to re-housing assistance using the HCRS standardized Housing Assistance Screening Tool (HAST) and coordinated access process.

If CPOA/HH receives a call from someone in need of assistance because of domestic violence/dating violence, sexual assault, and/or stalking, the call specialist must connect that caller to an appropriate intervention hotline. Such services in Franklin County include CHOICES, Ohio Hispanic Coalition, Buckeye Region Anti-Violence Organization, Franklin County Prosecutor's Office Victim Witness Assistance, Sexual Assault Response Network of Central Ohio, Legal Aid Society of Columbus, Ohio Intimate Partner Violence Collaborative, and City Attorney's Office Domestic Violence/Stalking Unit. The process for assessing and referring a person experiencing domestic violence, dating violence, sexual assault, and/or stalking is as follows:

- Immediately write down the phone number that appears on the caller ID.
- Assess the situation to ensure the caller's safety and the safety of those accompanying them. If the caller is not safe or indicates that the abuser will return soon, advise them to hang up and dial 9-1-1. If the caller is in a safe place, continue with the procedure.
- Depending on the severity of the immediate situation:
    - Request that another call specialist contact 9-1-1 (never disconnect from the initial caller);
    - Contact the appropriate intervention hotline without disconnecting from the initial caller; ensure that the eligibility and operation hours meet the current need;
    - Give the phone number to the caller and have him/her call on his/her own;
    - Provide transportation assistance for the caller to access emergency shelter (as needed).
- If the assessment reveals that the caller is in immediate danger but he/she refuses to receive referrals from you or disconnects the call, notify the appropriate domestic violence intervention hotline and/or 9-1-1 immediately.

Coordinated Access and Rapid Resolution Team (CARR Team)

The CARR Team is a mobile team of transitional aged youth specialists who engage and assist TAY who are literally homeless or imminently at-risk of homelessness. The CARR Team work with TAY in a variety of settings, such as community-based access points (e.g., libraries, recreation centers), drop-in centers (e.g., Star House), unsheltered locations, and emergency shelters, as well as remotely via phone, email, text, and social media. TAY assisted by the team will include those needing more individualized support to successfully navigate

community and TAY homeless crisis system resources to quickly resolve their crises and address other critical needs. Core services include:

Screening and rapid resolution assistance

- Work as integral member of Coordinated Point of Access (CPoA), including the Homeless Hotline, to engage, screen, and assist targeted TAY who are homeless or imminently at-risk and in need of individualized support. The team will be available via phone, text, and in-person, during hours to be determined in coordination with system administrators. The Team must identify and report common locations for TAY experiencing homelessness and provide in-reach to known locations with high TAY presence.
- Use a common (Phase 1) screening tool to facilitate immediate and coordinated access to prevention, emergency shelter, re-housing assistance, and other needed assistance.
- Provide individualized, strengths-based problem-solving, mediation, family re-unification (when appropriate and safe) and other assistance to quickly prevent loss of housing for TAY who are imminently at-risk of homelessness or identify safe alternative housing options to prevent the need for a shelter placement or other literal homeless experience.
- As needed, the Team provides basic needs (e.g., food, clothing, transportation support, hygiene kits, blankets, etc.) as TAY are being connected to services, shelter and housing solutions.

Assessment and prioritization for TAY dedicated interventions, and related tracking

- Conduct TAY-specific vulnerability and service needs assessment using the (Phase 2 Screen) with targeted TAY to identify their service needs, housing barriers, and preferences.
- Track all literally homeless TAY, including those who are assessed and prioritized for transitional and permanent housing interventions, as well as other targeted assistance, as part of coordinated access processes for TAY.

Facilitated access to TAY dedicated interventions and other resources

- Provide individualized information, referral, and navigational support for targeted high need/high vulnerability TAY to access community-based prevention resources, targeted homelessness prevention, emergency shelter, rapid re-housing, transitional housing, family re-unification assistance (when appropriate and safe), host homes, permanent supportive housing, mainstream benefits and cash assistance, and other needed and desired assistance.

D. Shelter and Housing Standards

All shelter and housing units funded through CSB must follow and comply with all the standards below. CSB will monitor compliance with these standards during the annual Program Review and Certification process. These standards are also incorporated in the

Partner Agency Standards that are part of the Columbus and Franklin County Homeless Crisis Response System Policies and Procedures.

Lead-based paint remediation and disclosure: The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R apply to all shelters assisted under ESG program and all ESG- and CoC-funded housing occupied by program participants. Lead-based requirements apply to all units built before 1978 that are occupied OR CAN BE occupied by families with children less than six years of age or pregnant women. Even if a unit is not currently occupied by a family, but is large enough or configured such that a family with a child under six years of age or a pregnant woman might move in or spend time in the unit at some time in the future, the unit needs to meet lead-based paint requirements. For all practical purposes, the requirements apply to any unit built prior to 1978. Units must pass a lead-based paint visual assessment. A unit inspection and lead-based paint visual assessment conducted by a certified lead-based paint evaluator must be documented in the client's file. If applicable, the agency must provide a federal lead information pamphlet and lead warning statement to all program participants. Include evidence in a statement in the lease (with the household initials) or give the household a form where a portion retained in the client file confirms that they received the information. Anyone can be certified as a lead-based paint inspector by passing HUD's Lead-Based Paint Visual Assessment Training Course.

Minimum standards for emergency shelters: Emergency shelters must meet the following minimum safety, sanitation, and privacy standards.

- Structure and materials – the building must be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents.
- Access – the shelter must be accessible in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; the Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35; where applicable.
- Space and security – the shelter must provide each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
- Interior air quality – each room or space within the shelter must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of residents.
- Water supply – the shelter's water supply must be free from contamination.

- Sanitary facilities – each shelter guest must have access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
- Thermal environment – the shelter must have any necessary heating/cooling facilities in proper operating condition.
- Illumination and electricity – the shelter must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances.
- Food preparation – food preparation areas, if any, must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
- Sanitary conditions – the shelter must be maintained in a sanitary condition.
- Fire safety – there must be at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors must be located near sleeping areas. The fire alarm system must be designed for hearing-impaired residents. All public areas of the shelter must have at least one working smoke detector. There must also be a second means of exiting the building in the event of fire or other emergency.

Minimum standards for permanent housing: Any permanent housing must meet the following minimum safety, sanitation, and habitability standards. Additionally, CoC-funded housing requires that the unit pass a Housing Quality Standards inspection (HQS) prior to move-in, which is more stringent than these standards. Minimum standards:

- Structure and materials – the structures must be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents.
- Space and security – each resident must be provided adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep.
- Interior air quality – each room or space must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of residents.
- Water supply – the water supply must be free from contamination.
- Sanitary facilities – residents must have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
- Thermal environment – the housing must have any necessary heating/cooling facilities in proper operating condition.

- Illuminating and electricity – the structure must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances.
- Food preparation – all food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
- Sanitary conditions – the housing must be maintained in a sanitary condition.
- Fire safety. (i) There must be a second means of exiting the building in the event of fire or other emergency. (ii) Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. (iii) The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.

III. HOMELESSNESS PREVENTION

Applicability *– GCH Homelessness Prevention and FCCS Homelessness Prevention, HFF Homelessness Prevention for Expectant Mothers, HFF Housing for Pregnant Women, HFF Resiliency Bridge, VOA VFF (SSVF)*

A. Purpose

Homelessness prevention programs are funded using local funds, ESG-CV, TANF, and ERA funds, and are intended to ensure:

- Families and individuals avoid literal homelessness and stabilize in their housing;
- Children stabilize in their school; and
- Families and individuals increase their knowledge of community resources.

B. Eligibility (excluding SSVF)

The Gladden Community House homelessness prevention program serves families who are at imminent risk of losing their housing and entering emergency shelter.

- The family must have at least one or more children under age 18 (or an 18-year-old still attending high school) in the legal custody of one or more adults in the household.
- The family must be at imminent risk of literal homelessness meaning the family:
  1) must leave their current housing within 30 days or less,
  2) has no alternative, safe and appropriate housing, and
  3) has no other resources to obtain or maintain housing. Families must be able to document imminent housing loss in 30 days with a court-ordered or landlord-issued eviction notice, a letter from the host family or friend indicating the date by which the family must leave, or other documentation showing the family can no longer stay in their current residence beyond the next 30 days.
- The family's income must be below 35% of the Area Median Income (AMI).
- The family must be willing to participate in case management services.

Families imminently at-risk of literal homelessness within 14 days, families with school-age children, and/or families residing in a household with one or more additional families will be prioritized for services.

In addition, the Franklin County Children Services (FCCS)/Gladden Community House (GCH) Homeless Prevention project serves families with one or more minor children who are engaged with an FCCS intake unit. The family must be at imminent risk of literal

homelessness within 30 days with no other safe, appropriate housing options. There are no income requirements.

HFF's Homelessness Prevention for Expectant Mothers (HPEM) serves expectant mothers who:

- Presently have income below 35% of the Area Median Income (AMI).
- Preferably live in one of the eight Columbus' neighborhoods with the highest infant mortality rates.
- Are imminently at-risk of literal homelessness, meaning:
    - Current housing loss will occur within 30 days or less (confirmed by supporting documentation, such as a Notice to Quit from landlord, eviction letter from host family, court-order eviction notice, etc.).
    - No other safe, appropriate housing options exist.
    - No other personal or community financial resources are available to retain or locate new housing.

Additional information regarding Targeted Homeless Prevention for Expectant Mothers is included in the companion documents section of this document.

HFF's Housing for Pregnant Women (HPW) serves expectant mothers who meet the criteria below:

- Household income is below 35% of area median income (AMI)
- Are at imminent risk of homelessness, meaning:
    - Right to occupy housing will be terminated within 21 days or household must physically vacate the unit within 14 days because of an eviction action
    - Assistance is necessary to help the program participant regain stability in their current housing or move into other housing and achieve stability
    - The household lacks sufficient resources or support networks available to prevent them from entering emergency shelter or a place not meant for human habitation. Indications that assistance is necessary include:
        - Moved because of economic reasons 2 or more times during the 60 days immediately preceding program entry
        - Is living in the home of another because of economic hardship
        - Has been notified in writing that their right to occupy housing or living situation will be terminated within 21 days
        - Lives in a hotel/motel and the cost is not paid by other programs
        - Lives in an SRO or efficiency where more than 2 persons live, or lives in a unit where more than 1.5 persons live per room
        - Is exiting a publicly funded institution or system of care
        - Lives in unstable housing with increased risk of homelessness
- HPW Prioritization Criteria—Must meet at least one criterion to be eligible. Women who meet multiple criteria will be prioritized over women who meet fewer criteria.

- Current domestic violence
- Current high-risk pregnancy
- Currently residing in Celebrate One neighborhood
- Currently unsheltered
- Prior history of homelessness
- Prior low birth weight or pre-term birth
- Third (3rd) trimester of pregnancy
- Three (3) or more children

VOA's Veterans and Families First (VFF) program funded by the VA's Supportive Services for Veteran Families (SSVF) program provides supportive services and temporary financial assistance to very low-income Veterans and their families who are at risk of experiencing literal homelessness within 30 days or less. SSVF's primary goal is to support Veterans who but for SSVF assistance will become literally homeless. The program is able to serve the entire Veteran household (including spouses and dependents) so long as the services aim toward preventing the household's homelessness. For additional information please refer to the Veteran System Policies and Procedures included in the companion documents.

C. Entry

Referrals for families eligible for a prevention program are made from Family Diversion (Gladden Community House) or the Homelessness Prevention Network. .

After referral, a Homelessness Prevention case manager calls or meets with the family to complete screening and determine eligibility. If the family meets eligibility requirements, is a priority, and there is program capacity to assist the family, the case manager completes a family assessment and enrollment form and begins work with the family.

Low-income pregnant women and their families at imminent risk of becoming literally homeless can be referred to Homelessness Prevention for Expectant Mothers (HPEM) or Housing for Pregnant Women (HPW).These organizations, Moms2B, Celebrate One, Center for Healthy Families have staff that are trained in diversion and rapid resolution to help their mothers avoid homelessness. Using a universal Risk Screening tool, those mothers determined to be at *Imminent Risk of Literal Homelessness* (within 30 days) are then referred to HPEM.

D. Eligible Activities

Families receive, at a minimum, bi-weekly case management for an average of four months for GCH Homelessness Prevention programs and 12 months for Homes for Families (HFF) Prevention Programs. Services include:

- Case management
- Housing search and placement
- Mediation (including but not limited to landlord/tenant support)
- Education services referral and support (including but not limited to linkage to McKinney-Vento school staff)
- Employment and benefits referrals and support
- Legal services referral and support
- Life skills training
- Mental health services referral and support
- Substance abuse services referral and support
- Pregnancy services referral and support (including but not limited to linkage to Celebrate One and other community resources)
- Parenting classes
- Domestic violence services referral and support
- Access to DCA for housing costs, including security deposits, rental assistance, utility assistance (arrears, deposits, current utility costs), and rental application fees

E. Exit

Clients should be exited from Homelessness Prevention programs when they have stabilized in housing, are able to sustain their housing, and are connected to community-based services they need and desire.

If a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established by the partner agency that recognizes the rights of individuals. The partner agency must examine all extenuating circumstances to determine when violations warrant termination. Providers should only terminate assistance in the most severe cases and when all possible alternatives are exhausted. All exits require documentation and a Letter of Termination.

- Participants are considered to have exited successfully when their housing status at exit is stable, permanent housing. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that housing is sustainable and clients have access to needed community supports. Providers may exit clients from services for cause, but those clients may still be considered successfully exited if they are maintaining stable housing upon exit.
- Participants are considered to have exited unsuccessfully when their housing status at exit is unstable and unsustainable. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that the client has lost housing or is at-risk of losing housing. Individual case managers cannot

unilaterally close a case as an unsuccessful exit. Case managers should discuss with supervisors, ensure that all possible actions have been taken to prevent an unsuccessful exit, and document these actions.

Some participants may choose to not engage in case management services and, therefore, choose to exit. Exits due to non-participation should only occur when:

- There are multiple, documented attempts at engagement;
- The participant has explicitly or implicitly indicated they no longer want program assistance; and/or
- It is likely that the participant will obtain or maintain permanent housing on their own or with other assistance.

Case Closure

Homelessness Prevention programs should offer only what the household needs and wants and only as long as necessary to achieve the overarching goal of ending the housing crisis and avoiding literal homelessness or a near-term return to homelessness. Planning for case closure should begin at intake and should be clearly communicated to the family or individual. There are multiple factors to consider when closing a case; however, there are three basic aspects to evaluate: financial resources, lease compliance, and goal plan/resource linkage.

F. Recordkeeping and Evaluation

Imminent risk of homelessness must be documented with an eviction notice, three-day notice, a letter from the host family, or any such document showing the family can no longer stay in their current residence after 30 days or less. Providers must also document in client files the following for each program participant:

- Housing Inspection, including lead-based paint requirements, if the participant moves into new housing;
- Documentation of tenancy (lease), as applicable;
- Documentation of eligibility, including at-risk of homeless status and income eligibility and TANF required forms, if applicable;
- Written intake record including intake interviews and records of services provided;
- Appropriate and successful referral to other programs in cases where the program was not able to accommodate a participant;
- Individualized Housing Stabilization Plan (IHSP) and documentation of progress made on the IHSP;
- Letter of Termination and exit documentation; and

- Documentation that confirms the data that was entered into HMIS, including income and assets at entry and exit.
- Photos of documents are acceptable if a copy cannot be obtained

CSB evaluates the effectiveness of all programs via monthly monitoring reports, quarterly indicator reports, and an annual Program Evaluation. Providers conduct formal client satisfaction surveys at exit. Exit surveys contain questions regarding voluntary participation in religious activities, access to housing options, access to employment assistance, courteous treatment, access to personal development activities, and any major obstacles to obtaining housing or meeting goals. Providers analyze exit surveys at least quarterly.

IV. OUTREACH

Applicability *– Maryhaven Outreach*

A. Purpose

Outreach programs assist unsheltered people with meeting their needs for basic assistance, including linkage to emergency shelter, and facilitate access to re-housing assistance in order to end the unsheltered episode as quickly as possible. Outreach programs use local funds, CoC funds and CDBG funds, not ESG funds.

B. Eligibility

Individuals and families who lack a fixed, regular, and adequate nighttime residence and are living in places not meant for human habitation, including but not limited to on the streets, on the land in camps, in cars, in parks, and in abandoned buildings.

C. Entry

Outreach programs enroll and assist individuals who are currently living in places not meant for human habitation by visiting known homeless camps and local soup kitchens, libraries and community service locations.

D. Eligible Activities

- Engagement
- Case Management, including assistance with an IHSP
- Emergency physical health services referral and support
- Emergency behavioral services referral and support
- Transportation
- Referral to CPOA/HH for emergency shelter
- Referral to permanent housing options, including permanent supportive housing via Unified Supportive Housing System (USHS) policies and procedures
- Access to DCA for housing costs, including security deposits, rental assistance, utility assistance (arrears, security deposits), and rental application fees

E. Exit

Outreach programs must follow the established *Outreach Enrollment-Exit Business Rules* for all program participant exits. Outreach business rules are located with other companion documents. If a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established by the partner agency that recognizes the rights of individuals. The partner agency must examine all extenuating circumstances to determine when violations warrant termination. Providers should only terminate assistance in the most severe cases and when all possible alternatives are exhausted.

- Participants are considered to have exited successfully when their status at exit is emergency shelter, transitional housing, or permanent housing. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that clients have access to needed community supports. Providers may exit clients from services for cause, but those clients may still be considered successfully exited if they are in shelter or permanent housing upon exit.

- Participants are considered to have exited unsuccessfully if their housing status at exit is unstable and unsustainable. This information is captured in HMIS via the destination at exit and via case notes in the client file. Individual case managers cannot unilaterally close a case as an unsuccessful exit. Case managers should discuss with supervisors and ensure that all possible actions have been taken to prevent an unsuccessful exit and document those actions.

F. Recordkeeping and Evaluation

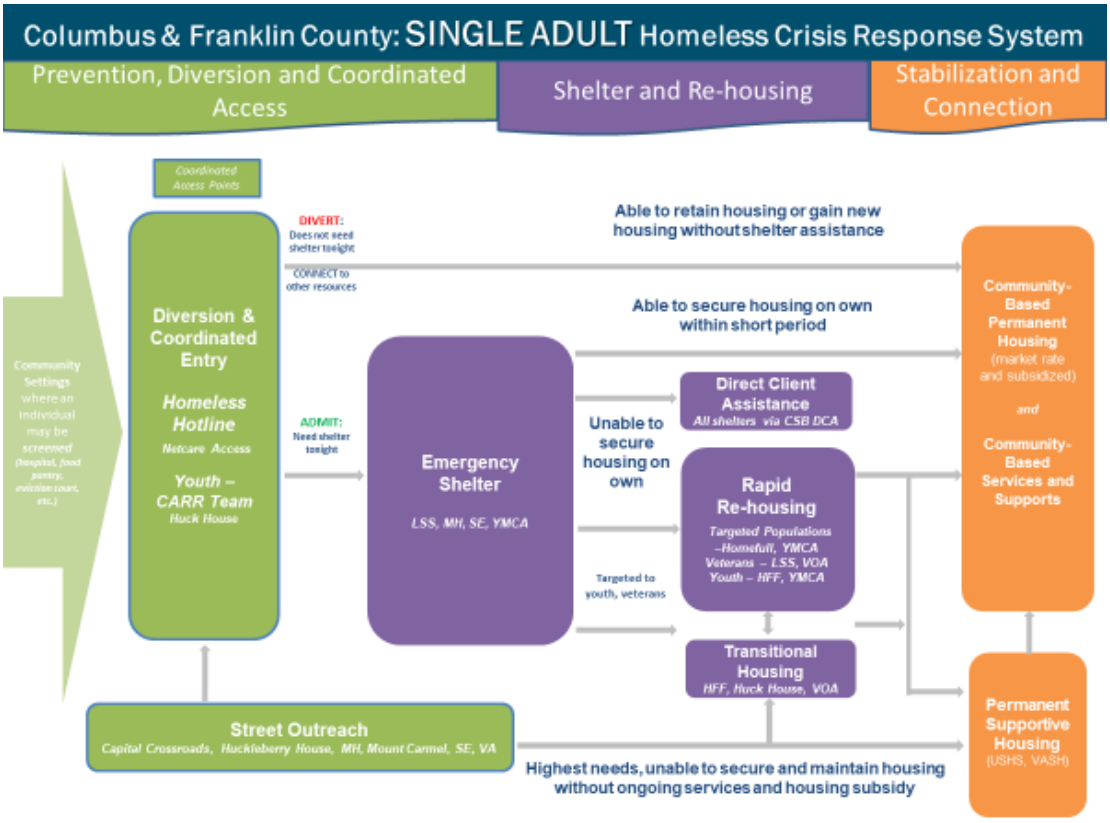
Providers must document in client files the following for each program participant:

- Documentation of eligibility, including homeless status;
- Written intake record including intake interviews and records of services provided;
- Appropriate and successful referral to other programs in cases where the program was not able to accommodate a program participant;
- IHSP and documentation of progress made on the IHSP;
- USHS Severe Service Needs Assessment (Heads of Household only), if eligible for PSH via USHS;
- Documentation that confirms the data that was entered into HMIS, including income and assets at entry and exit; and
- Service Restriction documentation (if applicable).
- Photos of a document are acceptable if a copy cannot be obtained

CSB evaluates the effectiveness of all programs via monthly monitoring reports, quarterly indicator reports, and an annual Program Evaluation. CSB and providers collectively assess program effectiveness via the Adult System Operations Workgroup and case conferencing.

Providers conduct formal client satisfaction surveys at exit. Exit surveys contain questions regarding voluntary participation in religious activities, access to housing options, access to employment assistance, courteous treatment, access to personal development activities, and any major obstacles to obtaining housing or meeting goals. Providers analyze exit surveys at least quarterly.

V. SINGLE ADULT SYSTEM



A. Coordinated Point of Access/Homeless Hotline

People experiencing homelessness or at risk of experiencing homelessness contact the Coordinated Point of Access/Homeless Hotline (CPOA/HH). CPOA/HH has specialists available 24 hours a day, 7 days a week to conduct a preliminary triage and assessment and explore diversion possibilities via a standardized Housing Crisis Assessment and diversion process. If diversion is not possible, CPOA/HH refers single adults who meet eligibility criteria to the most appropriate shelter. All CSB-funded shelters except Maryhaven Engagement Center are contractually obligated to coordinate services through CPOA/HH.

If CPOA/HH receives a call from someone in need of assistance because of domestic violence/dating violence, sexual assault, and/or stalking, the call specialist must connect that caller to an appropriate intervention hotline. Such services in Franklin County include CHOICES, Ohio Hispanic Coalition, Buckeye Region Anti-Violence Organization, Franklin County Prosecutor's Office Victim Witness Assistance, Sexual Assault Response Network of Central Ohio, Legal Aid Society of Columbus, Ohio Intimate Partner Violence Collaborative, and City Attorney's Office Domestic Violence/Stalking Unit. The process for assessing and

referring a person experiencing domestic violence, dating violence, sexual assault, and/or stalking is as follows:

- Immediately write down the phone number that appears on the caller ID.
- Assess the situation to ensure the caller's safety and the safety of those accompanying them. If the caller is not safe or indicates that the abuser will return soon, advise them to hang up and dial 9-1-1. If the caller is in a safe place, continue with the procedure.
- Depending on the severity of the immediate situation:
  - Request that another call specialist contact 9-1-1 (never disconnect from the initial caller);
  - Contact the appropriate intervention hotline without disconnecting from the initial caller; ensure that the eligibility and operation hours meet the current need;
  - Give the phone number to the caller and have him/her call on his/her own;
  - Provide transportation assistance for the caller to access emergency shelter (as needed).
- If the assessment reveals that the caller is in immediate danger but he/she refuses to receive referrals from you or disconnects the call, notify the appropriate domestic violence intervention hotline and/or 9-1-1 immediately.

Single Adult Emergency Shelter

Applicability *– LSS Single Adult Shelters, Maryhaven Engagement Center, Southeast Men's Shelter, YMCA Van Buren Center shelters*

A. Eligibility

Single adult emergency shelters serve individuals who meet <u>all</u> of the following eligibility criteria:

- 18 years of age or older;
- Do not have physical custody of minor children upon entry;
- Currently in Franklin County;
- Currently not residing in an institution (e.g., hospital, jail, residential treatment) unless they resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

- Currently unsheltered or will be unsheltered tonight if not provided emergency shelter, meaning the individual:
    - Has no safe housing and is staying or will be staying tonight in a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings (e.g., a car, park, abandoned building, bus or train station, airport, or camping ground); AND
    - Has no other safe housing options or resources available to secure housing tonight, including other safe, appropriate temporary accommodations while they secure more permanent housing;
- Shelter, re-housing and other critical needs are best served by a single adult emergency shelter and are not more appropriately served by another resource or system of care (e.g., domestic violence shelter, in-patient psychiatric treatment, other specialized residential care facility);
- Able to care for him/herself (self-caring), including all activities of daily living and medication administration;
- Consent to basic shelter rules and expectations, including actively working on an IHSP in order to obtain permanent housing as quickly as possible and according to individual means and abilities;
- Behavior does not create safety or health risks for self or others;
- If previously stayed in shelter and exited unsuccessfully, then consent to behavior or other changes and conditions necessary to meet all emergency shelter eligibility criteria, including actively working on an IHSP in order to obtain permanent housing as quickly as possible according to individual needs and abilities; and,
- Not a convicted sex offender subject to community notification. An exception to this criterion is available during winter overflow periods.
- Single female adults who are pregnant and meet the eligibility criteria above are provided year-round prioritized access to single adult shelter at the Van Buren Center.

Single adults must continue to meet each of the above criteria on an *ongoing* basis while residing in emergency shelter to continue staying in shelter. When an individual stops meeting eligibility criteria, emergency shelter staff must initiate a shelter system exit or a shelter-to-shelter transfer. An individual may stop meeting basic shelter eligibility requirements for various reasons, such as when:

- A previously unavailable or new safe alternative housing option becomes available;
- An individual has sufficient resources to secure other housing, including temporary housing (e.g., motel) while they work to secure more permanent housing;

- An individual demonstrates a need for a higher level of care than available in emergency shelter and such care is readily available (e.g., an individual in need of crisis stabilization for a mental health crisis and can be assisted in immediately accessing a mental health crisis bed);
- An individual is actively selling or distributing illegal drugs on site;
- An individual persistently violates basic shelter rules, despite clearly communicated expectations and reasonable opportunities to comply;
- An individual physically threatens or assaults another person.

B. Entry

The CPOA/HH refers individuals to shelter based on eligibility and bed availability. Eligible single adults are offered emergency shelter with the understanding that admission is dependent on bed availability during non-overflow periods.

Single adults with specialized or complex needs may be placed in or transferred to the emergency shelter best able to meet their individual re-housing and other critical service needs. Screening by CPOA/HH includes questions to understand an individual's immediate shelter and critical service needs to triage eligible individuals to the most appropriate available shelter bed.

Following shelter admission, shelter staff may identify additional needs indicating another emergency shelter option would be more appropriate. Shelter staff should review such cases during case conference meetings and with other shelter providers when a shelter transfer is needed to meet an individual's needs. Shelter staff may also present such cases for a system case conference to review and determine the most appropriate shelter option. Providers must document all transfers in the HMIS. In all cases, transfers must be coordinated with CPOA/HH so that CPOA/HH can facilitate the shelter bed reservation.

Shelter staff may also identify an individual in need of a greater level of clinical care and/or residential support than available in the emergency shelter system. Shelter staff may exit an individual and facilitate access to another, more appropriate option when available. When such options are not available or when they do not address an individual's overnight shelter needs, shelter staff must present such cases for a system case conference to review and determine the most appropriate system response to addressing the individual's needs while continuing to provide safe shelter.

Many single adults who are newly homeless or who have not experienced persistent housing instability and homelessness are able to resolve their housing needs with minimal or no re-

housing support. Such individuals are still expected to have a basic IHSP within five business days of entering shelter, created with support of shelter staff or other partners (e.g., rapid re-housing), if they have not already self-resolved. Shelter staff should actively engage individuals not making progress or reasonable efforts to accomplish their IHSP and, as needed, seek to adjust plans, clarify expectations, and engage individuals in resolving their housing crisis. When appropriate, providers can discuss individuals with more challenging issues at program and system-level case conferences for further problem-solving.

Shelter providers should screen all shelter residents within 5 business days of shelter entry, or as soon as possible, using the standardized Housing Assistance Screening Tool (HAST) and coordinated access processes for re-housing assistance. The HAST provides coordinated, system-wide access to rapid re-housing and/or permanent supportive housing (via USHS). The HAST identifies the client's prior system use, characteristics, housing-related barriers and re-housing assistance needs in order to connect them to best available re-housing assistance for which they are eligible.

The HAST coordinated access process allows shelter providers and system partners to consistently identify and better target assistance for individuals with greater vulnerabilities and need for re-housing assistance, including, but not limited to those who:

- Have experienced chronic or long-term homelessness and have one or more severe and persistent disabling conditions.
- Are returning to shelter after a recent shelter stay (e.g., within last 90 days).
- Have readily apparent, significant housing barriers and/or no prior independent housing experience.
- Are a youth age 18-24 (screening to occur per youth system policies and procedures).
- Are a Veteran (screening to occur per Veteran system policies and procedures).
- Are pregnant (screening to occur per pregnant women system policies and procedures).
- Have recently left an unsafe housing situation and are at-risk of returning.
- Have other severe service needs, as determined by program or system management.

C. System Overflow

Whenever possible, the single adult emergency shelter system will expand capacity to serve as many men and women as possible.

During winter overflow periods, emergency shelter will be offered to each eligible single adult. Because of increased demand and limited use of emergency shelter during severe

weather conditions by some individuals who are unsheltered, there is greater flexibility during overflow concerning eligibility related to actively working on an IHSP. Emergency shelters nonetheless make every effort to ensure all individuals using shelters are actively engaged and supported in obtaining safe, stable housing and addressing other critical service needs, as individual program and system resources allow. Single adults admitted to overflow and who are then moved to an available non-overflow emergency shelter bed may not be eligible to return to an overflow bed and must continue to meet all eligibility criteria.

Winter Overflow at the YMCA Van Buren site typically begins once the temperatures drop to 32 degrees or below for two or more days in a row. Overflow begins to remain open in November/December for the duration of the winter overflow season (typically on or around April 15), as long as capacity allows for safe shelter. During severe weather that presents an immediate threat to health and safety, shelters will work with CSB to ensure shelter residents have 24-hour access to shelter facilities.

During winter overflow, individuals will call the Homeless Hotline (614-274-7000) to request shelter. Staff at the Homeless Hotline will assess and attempt to divert all callers. After eligibility is determined, literally homeless adults will be assigned to a bed at Van Buren.

Sex offenders who need shelter will be referred to an appropriate overflow shelter option by the Homeless Hotline once they are determined to be literally homeless and their sex offender status is verified through the sex offender registry. Overflow shelter for sex offenders will only be open when the temperature is 32 degrees or below and does not remain open throughout the entire overflow season. For additional information on winter overflow refer to the Winter Overflow plan located here.

D. Eligible Activities

Eligible emergency shelter activities include:

- Essential Services
    - Case management including the usage of the CPOA/HH and assistance with an IHSP
    - Childcare referral and support
    - Education services
    - Employment assistance and job training referral and support
    - Outpatient health services referral and support
    - Legal services referral and support
    - Life skills training
    - Mental health services referral and support
    - Substance abuse services referral and support

- Transportation assistance
- Referral to permanent housing options and assistance, including RRH and PSH (via invitation to submit USHS application)
- Access to DCA for housing costs, including security deposits, rental assistance, utility assistance (arrears, utility deposits), and rental application fees

〈 Shelter Operations
- Costs to operate a shelter (i.e., rent, utilities, supplies, etc.).

E. Exit

If a shelter resident is no longer eligible, the partner agency may initiate an exit in accordance with a formal process established by the partner agency that recognizes the rights of individuals affected. The partner agency must exercise judgment and examine all extenuating circumstances to determine whether an individual does not meet shelter eligibility requirements so that a shelter stay is terminated only in the most severe cases or when an individual has a safe, appropriate housing option or the means to secure housing. There is no maximum length of stay in shelter.

Shelters should initiate an immediate shelter exit only for the following reasons:

〈 The individual's housing options and/or resources have changed sufficiently so that the individual no longer needs emergency shelter and can return to or secure safe, alternative housing, including stable temporary options (e.g., family or friends, motel) while they work to secure more permanent housing;
〈 The welfare and needs of the individual cannot be met in the shelter *and* another, more appropriate residential option is available;
〈 The safety of other individuals or staff in the shelter is endangered;
〈 The health of other individuals or staff in the shelter would otherwise be endangered.

If an individual is not eligible due to reasons other than these (e.g., not making reasonable efforts to obtain housing, persistent or significant rule violations), then shelter staff must make every reasonable effort to engage the individual in resolving issues to remain eligible and achieve a successful exit. In such instances, shelter staff must work with the individual to establish clear and achievable conditions for continued eligibility and shelter stay. This may include setting short, conditional periods (e.g., two days) during which an individual can demonstrate compliance with shelter expectations and rules. Shelter staff should discuss individuals with persistent or serious concerns and barriers with supervisors during program-level case conferencing. Shelters may also bring such cases to the system case conference meetings for additional problem-solving.

In all cases, the shelter exit process must be followed in accordance with CSB PR&C Standards.

- The program observes the following elements of due process:
    - An appeal/hearing before someone other than and not subordinate to the original decision maker, in which the client is given the opportunity to present written or oral objections to the decision;
    - Opportunity for the client to see and obtain evidence relied upon to make the decision and any other documents in the client's file prior to the hearing, including a written notice to the client containing a clear statement of the reasons for the decision;
    - Opportunity for the client to bring a representative of their choice to the hearing;
    - A prompt written final decision.
- The agency gives clients a copy of the grievance form upon entry. The agency makes reasonable efforts to ensure that all clients understand the grievance policy regardless of the clients' language.
- When a service restriction is in effect, the client is informed of the reason, conditions for lifting the restriction, and right to appeal, including who to contact regarding an appeal and information about the appeal process. Staff can describe how any service restriction is compliant with system-wide policies and procedures.
- For shelters, staff can demonstrate that clients have the opportunity to appeal discharge decisions prior to being asked to leave the shelter. This right is waived if a client is a safety risk.

All shelters must have an established and posted appeal process reflecting the above requirements. Any individual requesting an appeal must have his/her appeal heard prior to being asked to leave the shelter unless there is an immediate health or safety issue.

When an individual stops meeting eligibility criteria, emergency shelter staff should initiate and document a planned exit that results in the individual exiting to safe, appropriate options as soon as possible. These options may include their own permanent housing, permanent housing with friends or relatives, temporary housing they pay for or are provided in kind through friends or relatives, or a residential program or institution that provides an appropriate level of care. Emergency shelters do not exit individuals to unsheltered locations or other unsafe or inappropriate locations except in extreme situations in which an individual poses an immediate safety or health threat to others, or requires law enforcement or emergency medical care and after all reasonable corrective steps are exhausted (e.g.,

flagrant and persistent rule violation, refusal to make efforts towards housing after progressive engagement and reasonable, achievable conditions are agreed upon).

Individuals who are involuntarily exited for reasons other than imminent health or safety threats may appeal to return to emergency shelter the following day and be re-admitted to shelter if they are eligible and there is available capacity, including agreeing to behavior or other conditions necessary to meet all emergency shelter eligibility criteria. Whenever possible, such individuals are placed in the same shelter facility or a more appropriate shelter facility, as identified during a system case conference, to ensure continuity of care and rapid housing crisis resolution.

Individuals who are exited immediately without the right to appeal before exit due to imminent safety or health threats are subject to a system-wide service restriction period during which the individual may only be re-admitted to shelter conditionally, contingent on available shelter capacity. Upon exit, the shelter partner agency must enter system-wide service restriction start and end dates in HMIS. Individuals who appeal their eligibility during the system-wide service restriction time period must appeal to the shelter that imposed the shelter restriction and demonstrate they no longer pose an imminent threat and agree to behavior or other conditions necessary to meet all emergency shelter eligibility criteria. Depending on the outcome of the appeal, an individual may be approved to return to shelter on conditions determined by the shelter provider, contingent on available capacity.

F. Recordkeeping and Evaluation

Providers must document in client files the following for each program participant:

- Documentation of eligibility, including homeless status;
- Written intake record including intake interviews and records of services provided;
- Appropriate and successful referral to other programs in cases where the program was not able to accommodate a participant;
- Housing Assistance Screening Tool (HAST);
- USHS Severe Service Needs Assessment (Heads of Household only), if eligible and invited or referred for PSH via USHS;
- IHSP and documentation of progress made on the IHSP; and
- Documentation that confirms the data that was entered into HMIS, including income and assets at entry and exit.

Shelter staff should upload the HAST for each household to the head of household's HMIS record. Alternatively, shelters can maintain a hard copy of the HAST in the shelter client file and securely send a copy of the HAST to the RRH program where the household was

referred, if applicable, so the RRH program can also maintain this documentation for record-keeping and compliance purposes. The HAST should be completed within 5 days of shelter entry for every household or as soon as possible. If not completed within 5 days of shelter entry, then staff should document efforts and reasons why not completed within 5 days in the client file.

CSB evaluates the effectiveness of all programs via monthly monitoring reports, quarterly indicator reports, and an annual Program Evaluation. CSB and providers collectively assess program effectiveness via the Adult System Operations Workgroup.

Providers conduct formal client satisfaction surveys at exit. Exit surveys contain questions regarding voluntary participation in religious activities, access to housing options, access to employment assistance, courteous treatment, access to personal development activities, and any major obstacles to obtaining housing or meeting goals. Providers analyze exit surveys at least quarterly.

Rapid Re-Housing for Single Adults

Applicability *– YMCA RRH and Expansion RRH, YMCA DV RRH, HFF/YMCA TAY RRH, Homefull RRH, HFF Housing for Pregnant Women*

A. Eligibility

Individuals experiencing homelessness may participate in RRH programs if they are unable to exit homelessness on their own or through other assistance and need focused, individualized assistance to quickly secure and stabilize in permanent housing. Individuals must have income below 35% AMI[3]. All individuals are screened using the standardized Housing Assistance Screening Tool (HAST) within 5 days of shelter entry in order to determine the most appropriate, next-step re-housing assistance. The HAST is used to provide system-wide coordinated access to re-housing assistance and determines potential eligibility and prioritization for RRH and/or PSH through USHS. RRH providers use the Housing Assistance Screening Tool to determine RRH eligibility and, when RRH capacity is limited, prioritization among eligible individuals. The Housing Assistance Screening Tool and related guidance is located here.

RRH assistance is targeted for individuals entering shelter who meet at least one of the following target population criteria:

- One or more severe and persistent disabling conditions, defined as:

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- A physical, mental or emotional impairment, including an impairment cause by alcohol or drugs, post-traumatic stress disorder, or brain injury that:
    - Is expected to be long-continuing or of indefinite duration;
    - Substantially impedes the individual's ability to live independently; and
    - Could be improved by the provision of more suitable housing conditions.
- 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
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV)

〈 Two or more severe service needs. Severe service needs are determined based on the following:
- Past eviction(s)
- Past felony conviction(s)
- No current income
- Victim of domestic violence in the prior 6 months
- Length of time homeless

〈 Pregnant single women not engaged with another re-housing provider

〈 Veterans not eligible for re-housing assistance through Supportive Services for Veteran Families (SSVF) program

〈 Victims of domestic violence (including specialized RRH for victims of domestic violence)

〈 Transition-age youth (18-24) not engaged with another re-housing provider (including specialized RRH for transition-age youth)

〈 Moderate barrier clients based on the HAST

〈 Individuals not otherwise included above will be considered for RRH if there are no other individuals in the target populations above and based on prioritization and available capacity.

HFF's Housing for Pregnant Women (HPW) serves expectant mothers who meet the criteria below:

- Household income is below 35% of area median income (AMI)
- Experiencing literal homelessness:

B. Prioritization

Eligible participants will be prioritized based on their severe service needs and placed in the Dynamic Prioritization Pool managed by the YMCA RRH program. All prospective RRH participants are scored for vulnerability and severity of service needs by the YMCA RRH program that accounts for:

- Number of past felony convictions
- Number of past evictions
- Lack of current income
- Victim of domestic violence within the last 6 months
- Number of severe/persistent disabling conditions
- Length of time homeless

When a space opens, the participant in the Dynamic Prioritization Pool with the highest score will be prioritized for RRH enrollment, focusing first on the target populations indicated above. Transition-age youth and victims of domestic violence are also assessed for additional vulnerabilities and prioritized in targeted pools for specialized RRH programs. In the event two prospective RRH individuals have the same prioritization score, then the individual referred to RRH earliest will receive higher priority. YMCA will refer pregnant clients directly to HPW RRH though HFF.

- HPW Prioritization Criteria—Must meet at least one criterion to be eligible. Women who meet multiple criteria will be prioritized over women who meet fewer criteria.
    - Current domestic violence
    - Current high-risk pregnancy
    - Currently residing in Celebrate One neighborhood
    - Currently unsheltered
    - Prior history of homelessness
    - Prior low birth weight or pre-term birth
    - Third (3rd) trimester of pregnancy

Three (3) or more children

C. Entry

Shelter providers screen all shelter residents within 5 business days of shelter entry or as soon as possible using the standardized Housing Assistance Screening Tool and referral processes for RRH and permanent supportive housing available through USHS. The HAST provides coordinated, system-wide access to rapid re-housing and/or permanent supportive housing (via USHS). The HAST identifies the client's prior system use, characteristics, housing-related barriers and re-housing assistance needs in order to connect them to best available re-housing assistance for which they are eligible.

The HAST coordinated access process allows shelter providers and system partners to consistently identify and better target assistance for individuals with greater vulnerabilities and need for re-housing assistance, including but not limited to those who:

- Have experienced chronic or long-term homelessness and have one or more severe and persistent disabling conditions.
- Are returning to shelter after a recent shelter stay (e.g., within last 90 days).
- Have readily apparent, significant housing barriers and/or no prior independent housing experience.
- Are a youth age 18-24 (screening to occur per youth system policies and procedures).
- Are a Veteran (screening to occur per Veteran system policies and procedures).
- Are pregnant (screening to occur per pregnant women system policies and procedures).
- Have recently left an unsafe housing situation and are at-risk of returning.
- Have other severe service needs, as determined by program or system management.

Individuals who are returning to homelessness after an absence of 90 days or less should be reconnected with RRH if previously enrolled (with appeal, if also exited from RRH), and otherwise supported in continuing to achieve their original IHSP. The referral process includes regular case conferencing with shelter and RRH staff. If a participant returns to shelter after exiting the RRH program, the participant should be assigned to the same RRH case manager, if possible.

Within two business days of referral and intake, RRH case managers conduct a housing barrier and service needs assessment that focuses on housing barriers and other history, characteristics, and service needs directly relevant to quickly obtaining and stabilizing the person in permanent housing. The case manager and participant collaboratively develop an IHSP.

D. Eligible Activities

Individuals initially are offered up to three (3) months individualized RRH assistance, which may be extended on a month to month basis as needed and not to exceed twenty-four (24) months. RRH programs may request an additional extension for clients that need additional time to stabilize in housing. RRH programs employ a progressive assistance approach that seeks to help households end their homelessness as rapidly as possible, despite barriers, with the least amount of financial assistance and services needed to quickly resolve the homeless episode and avoid an immediate return to homelessness. Core components of RRH include:

Housing Identification

- Recruit landlords to provide housing opportunities for people experiencing homelessness.
- Address potential barriers to landlord participation
- Help participants find and secure appropriate rental housing

Rent and Move-in Assistance

- Financial assistance to cover allowable move-in costs, deposits, and the rent and/or utility assistance needed.

Case Management and Services

- Help participants develop an IHSP
- Help participants identify and select among various permanent housing options based on their unique strengths, needs, preferences, and financial resources.
- Help participants address issues that may impede access to housing.
- Help participants negotiate manageable and appropriate lease agreements with landlords.
- Make appropriate and time-limited services and supports available to participants to allow them to stabilize quickly in permanent housing. This includes providing assistance in the participant's home.
- Monitor participants' housing stability and help resolve crises.
- Help connect participants to resources that improve their safety and well-being and achieve their long-term goals.
- Ensure that services are participant-directed, respectful of participants' right to self-determination, and voluntary. Participants understand that assistance is premised on active involvement with case management and services.

Other service needs provided by shelter and RRH case managers include:

- Mental health services referrals and support
- AOD services referral and support
- Pregnancy support
- Parenting classes
- Childcare referral and support
- Domestic violence referral and support
- Employment support, benefit referrals and other income supports
- Education support for adults
- Mediation

- Referral and linkage to other appropriate community resources

All programs adhere to program practice principles and standards published in the *Rapid Re-Housing Performance Benchmarks and Program Standards* by the National Alliance to End Homelessness (NAEH).

E. Exit

RRH case managers will assess the types and amounts of assistance needed by participants to obtain and maintain housing monthly and prior to DCA use. Participant eligibility and/or need for continued service must be re-determined at least every 90 days. Individuals may remain eligible for RRH assistance if their household income is above 30% area median income (AMI) for up to one year after RRH enrollment. Termination is required if the household is no longer eligible and in need of RRH services, including having sufficient means to maintain housing and being connected with community-based services to support longer-term housing stability and service needs. Households above 30% AMI at the time of the annual reassessment will be terminated from the program.

If a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established by the partner agency that recognizes the rights of individuals. The partner agency must examine all extenuating circumstances to determine when violations warrant termination. Providers should only terminate assistance in the most severe cases and when all possible alternatives are exhausted. All exits require a Letter of Termination and documentation. If a participant exits shelter, they remain eligible for RRH services.

- Participants are considered to have exited successfully when their housing status at exit is stable, permanent housing. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that housing is sustainable and clients have access to needed community supports. Providers may exit clients from services for cause, but those clients may still be considered successfully exited if they are maintaining stable housing upon exit.

- Participants are considered to have exited unsuccessfully when their housing status at exit is unstable and unsustainable. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that the client has not moved out of emergency shelter, lost housing or is at-risk of losing housing. Individual case managers cannot unilaterally close a case as an unsuccessful exit.

Case managers should discuss with supervisors and ensure that all possible actions have been taken to prevent an unsuccessful exit and document those actions.

Some participants may choose to not engage in case management services and, therefore, choose to exit. Exits due to non-participation should only occur when:

- There are multiple, documented attempts at engagement;
- The participant has explicitly or implicitly indicated they no longer want program assistance; and/or
- It is likely that the participant will obtain or maintain permanent housing on their own or with other assistance.
- A safe and appropriate housing option has been offered to the participant to resolve their housing crisis and exit shelter with RRH support and the participant declines housing option to remain in emergency shelter.

Case Closure

Rapid re-housing programs should offer only what the household needs and wants and only as long as necessary to achieve the overarching goal of ending the housing crisis and avoid literal homelessness or a near-term return to homelessness. Planning for case closure should begin at intake and should be clearly communicated to the participant. There are multiple factors to consider when closing a case; however there are three basic aspects to evaluate: financial resources, lease compliance, and goal plan/resource linkage.

F. Recordkeeping and Evaluation

Providers must document in client files the following for each program participant:

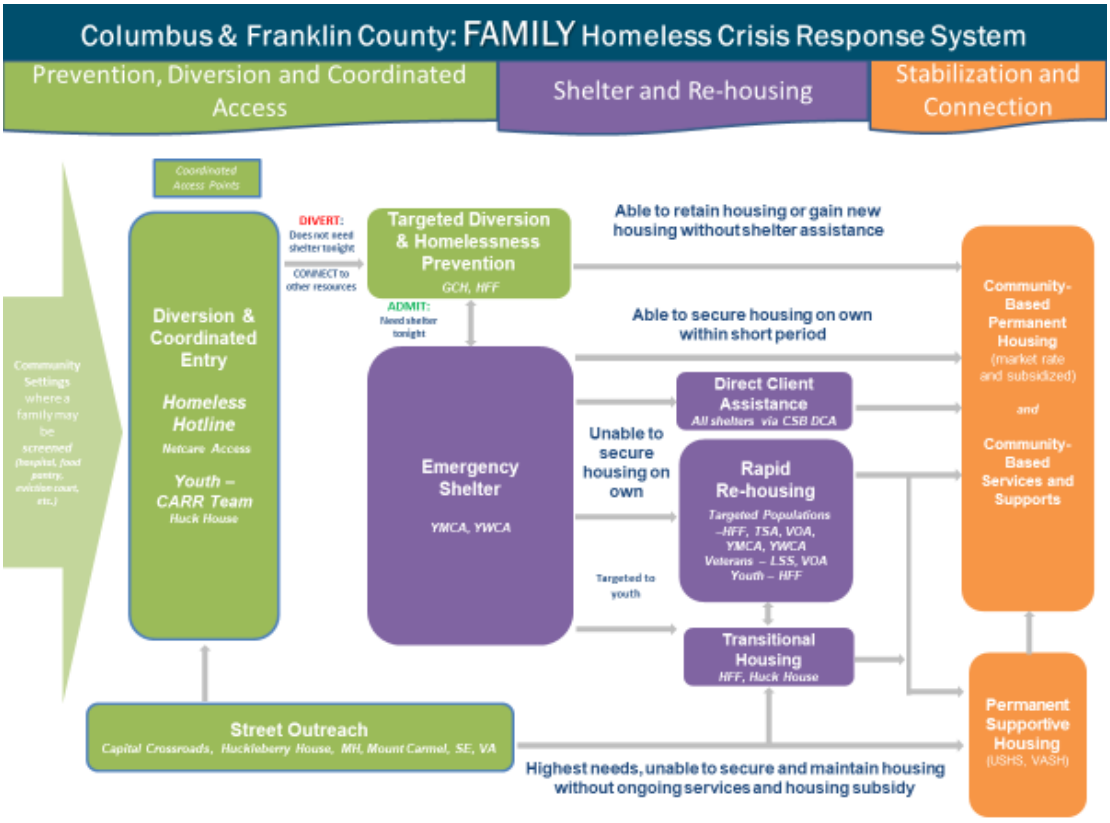
- Documentation of eligibility, including homeless status and income (at the annual assessment);
- Housing Assistance Screening Tool;
- Severe Service Needs Assessment for PSH through USHS, if invited or referred;
- Housing Inspection, including lead-based paint requirements;
- Documentation of tenancy (lease);
- Written intake record including intake interviews and records of services provided;
- Written initial assessment documenting participant eligibility and the amount and types of assistance needed to regain stability in housing and indicating the client lacks sufficient resources and support networks necessary to secure and stabilize in permanent housing;
- Appropriate and successful referral to other programs in cases where the program was not able to accommodate a participant;
- IHSP and documentation of progress made on the IHSP;

- Letter of Termination and documentation for exited households; and
- Documentation that confirms the data that was entered into HMIS, including income and assets at entry and exit.
- Photos of documents are acceptable if a copy cannot be obtained
- Annual assessment, if applicable.

CSB evaluates the effectiveness of all programs via monthly monitoring reports, quarterly indicator reports, and an annual Program Evaluation. CSB and providers collectively assess program effectiveness via the Adult System Operations Workgroup.

Providers conduct formal client satisfaction surveys at exit. Exit surveys contain questions regarding voluntary participation in religious activities, access to housing options, access to employment assistance, courteous treatment, access to personal development activities, and any major obstacles to obtaining housing or meeting goals. Providers analyze exit surveys at least quarterly.

VI. FAMILY SYSTEM



A. Coordinated Point of Access/Homeless Hotline

Families experiencing homelessness or at risk of experiencing homelessness contact the Coordinated Point of Access/Homeless Hotline (CPOA/HH). CPOA/HH has specialists available 24 hours a day, 7 days a week to conduct a preliminary triage and assessment and explore diversion possibilities via standardized diversion assessment.

If diversion is not possible for a family, CPOA/HH places the family on a standby list that is monitored throughout the day by Gladden Community House Family Diversion. Family Diversion will call all families on the standby list and attempt to divert the family again. If the family still cannot be diverted, Family Diversion will schedule a face-to-face meeting with the family to explore additional diversion options. Family Diversion staff may schedule an emergency overnight stay for a family only as needed to fully pursue diversion possibilities and only proceed to formal admission when all other options have been exhausted.

If CPOA/HH receives a call from someone in need of assistance because of domestic violence/dating violence, sexual assault, and/or stalking, the call specialist must connect

that caller to an appropriate intervention hotline. Such services in Franklin County include CHOICES, Ohio Hispanic Coalition, Buckeye Region Anti-Violence Organization, Franklin County Prosecutor's Office Victim Witness Assistance, Sexual Assault Response Network of Central Ohio, Legal Aid Society of Columbus, Ohio Intimate Partner Violence Collaborative, and City Attorney's Office Domestic Violence/Stalking Unit. The process for assessing and referring a person experiencing domestic violence, dating violence, sexual assault, and/or stalking is as follows:

- Immediately write down the phone number that appears on the caller ID.
- Assess the situation to ensure the caller's safety and the safety of those accompanying them. If the caller is not safe or indicates that the abuser will return soon, advise them to hang up and dial 9-1-1. If the caller is in a safe place, continue with the procedure.
- Depending on the severity of the immediate situation:
    - Request that another call specialist contact 9-1-1 (never disconnect from the initial caller);
    - Contact the appropriate intervention hotline without disconnecting from the initial caller; ensure that the eligibility and operation hours meet the current need;
    - Give the phone number to the caller and have him/her call on his/her own;
    - Provide transportation assistance for the caller to access emergency shelter (as needed).
- If the assessment reveals that the caller is in immediate danger but he/she refuses to receive referrals from you or disconnects the call, notify the appropriate domestic violence intervention hotline and/or 9-1-1 immediately.

Family Emergency Shelter

Applicability *– YMCA Van Buren Family Shelter, YWCA Family Center*

A. Eligibility

Family emergency shelters serve households who meet all of the following eligibility criteria:

- One or more children under age 18 (or age 18 or older still attending high school or special circumstances) in the legal custody of one or more adults in the household. All families should be given a reasonable amount to time to produce documents that

prove custody. Documents, including but not limited to: school paperwork, TANF/medical documents, court document, FCCS statement.;

- Currently in Franklin County;
- Currently not residing in an institution (e.g., hospital, jail, residential treatment) unless they resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- Currently unsheltered or will be unsheltered tonight if not provided emergency shelter, meaning the individual:
    - Has no safe housing and is staying or will be staying tonight in a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings (e.g., a car, park, abandoned building, bus or train station, airport, or camping ground); AND
    - Has no other safe housing options or resources available to secure housing tonight, including other safe, appropriate temporary accommodations while they secure more permanent housing;
- Shelter, re-housing and other critical needs are best served by a family emergency shelter and are not more appropriately served by another resource or system of care (e.g., domestic violence shelter, in-patient psychiatric treatment, other specialized residential care facility);
- Able to care for him/herself (self-caring) and the children, including all activities of daily living and medication administration;
- Consent to basic shelter rules and expectations, including actively working on an IHSP in order to obtain permanent housing as quickly as possible and according to individual means and abilities;
- Behavior does not create safety or health risks for self or others;
- All families who previously stayed in emergency shelter and exited within the prior 90 days must meet with the shelter program director or other designated staff within 2 business days of shelter entry in order to review shelter eligibility requirements, conditions for re-entry, shelter/re-housing expectations, and the supports a family needs and desires to successfully achieve their IHSP;
    - Families who exited unsuccessfully in the prior 90 days, including those who disappear and those who were exited involuntarily, should generally demonstrate some level of effort to obtain housing, income and/or services prior to returning to shelter.
    - Families who were involuntarily exited in the prior 90 days must also agree to behavior or other changes and conditions necessary to meet all emergency shelter eligibility criteria, including actively working on an IHSP in order to obtain permanent housing as quickly as possible according to individual needs, means and abilities;
- Not a convicted sex offender subject to community notification; and

- Family member must not have an active warrant of a violent nature.
- Must not have a restraining order against anyone in household entering shelter.

Families must continue to meet each of the above criteria on an *ongoing* basis while residing in emergency shelter to continue staying in shelter. When a family stops meeting eligibility criteria, emergency shelter staff must initiate a shelter system exit or a shelter-to-shelter transfer. A family may stop meeting basic shelter eligibility requirements for various reasons, such as when:

- A previously unavailable or new safe alternative housing option becomes available;
- A family has sufficient resources to secure other housing, including temporary housing (e.g., motel) while they work to secure more permanent housing;
- A family demonstrates a need for a higher level of care than available in emergency shelter and such care is readily available (e.g., household member(s) in need of crisis stabilization for a mental health crisis and can be assisted in immediately accessing a mental health crisis bed);
- A family refuses to take reasonable, mutually agreed-upon actions to address their re-housing needs as reflected in their IHSP and only after the family has been provided multiple, documented opportunities to take action or adjust their IHSP and does not follow-through;
- A household member is actively selling or distributing illegal drugs on site;
- A household member persistently violates basic shelter rules, despite clearly communicated expectations and reasonable opportunities to comply;
- A household member physically threatens or assaults another person.

B. Entry

Families that cannot be successfully diverted by CPOA/HH are referred to Family Diversion staff for stage two diversion. Family Diversion staff initially engages family by phone. If the family's crisis cannot be resolved through a phone conversation, a face-to-face appointment is scheduled as soon as possible to explore additional diversion options. Family Diversion staff schedule emergency overnight stays for families only as needed to fully pursue diversion possibilities. If a family is placed in "Overnight Only" while awaiting an appointment with Family Diversion, the family will be scheduled the next business day to meet with a diversion specialist. If the family does not utilize the Overnight Only bed or misses the scheduled face to face diversion appointment more than one night in a given time frame, it is assumed the family has someplace safe and appropriate to stay. If Family Diversion notices a pattern of requesting services and not utilizing resources, Family Diversion may reserve the right to not determine eligibility until the family meets with a diversion specialist.

If the family cannot be diverted, Family Diversion will refer the family to shelter, based on the eligibility criteria. Admission is NOT dependent on bed availability – all families who need shelter are referred to the Van Buren Center or YWCA Family Center. Family Diversion will make final shelter eligibility decision and place family either at the Van Buren Center or YWCA Family Center according to the following:

- Any available fixed unit at either shelter (64 Van Buren Center and 50 YWCA Family Center)
    - When placing in a fixed bed and both shelters have capacity, Family Diversion will alternate placements.
    - If one program is at or over fixed capacity and the other isn't, Family Diversion will fill all available fixed beds at the program with availability without alternating.
- If no fixed unit is available, then families will be placed at Van Buren overflow first (up to available overflow capacity reported to Family Diversion by the Van Buren Center) and YWCA Family Center second.
    - When Van Buren Center is at capacity, meaning fixed bed/unit and reported overflow bed/unit capacity are both full the Family Diversion will refer families to YWCA Family Center up to the YWCA Family Center fixed and overflow capacity.
- When both Van Buren Center and YWCA Family Center are at maximum fixed and overflow capacity, Family Diversion will refer to the Van Buren Center and the family may be asked to stay in chairs/cots until the next available fixed or regular overflow unit opens at either shelter or be placed in an alternate family overflow location.

Families that exited emergency shelter in the prior 90 days may only be re-admitted to shelter conditionally, based on their agreement to actively work on an IHSP and take actions that are reasonable and necessary to obtain housing. This may include, but is not limited to engaging in more intensive or individualized re-housing services; establishing clear, achievable, time-bound goals as part of an updated IHSP that reflects specific conditions the family must meet to remain eligible; or consenting to information sharing and coordination with outside agencies and resources necessary to achieve housing and other critical and immediate needs.

Gladden Community House Family Diversion staff will use case notes and other HMIS data to determine if a family is subject to conditions and notify the appropriate shelter and/or rapid re-housing program of family re-admission, need for re-engagement, and conditional stay. The emergency shelter assisting the family will clarify and document conditions as part of shelter intake and updated IHSP and will share these conditions with any rapid re-housing provider assisting the family.

Shelter staff, including any other involved system partner, may identify a family in need of a greater level of clinical care and/or residential support than available in the emergency shelter system. Shelter staff may exit a family and facilitate access to another, more appropriate option when available. When such options are not available or when they do not address a family's overnight shelter needs, shelter staff must present such cases for a system case conference to review and determine the most appropriate system response to addressing the family's needs while continuing to provide safe shelter.

Many families who are newly homeless or who have not experienced persistent housing instability and homelessness are able to resolve their housing needs with minimal or no re-housing support. Such families are still expected to have a basic IHSP within five business days of entering shelter, created with support of shelter staff or other partners, if they have not already self-resolved. Shelter staff should actively engage families not making progress or reasonable efforts to accomplish their IHSP and, as needed, seek to adjust plans, clarify expectations, and engage families in resolving their housing crisis. When appropriate, providers can discuss families with more challenging issues at program and system-level case conferences for further problem-solving.

Shelter providers should screen new shelter residents within 5 business days of shelter entry, or as soon as possible, using the standardized Housing Assistance Screening Tool (HAST) and coordinated access processes for re-housing assistance. The HAST provides coordinated, system-wide access to rapid re-housing and/or permanent supportive housing (via USHS). The HAST identifies the family's prior system use, characteristics, housing-related barriers and re-housing assistance needs in order to connect them to best available re-housing assistance for which they are eligible.

The HAST coordinated access process allows shelter providers and system partners to consistently identify and better target assistance for families with greater vulnerabilities and need for re-housing assistance, including, but not limited to those who:

- Have experienced chronic or long-term homelessness and have one or more severe and persistent disabling conditions.
- Are returning to shelter after a recent shelter stay (e.g., within last 90 days).
- Have readily apparent, significant housing barriers and/or no prior independent housing experience.
- Are headed by a youth age 18-24
- Include a Veteran (screening to occur per Veteran system policies and procedures).

- Include someone who is pregnant.
- Have recently left an unsafe housing situation and are at-risk of returning.
- Have other severe service needs, as determined by program or system management.

C. Eligible Activities

Eligible emergency shelter activities include:

- Essential Services
    - Case management including the usage of the CPOA/HH and assistance with an IHSP
    - Childcare referral and support
    - Education services
    - Employment assistance and job training referral and support
    - Outpatient health services referral and support
    - Legal services referral and support
    - Life skills training
    - Mental health services referral and support
    - Substance abuse services referral and support
    - Transportation assistance
    - Referral to permanent housing options and assistance, including RRH and PSH (via referral or invitation to submit USHS application)
    - Families that are accepted into a RRH program receive case management services, including housing search assistance, financial assistance and referrals to needed services from the RRH partner. Shelter case managers provide case management services on a limited or as needed basis.
    - Access to DCA for housing costs, including security deposits, rental assistance, utility assistance (arrears, utility deposits), and rental application fees
- Shelter Operations
    - Costs to operate a shelter (i.e., rent, utilities, supplies, etc.).

D. Exit

If a family is no longer eligible for shelter, the shelter staff, in collaboration with involved partner agency may initiate an exit in accordance with a formal process established by the shelter that recognizes the rights of individuals affected. The shelter must exercise judgment and examine all extenuating circumstances to determine whether a family does not meet shelter eligibility requirements so that a shelter stay is terminated only in the most severe cases or when a family has a safe, appropriate housing option or the means to secure housing. There is no maximum length of stay in shelter.

Shelters should initiate an immediate shelter exit only for the following reasons:

- The family's housing options and/or resources have changed sufficiently so that the family no longer needs emergency shelter and can return to or secure safe, alternative housing, including stable temporary options (e.g., family or friends, motel) while they work to secure more permanent housing;
- The welfare and needs of the family cannot be met in the shelter *and* another, more appropriate residential option is available;
- The safety of other individuals or staff in the shelter is endangered;
- The health of other individuals or staff in the shelter would otherwise be endangered.

In all cases, the shelter exit process must be followed in accordance with CSB PR&C Standards.

- The program observes the following elements of due process:
    - An appeal/hearing before someone other than and not subordinate to the original decision maker, in which the client is given the opportunity to present written or oral objections to the decision;
    - Opportunity for the client to see and obtain evidence relied upon to make the decision and any other documents in the client's file prior to the hearing, including a written notice to the client containing a clear statement of the reasons for the decision;
    -
    - Opportunity for the client to bring a representative of their choice to the hearing;
    - A prompt written final decision.
- The agency gives clients a copy of the grievance form upon entry. The agency makes reasonable efforts to ensure that all clients understand the grievance policy regardless of the clients' language.
- When a service restriction is in effect, the client is informed of the reason, conditions for lifting the restriction, and right to appeal, including who to contact regarding an appeal and information about the appeal process. Staff can describe how any service restriction is compliant with system-wide policies and procedures.
- For shelters, staff can demonstrate that clients have the opportunity to appeal discharge decisions prior to being asked to leave the shelter. This right is waived if a client is a safety risk.

All shelters must have an established and posted appeal process reflecting the above requirements. Any household member requesting an appeal must have his/her appeal

heard prior to being asked to leave the shelter unless there is an immediate health or safety issue.

When a household stops meeting eligibility criteria, shelter staff should initiate and document a planned exit that results in the individual exiting to safe, appropriate options as soon as possible. These options may include their own permanent housing, permanent housing with friends or relatives, temporary housing they pay for or are provided in kind through friends or relatives, or a residential program or institution that provides an appropriate level of care. Emergency shelters do not exit families to unsheltered locations or other unsafe or inappropriate locations except in extreme situations in which an individual poses an immediate safety or health threat to others, or requires law enforcement or emergency medical care and after all reasonable corrective steps are exhausted (e.g., flagrant and persistent rule violation, refusal to make efforts towards housing after progressive engagement and reasonable, achievable conditions are agreed upon). Families that exit to unsheltered or unsafe housing situations must be reported to Franklin County Children Services.

Families who are involuntarily exited for reasons other than imminent health or safety may appeal to return to emergency shelter the following day and be re-admitted to shelter if they are eligible, including agreeing to behavior or other conditions necessary to meet all emergency shelter eligibility criteria. Whenever possible, such families are placed in the same shelter facility or a more appropriate shelter facility, as identified during a system case conference, to ensure continuity of care and rapid housing crisis resolution. However, if a family that is being involuntarily exited appeals to stay in shelter and their appeal is denied, the family will not be eligible for shelter for 7 days after the involuntary exit and denied appeal.

All involuntary exits must be documented in the incidents section in HMIS with the reason for the involuntary exit and summary notes in the event the family later returns, including the reason for the involuntary exit and, as applicable, any conditions a family must meet relative to acting on their re-housing plan if they return within 90 days. Families that exit voluntarily, but unsuccessfully, may also have notes entered into the incident section if shelter staff believe families may likely return and/or if there are other conditions that must be met if the family returns within the next 90 days.

Families that exit involuntarily or voluntarily to an unsheltered or otherwise dangerous place for children (i.e., where they face a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child) must be informed of the shelter mandatory requirement to notify Franklin County Children

Services (FCCS). Families must be offered assistance in contacting FCCS themselves, to access FCCS temporary assistance and stabilization supports. Families that refuse to contact FCCS must be immediately reported to FCCS for further investigation and such reports must be documented in the client case file and HMIS incident section.

E. Recordkeeping and Evaluation

Providers must document in client files the following for each program participant:

- Documentation of eligibility, including homeless status;
- Written intake record including intake interviews and records of services provided;
- Appropriate and successful referral to other programs in cases where the program was not able to accommodate a participant;
- Housing Assistance Screening Tool (HAST);
- Severe Service Needs Assessment (Heads of Household only), if eligible for PSH and referred or invited via USHS process;
- IHSP and documentation of progress made on the IHSP;
- Documentation that confirms the data that was entered into HMIS, including income and assets at entry and exit.

Shelter staff should upload the HAST for each household to the head of household's HMIS record. Alternatively, shelters can maintain a hard copy of the HAST in the shelter client file and securely send a copy of the HAST to the RRH program where the household was referred, if applicable, so the RRH program can also maintain this documentation for record-keeping and compliance purposes. The HAST should be completed within 5 days of shelter entry for every household or as soon as possible. If not completed within 5 days of shelter entry, then staff should document efforts and reasons why not completed within 5 days in the client file.

CSB evaluates the effectiveness of all programs via monthly monitoring reports, quarterly indicator reports, and an annual Program Evaluation. CSB and providers collectively assess program effectiveness via the Family System Operations Workgroup.

Providers conduct formal client satisfaction surveys at exit. Exit surveys contain questions regarding voluntary participation in religious activities, access to housing options, access to employment assistance, courteous treatment, access to personal development activities, and any major obstacles to obtaining housing or meeting goals. Providers analyze exit surveys at least quarterly.

Rapid Re-Housing for Families

Applicability *– HFF RRH, TSA RRH, TSA J2H, VOA RRH, YMCA RRH, YWCA RRH, HFF TAY RRH and TH RRH, HFF Intensive, HFF Housing for Pregnant Women*

A. Eligibility

Families experiencing homelessness may participate in RRH programs if they are unable to exit homelessness on their own or through other assistance and who need focused, individualized assistance to quickly secure and stabilize in permanent housing. Families must have income below 35% AMI for all programs All families are screened using the standardized Housing Assistance Screening Tool (HAST) and referral process within 5 business days of shelter entry in order to determine the most appropriate, next-step re-housing assistance. The HAST is used to provide system-wide coordinated access to re-housing assistance and determines potential eligibility and prioritization for RRH and/or PSH through USHS. RRH providers use the Housing Assistance Screen Tool to determine RRH eligibility and, when RRH capacity is limited, prioritization among eligible families. The Housing Assistance Screening Tool and related guidance is located here.

The program targets RRH assistance for families in emergency shelter who qualify under one or more of the following sub-populations:

- Disabled and/or have severe service needs
    - Disabling conditions are defined as:
        - A physical, mental or emotional impairment, including an impairment cause by alcohol or drugs, post-traumatic stress disorder, or brain injury that:
            - Is expected to be long-continuing or of indefinite duration;
            - Substantially impedes the individual's ability to live independently; and
            - Could be improved by the provision of more suitable housing conditions.
        - 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
        - The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV)
- Two or more severe service needs. Severe service needs are determined based on the following:

- Past eviction(s)
- Past felony conviction(s)
- No current income
- Victim of domestic violence in the prior 6 months
- Number of times homeless

〈 Families with someone who is pregnant and not engaged with another re-housing provider

〈 Families that include a Veteran who is not eligible for re-housing assistance through Supportive Services for Veteran Families (SSVF) program

〈 Families headed by transition-age youth (18-24) not engaged with another re-housing provider (including specialized RRH for transition-age youth).

〈 Families not otherwise included above will be considered for RRH if there are no other individuals in the target populations above and based on prioritization and available capacity.

HFF's Housing for Pregnant Women (HPW) serves expectant mothers who meet the criteria below:

- Household income is below 35% of area median income (AMI)
- Experiencing literal homelessness

B. Prioritization

If a participant is referred to the program, but space in the program is not available, the participant will be placed in the Dynamic Prioritization Pool managed by CSB. Transition-age youth, pregnant woman and victims of domestic violence are also assessed for additional vulnerabilities and prioritized in targeted pools for specialized RRH programs. All prospective RRH participants are scored for vulnerability and severity of service needs that accounts for:

〈 Number of past felony convictions

〈 Number of past evictions

〈 Lack of current income

〈 Victim of domestic violence within the last 6 months

〈 Number of severe/persistent disabling conditions that pose significant challenges or functional impairments

〈 Number of times homeless in the last 3 years

〈 Families with 3 or more children

When a space opens, the participant in the Dynamic Prioritization Pool with the highest score will be prioritized for RRH enrollment. In the event two prospective RRH families have the same prioritization score, then the family who entered shelter first will receive higher priority.

- HPW Prioritization Criteria—Must meet at least one criterion to be eligible. Women who meet multiple criteria will be prioritized over women who meet fewer criteria.
    - Current domestic violence
    - Current high-risk pregnancy
    - Currently residing in Celebrate One neighborhood
    - Currently unsheltered
    - Prior history of homelessness
    - Prior low birth weight or pre-term birth
    - Third (3rd) trimester of pregnancy

Three (3) or more children

C. Entry

All referrals come directly from the YWCA Family Center or the YMCA Van Buren Family Shelter. Shelters refer prospective families to CSB for the Dynamic Prioritization Pool.

Shelter providers screen new shelter residents as soon as possible using the standardized Housing Assistance Screening Tool (HAST) and referral processes for RRH and permanent supportive housing available through USHS. The HAST provides coordinated, system-wide access to rapid re-housing and/or permanent supportive housing (via USHS). The HAST identifies the client's prior system use, characteristics, housing-related barriers and re-housing assistance needs in order to connect them to best available re-housing assistance for which they are eligible.

The HAST coordinated access process allows shelter providers and system partners to consistently identify and better target assistance for families with greater vulnerabilities and need for re-housing assistance, including but not limited to those who:

- Have experienced chronic or long-term homelessness and have one or more severe and persistent disabling conditions.
- Are returning to shelter after a recent shelter stay (e.g., within last 90 days).
- Have readily apparent, significant housing barriers and/or no prior independent housing experience.
- Are headed by a youth age 18-24 (screening to occur per youth system policies and procedures).
- Include a Veteran (screening to occur per Veteran system policies and procedures).
- Include someone who is pregnant (screening to occur per pregnant women system policies and procedures).
- Have recently left an unsafe housing situation and are at-risk of returning.
- Have other severe service needs, as determined by program or system management.

The RRH case manager will email the Letter of Acceptance or Intake Appointment Form to the designated staff member at YWCA or YMCA for delivery to the referred family. The RRH case manager will attempt to reach accepted families to inform them of the decision and to communicate the date and time of the intake appointment. The YWCA/YMCA will also confirm with the family their acceptance by a RRH partner agency and the upcoming intake appointment.

Within two business days of referral and intake, RRH case managers conduct a housing barrier and service needs assessment that focuses on housing barriers and other history, characteristics, and service needs directly relevant to quickly obtaining and stabilizing the person in permanent housing. The case manager and participant collaboratively develop an IHSP. RRH providers may choose to delete a client record from HMIS if the family does not engage with the RRH staff after program acceptance on at least 3 separate occasions. The RRH partner agency must keep the file for their records.

A participant in the household can transition from one RRH program to another if initially determined to be eligible for both programs. The participant can not be dually enrolled in two programs at one time.

Families previously housed by a RRH program may be referred back into that RRH program if the family experiences a housing crisis. RRH programs should adjust the amount and intensity of assistance, as appropriate, to best meet the needs of families returning to shelter and requiring RRH assistance again.

D. Eligible Activities

Families initially are offered up to three (3) months individualized RRH assistance, which may be extended on a month to month basis as needed and not to exceed twelve (12) months. RRH programs employ a progressive assistance approach that seeks to help households end their homelessness as rapidly as possible, despite barriers, with the least amount of financial assistance and services needed to quickly resolve the homeless episode and avoid an immediate return to homelessness. Core components of RRH include:

Housing Identification

- Recruit landlords to provide housing opportunities for people experiencing homelessness.
- Address potential barriers to landlord participation
- Help participants find and secure appropriate rental housing

Rent and Move-in Assistance

- Financial assistance to cover allowable move-in costs, deposits, and the rent and/or utility assistance needed.

Case Management and Services

- Help participants develop an IHSP
- Help participants identify and select among various permanent housing options based on their unique strengths, needs, preferences, and financial resources.
- Help participants address issues that may impede access to housing.
- Help participants negotiate manageable and appropriate lease agreements with landlords.
- Make appropriate and time-limited services and supports available to participants to allow them to stabilize quickly in permanent housing. This includes providing assistance in the participant's home.
- Monitor participants' housing stability and help resolve crises.
- Help connect participants to resources that improve their safety and well-being and achieve their long-term goals.
- Ensure that services are participant-directed, respectful of participants' right to self-determination, and voluntary. Participants understand that assistance is premised on active involvement with case management and services.

Other service needs provided by shelter and RRH case managers include:

- Mental health services referrals and support
- AOD services referral and support
- Pregnancy support
- Parenting classes
- Childcare referral and support
- Domestic violence referral and support
- Employment support, benefit referrals and other income supports
- Education support for adults and children
- Mediation
- Referral and linkage to other appropriate community resources

All rapid re-housing programs adhere to program practice principles and standards published in the *Rapid Re-Housing Performance Benchmarks and Program Standards* by the National Alliance to End Homelessness (NAEH).

E. Exit

RRH case managers will assess the types and amounts of assistance needed by participants to obtain and maintain housing monthly and prior to DCA use. Participant eligibility and/or need for service must be re-determined every 90 days. Families may remain eligible for RRH assistance if their household income is above 30% area median income (AMI) for up to one year after RRH enrollment. RRH programs may extend assistance for clients that need additional time to stabilize in housing. Termination is required if the household is no longer eligible and in need of RRH services, including having sufficient means to maintain housing, and being connected with community-based services to support longer-term housing stability and service needs. Households above 30% AMI at the time of the annual reassessment will be terminated from the program.

If a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established by the partner agency that recognizes the rights of individuals. The partner agency must examine all extenuating circumstances to determine when violations warrant termination. Providers should only terminate assistance in the most severe cases and when all possible alternatives are exhausted. All exits require a Letter of Termination. If a family exits shelter, they remain eligible for RRH services.

- Participants are considered to have exited successfully when their housing status at exit is stable, permanent housing. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that housing is sustainable and clients have access to needed community supports. Providers may exit clients from services for cause, but those clients may still be considered successfully exited if they are maintaining stable housing upon exit.

- Participants are considered to have exited unsuccessfully when their housing status at exit is unstable and not permanent. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that the client has not moved out of emergency shelter, lost housing or is at-risk of losing housing. Individual case managers cannot unilaterally close a case as an unsuccessful exit. Case managers should discuss with supervisors and ensure that all possible actions have been taken to prevent an unsuccessful exit and document those actions.

- Families that have an income at or above 30% AMI at the annual assessment must be exited from the program. The exit at termination will be successful if the household continues to live in the unit the RRH program assisted in securing.

Some participants may choose to not engage in case management services and, therefore, choose to exit. Exits due to non-participation should only occur when:

- There are multiple, documented attempts at engagement;
- The participant has explicitly or implicitly indicated they no longer want program assistance; and/or
- It is likely that the participant will obtain or maintain permanent housing on their own or with other assistance.

Case Closure

Rapid re-housing programs should offer only what the household needs and wants and only as long as necessary to achieve the overarching goal of ending the housing crisis and avoid literal homelessness or a near-term return to homelessness. Planning for case closure should begin at intake and should be clearly communicated to the family. There are multiple factors to consider when closing a case; however, there are three basic aspects to evaluate: financial resources, lease compliance, and goal plan/resource linkage.

F. Recordkeeping and Evaluation

Providers must document in client files the following for each program participant:

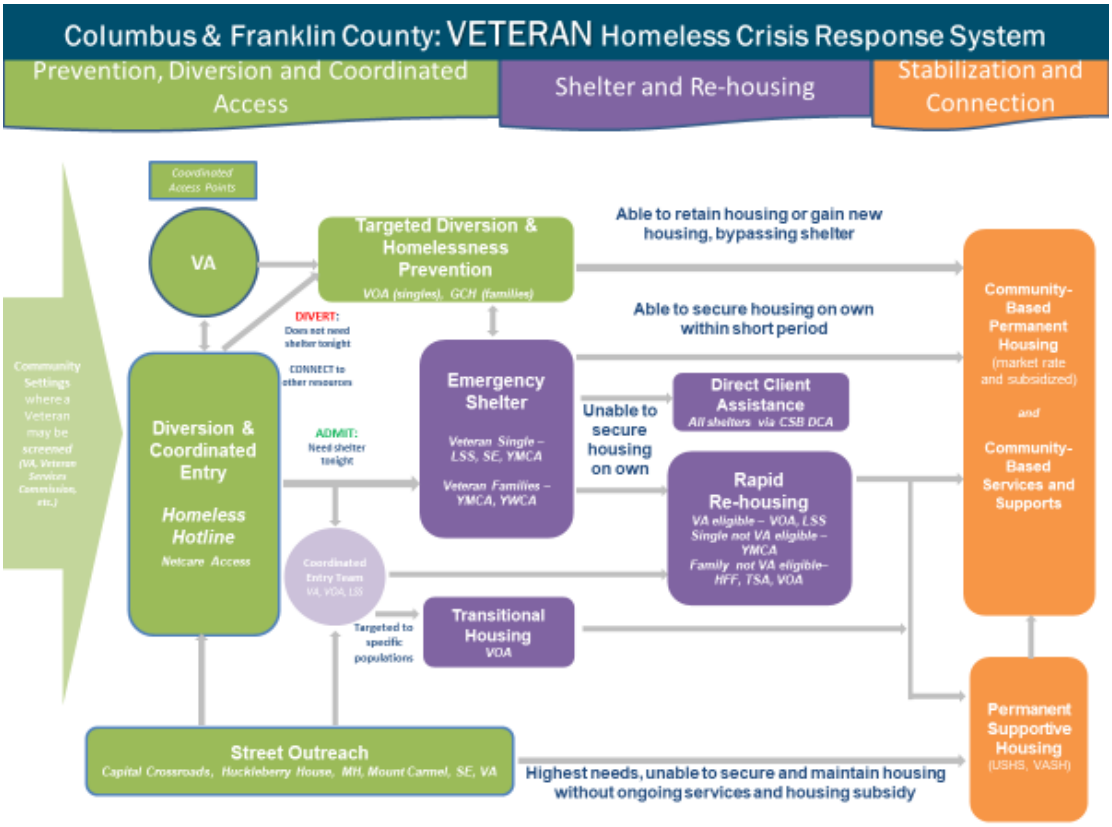
- Documentation of eligibility, including homeless status and income (at annual reassessment);
- Housing Assistance Screening Tool (HAST)
- Severe Service Needs Assessment for PSH through USHS, as applicable
- Housing Inspection, including lead-based paint requirements;
- Documentation of tenancy (lease);
- Written intake record including intake interviews and records of services provided;
- Written initial assessment and re-assessments (completed every 90 days) documenting participant eligibility and the amount and types of assistance needed to regain stability in housing and indicating the client lacks sufficient resources and support networks necessary to secure and stabilize in permanent housing;
- Appropriate and successful referral to other programs in cases where the program was not able to accommodate a participant;
- IHSP and documentation of progress made on the IHSP;
- Letter of Termination for exited households; and
- Documentation that confirms the data that was entered into HMIS, including income and assets at entry and exit.
- Photos of documentation are acceptable if a copy cannot be obtained

〈 Annual assessment, if applicable.

CSB evaluates the effectiveness of all programs via monthly monitoring reports, quarterly indicator reports, and an annual Program Evaluation. CSB and providers collectively assess program effectiveness via the Family System Operations Workgroup.

Providers conduct formal client satisfaction surveys at exit. Exit surveys contain questions regarding voluntary participation in religious activities, access to housing options, access to employment assistance, courteous treatment, access to personal development activities, and any major obstacles to obtaining housing or meeting goals. Providers analyze exit surveys at least quarterly.

VII. VETERAN SYSTEM



A. Coordinated Point of Access/Homeless Hotline

People experiencing homelessness or at risk of experiencing homelessness contact the Coordinated Point of Access/Homeless Hotline (CPOA/HH). CPOA/HH has specialists available 24 hours a day, 7 days a week to conduct a preliminary triage and assessment and explore diversion possibilities via a standardized Crisis Needs Assessment and diversion process. If diversion is not possible, CPOA/HH refers single adult veterans who meet eligibility criteria to the most appropriate shelter. CPOA/HH will make a preliminary shelter eligibility decision and refer the single adult veteran either at LSS or VOA shelters according to the following:

- Any available fixed VAEH bed (if the veteran is VHA eligible) Veteran preference may be considered if beds are available in both VAEH programs. If eligibility is unknown or they are ineligible for VAEH, the veteran should be placed in a Humanitarian bed.
  - If no VAEH beds are available and the veteran is eligible for VAEH, then the veteran will be placed in a Humanitarian bed at VOA HMIS Data Workflow for Humanitarian beds:
    1. Navigate to the client's profile from the Pending Referrals section.

2. Enroll client in VOA Humanitarian Beds via the Program tab of the client's profile.
3. On the pop-up Shelter Enrollment screen, complete the necessary information.
4. Save and Exit.
5. Exit the client via the Exit button within their VOA Humanitarian Beds program record once they leave facility or enter a program bed and close disability records.

〈 If no Humanitarian bed is available, the veteran will be referred to any available general population bed.

If diversion is not possible for a veteran, CPOA/HH places the veteran on a standby list that is monitored throughout the day by the Veteran Coordinated Entry team managed by the VA. The Veteran Coordinated Entry team will attempt to divert the veteran again. If the veteran still cannot be diverted, Veteran Coordinated Entry will complete a housing assessment and collaborate with CPOA/HH to determine the most appropriate emergency shelter placement for the veteran, including Veteran Transitional Housing (VOA Grant & Per Diem Program (GPD)).

If CPOA/HH receives a call from someone in need of assistance because of domestic violence/dating violence, sexual assault, and/or stalking, the call specialist must connect that caller to an appropriate intervention hotline. Such services in Franklin County include CHOICES, Ohio Hispanic Coalition, Buckeye Region Anti-Violence Organization, Franklin County Prosecutor's Office Victim Witness Assistance, Sexual Assault Response Network of Central Ohio, Legal Aid Society of Columbus, Ohio Intimate Partner Violence Collaborative, and City Attorney's Office Domestic Violence/Stalking Unit. The process for assessing and referring a person experiencing domestic violence, dating violence, sexual assault, and/or stalking is as follows:

〈 Immediately write down the phone number that appears on the caller ID.

〈 Assess the situation to ensure the caller's safety and the safety of those accompanying them. If the caller is not safe or indicates that the abuser will return soon, advise them to hang up and dial 9-1-1. If the caller is in a safe place, continue with the procedure.

〈 Depending on the severity of the immediate situation:

- Request that another call specialist contact 9-1-1 (never disconnect from the initial caller);
- Contact the appropriate intervention hotline without disconnecting from the initial caller; ensure that the eligibility and operation hours meet the current need;
- Give the phone number to the caller and have him/her call on his/her own;

- Provide transportation assistance for the caller to access emergency shelter (as needed).

〈 If the assessment reveals that the caller is in immediate danger but he/she refuses to receive referrals from you or disconnects the call, notify the appropriate domestic violence intervention hotline and/or 9-1-1 immediately.

Veteran Emergency Shelter

Applicability *– VOA VAEH, LSS/FM VAEH*

A. Eligibility

Veteran emergency shelters (VOA and LSS/FM VA Emergency Housing (VAEH)) serve single adult veterans who meet all of the following eligibility criteria:

〈 18 years of age or older;

〈 Are eligible according to VA requirements;

〈 Do not have physical custody of minor children upon entry;

〈 Currently in Franklin County;

〈 Currently not residing in an institution (e.g., hospital, jail, residential treatment) unless they resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

〈 Currently unsheltered or will be unsheltered tonight if not provided emergency shelter, meaning the individual:

- Has no safe housing and is staying or will be staying tonight in a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings (e.g., a car, park, abandoned building, bus or train station, airport, or camping ground); AND
- Has no other safe housing options or resources available to secure housing tonight, including other safe, appropriate temporary accommodations while they secure more permanent housing;

〈 Shelter, re-housing and other critical needs are best served by a single adult emergency shelter and are not more appropriately served by another resource or system of care (e.g., domestic violence shelter, in-patient psychiatric treatment, other specialized residential care facility);

〈 Able to care for him/herself (self-caring), including all activities of daily living and medication administration;

- Consent to basic shelter rules and expectations, including actively working on an IHSP in order to obtain permanent housing as quickly as possible and according to individual means and abilities;
- Behavior does not create safety or health risks for self or others;
- If previously stayed in shelter and exited for safety, health or other involuntary exit reasons, then consent to behavior or other changes and conditions necessary to meet all emergency shelter eligibility criteria; and
- Not a convicted sex offender subject to community notification.

Veterans must continue to meet each of the above criteria on an *ongoing* basis while residing in emergency shelter to continue staying in shelter. When an individual stops meeting eligibility criteria, emergency shelter staff must initiate a shelter system exit or a shelter-to-shelter transfer. An individual may stop meeting basic shelter eligibility requirements for various reasons, such as when:

- A previously unavailable or new safe alternative housing option becomes available;
- An individual has sufficient resources to secure other housing, including temporary housing (e.g., motel) while they work to secure more permanent housing;
- An individual demonstrates a need for a higher level of care than available in emergency shelter and such care is readily available (e.g., an individual in need of crisis stabilization for a mental health crisis and can be assisted in immediately accessing a mental health crisis bed);
- An individual is actively selling or distributing illegal drugs on site;
- An individual persistently violates basic shelter rules, despite clearly communicated expectations and reasonable opportunities to comply;
- An individual physically threatens or assaults another person.

B. Entry

The CPOA/HH refers veterans to shelter, based on the eligibility criteria. Eligible veterans are offered emergency shelter - admission is NOT dependent on bed availability. For veterans who have no safe, appropriate housing option and cannot be diverted, the VA-led Coordinated Entry Team helps the veteran navigate the most appropriate pathway to emergency housing in concert with the Homeless Hotline to reduce the veteran's exposure to unsheltered homelessness. The Coordinated Entry Team simultaneously evaluates and connects each veteran to a Responsible Provider who assists the veteran with an individualized housing stabilization plan, housing search and placement, and access to direct client assistance for initial move-in costs.

C. Eligible Activities and Level of Care

Eligible emergency shelter activities include:

- Essential Services
    - Case management including the usage of the CPOA/HH and assistance with an IHSP
    - Childcare referral and support
    - Education services
    - Employment assistance and job training referral and support
    - Outpatient health services referral and support
    - Legal services referral and support
    - Life skills training
    - Mental health services referral and support
    - Substance abuse services referral and support
    - Transportation assistance
    - Referral to permanent housing options and assistance, including RRH and PSH (via invitation to submit USHS application)
    - Access to DCA for housing costs, including security deposits, rental assistance, utility assistance (arrears, utility deposits), and rental application fees

Veterans with specialized or complex needs may be placed in or transferred to the emergency shelter best able to meet their individual re-housing and other critical service needs. Screening by CPOA/HH includes questions to understand an individual's immediate shelter and critical service needs to triage eligible individuals to the most appropriate available shelter bed.

Following shelter admission, shelter staff may identify additional needs indicating another emergency shelter option would be more appropriate. Shelter staff should review such cases during case conference meetings and with other shelter and veteran providers when a shelter transfer is needed to meet the veteran's needs. Shelter staff may also present such cases for a system case conference to review and determine the most appropriate shelter option. Providers must document all transfers in the Homeless Management Information System (HMIS). In all cases, transfers must be coordinated with CPOA/HH so that CPOA/HH can facilitate the shelter bed reservation.

Shelter staff may also identify a veteran in need of a greater level of clinical care and/or residential support than available in the emergency shelter system. Shelter staff may exit a veteran and facilitate access to another, more appropriate option when available. When

such options are not available or when they do not address a veteran's overnight shelter needs, shelter staff must present such cases for a system case conference to review and determine the most appropriate system response to addressing the veteran's needs while continuing to provide safe shelter.

D. Exit

If a veteran is no longer eligible, the partner agency may initiate an exit in accordance with a formal process established by the partner agency that recognizes the rights of the veteran affected. The partner agency must exercise judgment and examine all extenuating circumstances to determine whether a veteran does not meet shelter eligibility requirements so that a shelter stay is terminated only in the most severe cases or when a veteran has a safe, appropriate housing option or the means to secure housing.

Shelters should initiate an immediate shelter exit only for the following reasons:

- 〈 The veteran's housing options and/or resources have changed sufficiently so that the veteran no longer needs emergency shelter and can return to or secure safe, alternative housing, including stable temporary options (e.g., family or friends, motel) while they work to secure more permanent housing;
- 〈 The welfare and needs of the veteran cannot be met in the shelter *and* another, more appropriate residential option is available;
- 〈 The safety of other individuals or staff in the shelter is endangered;
- 〈 The health of other individuals or staff in the shelter would otherwise be endangered.

If a veteran is not eligible due to reasons other than these (e.g., not making reasonable efforts to obtain housing, persistent or significant rule violations), then shelter staff must make every reasonable effort to engage the veteran in resolving issues to remain eligible and achieve a successful exit. In such instances, shelter staff must work with the veteran to establish clear and achievable conditions for continued eligibility and shelter stay. This may include setting short, conditional periods (e.g., two days) during which a veteran can demonstrate compliance with shelter expectations and rules. Shelter staff should discuss veterans with persistent or serious concerns and barriers with supervisors during program-level case conferencing. Shelters may also bring such cases to the system case conference meetings for additional problem-solving.

In all cases, the shelter exit process must be followed in accordance with CSB PR&C Standards.

- 〈 The program observes the following elements of due process:

- An appeal/hearing before someone other than and not subordinate to the original decision maker, in which the client is given the opportunity to present written or oral objections to the decision;
- Opportunity for the client to see and obtain evidence relied upon to make the decision and any other documents in the client's file prior to the hearing, including a written notice to the client containing a clear statement of the reasons for the decision;
-
- Opportunity for the client to bring a representative of their choice to the hearing;
- A prompt written final decision.

〈 The agency gives clients a copy of the grievance form upon entry. The agency makes reasonable efforts to ensure that all clients understand the grievance policy regardless of the clients' language.

〈 When a service restriction is in effect, the client is informed of the reason, conditions for lifting the restriction, and right to appeal, including who to contact regarding an appeal and information about the appeal process. Staff can describe how any service restriction is compliant with system-wide policies and procedures.

〈 For shelters, staff can demonstrate that clients have the opportunity to appeal discharge decisions prior to being asked to leave the shelter. This right is waived if a client is a safety risk.

All shelters must have an established and posted appeal process reflecting the above requirements. Any individual requesting an appeal must have his/her appeal heard prior to being asked to leave the shelter unless there is an immediate health or safety issue.

When a veteran stops meeting eligibility criteria, emergency shelter staff should initiate a planned exit that results in the veteran exiting to safe, appropriate options as soon as possible. These options may include their own permanent housing, permanent housing with friends or relatives, temporary housing they pay for or are provided in kind through friends or relatives, or a residential program or institution that provides an appropriate level of care. Emergency shelters do not exit veterans to unsheltered locations or other unsafe or inappropriate locations except in extreme situations in which a veteran poses an immediate safety or health threat to others, or requires law enforcement or emergency medical care and after all reasonable corrective steps are exhausted (e.g., flagrant and persistent rule violation, refusal to make efforts towards housing after progressive engagement and reasonable, achievable conditions are agreed upon).

Veterans who are involuntarily exited for reasons other than imminent health or safety threats may appeal to return to emergency shelter the following day and be re-admitted to shelter if they are eligible and there is available capacity, including agreeing to behavior or other conditions necessary to meet all emergency shelter eligibility criteria. Whenever possible, such veterans are placed in the same shelter facility or a more appropriate shelter facility, as identified during a system case conference, to ensure continuity of care and rapid housing crisis resolution.

Veterans who are exited immediately without the right to appeal before exit due to imminent safety or health threats are subject to a system-wide service restriction period during which the veteran may only be re-admitted to shelter conditionally, contingent on available shelter capacity. Upon exit, the shelter partner agency must enter system-wide service restriction start and end dates in HMIS. Veterans who appeal their eligibility during the system-wide service restriction time period must appeal to the shelter that imposed the shelter restriction and demonstrate they no longer pose an imminent threat and agree to behavior or other conditions necessary to meet all emergency shelter eligibility criteria. Depending on the outcome of the appeal, a veteran may be approved to return to shelter on conditions determined by the shelter. If an individual appeals to return to emergency shelter and is denied based upon eligibility, the individual will not be re-assessed for eligibility for shelter for 7 days after exit. Any veteran who exits shelter involuntarily or voluntarily and then requests shelter again must be screened for eligibility per normal CPOA/HH procedures.

Rapid Re-Housing for Veterans

Applicability *– VOA VFF, LSS SSVF*

A. Eligibility

- Be a veteran or a member of a family in which the head of the household or his/her spouse is a veteran.
- The veteran must have a discharge other than dishonorable.
- Have an income that is below 50% of the area's median income.
- Any RRH program may serve a veteran that is ineligible for specific veteran services.

B. Entry

Within two business days of referral and intake, RRH case managers conduct a housing barrier and service needs assessment that focuses on housing barriers and other history, characteristics, and service needs directly relevant to quickly obtaining and stabilizing the

person in permanent housing. The case manager and participant collaboratively develop an IHSP.

C. Eligible Activities

Individuals initially are offered up to three (3) months individualized RRH assistance, which may be extended on a month to month basis as needed and not to exceed nine (9) months. RRH programs may request an additional extension for clients that need additional time to stabilize in housing. RRH programs employ a progressive assistance approach that seeks to help households end their homelessness as rapidly as possible, despite barriers, with the least amount of financial assistance and services needed to quickly resolve the homeless episode and avoid an immediate return to homelessness. Core components of RRH include:

Housing Identification

- Recruit landlords to provide housing opportunities for people experiencing homelessness.
- Address potential barriers to landlord participation
- Help participants find and secure appropriate rental housing

Rent and Move-in Assistance

- Financial assistance to cover allowable move-in costs, deposits, and the rent and/or utility assistance needed.

Case Management and Services

- Help participants develop an IHSP
- Help participants identify and select among various permanent housing options based on their unique strengths, needs, preferences, and financial resources.
- Help participants address issues that may impede access to housing.
- Help participants negotiate manageable and appropriate lease agreements with landlords.
- Make appropriate and time-limited services and supports available to participants to allow them to stabilize quickly in permanent housing. This includes providing assistance in the participant's home.
- Monitor participants' housing stability and help resolve crises.
- Help connect participants to resources that improve their safety and well-being and achieve their long-term goals.
- Ensure that services are participant-directed, respectful of participants' right to self-determination, and voluntary. Participants understand that assistance is premised on active involvement with case management and services.

Other service needs provided by shelter and RRH case managers include:

- Mental health services referrals and support
- AOD services referral and support
- Pregnancy support
- Parenting classes
- Childcare referral and support
- Domestic violence referral and support
- Employment support, benefit referrals and other income supports
- Education support for adults
- Mediation
- Referral and linkage to other appropriate community resources

The program adheres to program practice principles and standards published in the *Rapid Re-Housing Performance Benchmarks and Program Standards* by the National Alliance to End Homelessness (NAEH) and other RRH standards published by the VA.

D. Exit

RRH case managers will assess the types and amounts of assistance needed by participants to obtain and maintain housing monthly and prior to providing financial assistance. Participant eligibility must be re-determined every 90 days. Termination is required if the household is no longer eligible and in need of RRH services, including having sufficient means to maintain housing and being connected with community-based services to support longer-term housing stability and service needs.

If a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established by the partner agency that recognizes the rights of individuals. The partner agency must examine all extenuating circumstances to determine when violations warrant termination. Providers should only terminate assistance in the most severe cases and when all possible alternatives are exhausted. All exits require a Letter of Termination.

- Participants are considered to have exited successfully when their housing status at exit is stable, permanent housing. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that housing is sustainable and clients have access to needed community supports. Providers may exit clients from services for cause, but those clients may still be considered successfully exited if they are maintaining stable housing upon exit.

- Participants are considered to have exited unsuccessfully when their housing status at exit is unstable and unsustainable. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that the client has not moved out of emergency shelter, lost housing or is at-risk of losing housing. Individual case managers cannot unilaterally close a case as an unsuccessful exit. Case managers should discuss with supervisors and ensure that all possible actions have been taken to prevent an unsuccessful exit and document those actions.

Some participants may choose to not engage in case management services and, therefore, choose to exit. Exits due to non-participation should only occur when:

- There are multiple, documented attempts at engagement;
- The participant has explicitly or implicitly indicated they no longer want program assistance; and/or
- It is likely that the participant will obtain or maintain permanent housing on their own or with other assistance.

Case Closure

Rapid re-housing programs should offer only what the household needs and wants and only as long as necessary to achieve the overarching goal of ending the housing crisis and avoid literal homelessness or a near-term return to homelessness. Planning for case closure should begin at intake and should be clearly communicated to the household. There are multiple factors to consider when closing a case; however there are three basic aspects to evaluate: financial resources, lease compliance, and goal plan/resource linkage.

VIII. DIRECT CLIENT ASSISTANCE

Applicability *– Equitas Health PSH, CHN PSH, GCH Homelessness Prevention, HFF HPW, HFF RRH, HFF TAY RRH, HFF TAY Transition to Home, Homefull PSH, Homefull RRH, Huckleberry House CARR Team, LSS CHOICES, LSS Single Adult Shelters, Maryhaven Engagement Center, Maryhaven Outreach, Maryhaven PSH, N^^ PSH, Southeast Men's Shelter, TSA RRH, TSA J2H, VOA RRH, VOA PSH, YMCA Single Adult and Family Shelters, YMCA PSH, YMCA RRH, YWCA Family Center, YWCA PSH*

A. Purpose

To provide one-time, short- and medium-term rental, utility, and other financial assistance to enable persons and families residing in emergency shelters or experiencing unsheltered homelessness, as well as families at risk of becoming homeless, to move to or sustain permanent housing.

B. Eligibility

Only caseworkers or supervisors who have attended DCA Program Training, or have been trained by a supervisor at their agency, and have a valid authorization on file with CSB may submit DCA applications, pick up checks, or sign off on DCA applications for financial assistance. Participants must be residing in emergency shelters, experiencing unsheltered homelessness, or be imminently at-risk of literal homelessness, per program eligibility criteria, be below 35% AMI. Refer to the current DCA Program Matrix, "How To" manuals for DCA, and the DCA Checklists for specific program requirements.

Participants who are applying for DCA again within 12 months should demonstrate the following circumstances and/or need, as evidenced in the DCA application and related justification. Reasons may be, but not limited to:

- Loss of housing outside of the participant's control (i.e. fire, safety issues, landlord sold housing)
- Participant was unable to maintain market rate housing and is now approved for more appropriate housing.
- Participant's situation has significantly changed

Rapid Re-housing program participants may remain eligible to receive DCA for initial move-in expenses after exiting shelter if they are able to exit shelter to stay temporarily in another safe location with family or friends because permanent housing has been or will likely be identified and available for move-in within 30 days after shelter exit. In such situations, the participant will remain eligible to utilize DCA for a permanent housing placement as long as

the completed DCA application is submitted to the Direct Client Assistance Program Manager within 7 days of the permanent housing move-in date as stated on the lease. In all cases, if a participant moves into permanent housing while the DCA application is being finalized, the completed application must be submitted within 7 days of the move-in date stated on the participant's lease.

C. Entry

Participants are enrolled based on the policies and procedures for the respective program assisting them. In all cases, participants should leverage all other available resources, complete a DCA application and submit all necessary documentation with program staff assistance. Once a participant is deemed eligible for DCA, the application may be submitted to CSB for processing.

D. Eligible Activities

Direct Client Assistance – Homelessness Prevention Programs

Direct Client Assistance via the Homelessness Prevention Program provides one-time and short-term financial assistance to enable families at risk of becoming homeless and served by Homelessness Prevention programs to move to or sustain permanent housing. CSB will not use ESG funds towards the provision of homelessness prevention DCA(with the exception of ESG-CV funds); local, private, Franklin County Children Services, federal TANF and ERA funds are used for this service. For prevention programs, CSB may increase the AMI limit to 50% depending on demand and funding availability.

Direct Client Assistance Only

Direct Client Assistance may be accessed by outreach and emergency shelter staff for clients not enrolled in rapid re-housing for one-time and short-term financial assistance to enable persons residing in emergency shelters or experiencing unsheltered homelessness (outreach) to move into permanent housing. Multiple months (not to exceed 6 months) of rental assistance may be requested for families with a documented need for extended DCA to both secure and stabilize in housing (e.g., families with little to no income). Working in partnership with supportive services agencies, shelter and outreach agencies in Franklin County, CSB provides financial assistance to individuals and families moving into fair market rent or subsidized housing and PSH units. CSB will not use ESG funds towards the provision of DCA only; local and private funds are used instead.

Direct Client Assistance – Rapid Re-Housing Programs

Direct Client Assistance via single adult or family RRH Programs provides one-time, short- and medium-term financial assistance to enable persons residing in emergency shelters to

move into permanent housing while participating in RRH programs. Working in partnership with supportive services agencies and shelter agencies in Franklin County, CSB provides financial assistance to individuals and families moving into fair market rent or subsidized housing and PSH units. DCA assistance is provided using ESG, ESG-CV, CoC, and local funding.

All DCA Uses

Locating adequate housing is a mutual responsibility of the participant and the case manager. The case manager should use all resources possible to find housing, including direct contact with landlords if advocacy is needed. If necessary, transportation should be provided to help participants visit the units and complete applications for housing. The case manager should keep abreast of current rental markets and problematic landlords or landlords with questionable practices, and appropriately refer participants to partnering landlords. Participants originally determined to be eligible for subsidized housing may simultaneously seek market rate housing and housing via CMHA and private Section 8 landlords, submit applications, and be placed on the current waiting list(s). Staff assists participants with applications to all appropriate landlords. Staff should provide participants the Legal Aid brochure explaining tenants' rights and also review leases with participants before they sign.

Housing should be mutually agreed upon by both the case manager and the participant Head of Household. At a minimum, housing should be clean, decent, well-maintained, affordable, and in a neighborhood that meets the needs of the family. A formal housing inspection, including a lead-based paint visual assessment, conducted by a case manager or professional housing inspector must be completed. The inspection must be documented using the CSB Housing Inspection Form (for RRH assisted households), a client self-inspection form (for DCA only cases assisted by emergency shelter or outreach), or a Housing Quality Standards inspection form (for TSA J2H assisted households, youth rapid re-housing programs, the DV rapid rehousing program and any PSH program using CoC Program funding for leasing or rental assistance costs).

Once the application has been received, reviewed, verified, all follow-up information has been received (if applicable) and approved by CSB, a Letter of Guarantee will be emailed to the designated person and case manager upon approval.

Checks will only be made payable to a verified vendor (e.g., landlord, utility company) from whom services or housing are being provided. Under no circumstances will checks be made payable or released to participants. Checks will be mailed from CSB directly to the vendor on Friday each week at the latest, *except where otherwise noted on the published schedule*. In certain circumstances, checks may be picked up by CSB-approved agency representatives. When necessary to facilitate rapid housing placement and stabilization, CSB permits RRH partner agencies to pay DCA costs directly and seek reimbursement. The DCA Program

Manager will notify the agency representative by email of final actions taken on the applications not later than Friday each week.

For clients who receive DCA, agencies are required to follow up with landlords (either via email or phone) within 7 days of the client's shelter exit to ensure the client has taken possession of their new unit. If a client has taken possession of a unit, no further action is required. If a client has not taken possession of a unit, CSB should be notified of the matter for further monitoring and/or take action to recover funds, if necessary.

E. Exit

Program exit is determined according to the policies and procedures applicable to street outreach, emergency shelter, and rapid re-housing programs.

F. Recordkeeping and Evaluation

Apart from program-specific recordkeeping requirements (e.g., RRH) providers utilizing DCA must document in client files the following for each program participant:

- Documentation of eligibility, including homeless or at-risk status and income at or below 35% at enrollment;
- Written intake record including intake interviews and records of services provided;
- Written initial assessment and re-assessments (completed every 90 days) documenting participant eligibility and/or continued need for services and the amount and types of assistance needed to regain stability in housing and indicating the client lacks sufficient resources and support networks necessary to secure and stabilize in permanent housing;
- Documentation of tenancy (fully executed lease except for DCA only assistance) and landlord verification form
- Landlord documentation, including a print-out from the Franklin County Auditor's website, W-9 and/or Property Management Agreement
- Other DCA application materials found in DCA application packet, including but not limited to: check request, justification worksheet, household budget worksheet, application checklist, and staff certification
- Documentation that confirms the data that was entered into HMIS, including income and assets at entry and exit.

Program Effectiveness: CSB evaluates the effectiveness of the program, including implementation of policies and procedures, at least annually as part of CSB's annual program evaluation. Recommendations for improvements are shared with participating providers.

Evaluation also occurs during periodic meetings with providers. Proper screening of participants, coupled with effective case management (including referrals to other community resources as needed) and follow-up, should lead to a high degree of successful housing outcomes for program participants. Each partner agency submitting applications on behalf of program participants is expected to achieve the performance outcomes developed for the DCA Program. In addition, some programs have specific DCA related outcomes. Those outcomes are reflected on the agencies' respective Program Outcomes Plan.

At least 95% of DCA applications filed by the agency must be accurate and complete and do not require follow-up with the case manager. Program participation may be terminated if the agency consistently fails to achieve program performance expectations. Should an agency experience performance issues, limited technical assistance may be offered to the agency to assist in correcting deficiencies.

Program Audits & Reviews: Although extensive documentation must be submitted with each program application, it may also be necessary for CSB to conduct a program audit to ensure household eligibility for DCA.

Needs of At-Risk and Homeless Individuals and Families: The needs of at-risk and homeless individuals and families, including those served by this program, are assessed annually by CSB, and include a review of program service denials and grievances actions. The information gathered from this assessment helps determine program direction, quality improvements, and other modifications.

XI. TRANSITIONAL HOUSING

***Applicability** – Huckleberry House Transitional Living Program*

A. Purpose

Transitional housing provides housing and appropriate supportive services to homeless persons to facilitate movement to independent living within a maximum stay of 24 months.

B. Eligibility

Huckleberry House serves youth ages 16-24 who are able to remain in the community with support without being a danger to themselves or community and meet HUD's definition of homelessness (24 CFR 576.2). Participants have emotional or behavioral challenges and are willing to participate in counseling and other supportive services. The program prioritizes youth based on the Vulnerability Assessment score.

C. Entry

Huckleberry House participates in the coordinated entry process and program participants are referred directly from the pool.

D. Eligible Activities

Huckleberry House's program receives HUD CoC funding and follows HUD's regulations on eligible activities.

E. Exit

If a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established by the partner agency that recognizes the rights of individuals. The partner agency must examine all extenuating circumstances to determine when violations warrant termination. Providers should only terminate assistance in the most severe cases and when all possible alternatives are exhausted. All exits require a Letter of Termination.

- Participants are considered to have exited successfully when their housing status at exit is stable, permanent housing. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that housing is

sustainable and clients have access to needed community supports. Providers may exit clients from services for cause, but those clients may still be considered successfully exited if they are maintaining stable housing upon exit.

- Participants are considered to have exited unsuccessfully when their housing status at exit is unstable and unsustainable. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that the client has failed to move into housing, lost housing or is at-risk of losing housing. Individual case managers cannot unilaterally close a case as an unsuccessful exit. Case managers should discuss with supervisors and ensure that all possible actions have been taken to prevent an unsuccessful exit and document those actions.

F. Recordkeeping and Evaluation

Providers must document in client files the following for each program participant:

- Documentation of eligibility, including housing status;
- Vulnerability Assessment;
- Written intake record including intake interviews and records of services provided;
- Appropriate and successful referral to other programs in cases where the program was not able to accommodate a participant;
- IHSP and documentation of progress made on the IHSP;
- Letter of Termination; and
- Documentation that confirms the data that was entered into CSP, including income and assets at entry and exit.

CSB evaluates the effectiveness of all programs via monthly monitoring reports, quarterly indicator reports, and an annual Program Evaluation. CSB and providers collectively assess program effectiveness.

Providers conduct formal client satisfaction surveys at exit. Exit surveys contain questions regarding voluntary participation in religious activities, access to housing options, access to employment assistance, courteous treatment, access to personal development activities, and any major obstacles to obtaining housing or meeting goals. Providers analyze exit surveys at least quarterly.

X. PERMANENT SUPPORTIVE HOUSING

Applicability *– Equitas Health rental assistance, CHN North 22nd, CHN Cassady, CHN Creekside, CHN Family Homes, CHN Inglewood, CHN Wilson, CHN Parsons, CHN Terrace Place, CHN Southpoint Place, CHN East 5th, CHN Safe Haven, CHN Briggsdale, CHN Marsh Brook Place, Homefull rental assistance, Homefull Leasing, Maryhaven Commons at Chantry, N^^ Commons at Buckingham, N^^ Commons at Grant, N^^ Commons at Livingston, N^^ Commons at Third, VOA Family PSH, VOA Van Buren Village, YMCA 40 West Long, YMCA Franklin Station, YMCA/Homefull Isaiah Project, YMCA Scattered Sites (HOME), YWCA WINGS, Homefull Mainstream/EHV*

A. Purpose

Permanent supportive housing (PSH) combines ongoing housing assistance and supportive services for people who are experiencing homelessness and have a disability. The PSH system in our community is managed by the Unified Supportive Housing System (USHS), a collaborative effort managed by CSB, in partnership with The Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH) and Columbus Metropolitan Housing Authority (CMHA).

B. Eligibility

PSH residents are literally homeless households in which at least one member has a disability. PSH programs prioritize eligibility in accordance with Notice CPD-14-012, the HUD *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*. Detailed information on eligibility requirements is available in the USHS Policies and Procedures. The USHS Policies and Procedures are part of the Columbus and Franklin County Homeless Crisis Response System Policies and Procedures.

C. Entry

The PSH entry process is governed by the USHS Policies and Procedures.

D. Eligible Activities

PSH programs that receive HUD CoC funding follow HUD's regulations on eligible activities outlined in 24 CFR Part 578.

All PSH programs provide supportive services that help participants maintain housing stability and work towards housing and other goals. These services may include:

- Mental health services, referrals and support
- AOD referral and support
- Pregnancy support
- Parenting classes
- Childcare
- Domestic violence referrals
- Employment support, benefit referrals, and other income supports
- Education support for adults and children
- Security deposits and application fees
- Moving expenses
- ID fees, background check fees
- Housing search and placement
- Mediation
- Referral and linkage to appropriate community resources
- Legal services
- Life skills
- Health services
- Transportation
- Food

E. Exit

If a program participant violates program requirements, the partner agency may terminate the assistance in accordance with a formal process established by the partner agency that recognizes the rights of individuals. The partner agency must examine all extenuating circumstances to determine when violations warrant termination. Providers should only terminate assistance in the most severe cases and when all possible alternatives are exhausted. All exits require a Letter of Termination and documentation.

- Participants are considered to have exited successfully when their housing status at exit is stable, permanent housing. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that housing is sustainable and clients have access to needed community supports. Providers may exit clients from services for cause, but those clients may still be considered successfully exited if they are maintaining stable housing upon exit.

- Participants are considered to have exited unsuccessfully when their housing status at exit is unstable and unsustainable. This information is captured in HMIS via the destination at exit and via case notes in the client file indicating that the client has lost housing. Individual case managers cannot unilaterally close a case as an unsuccessful exit. Case managers should discuss with supervisors and ensure that all possible actions have been taken to prevent an unsuccessful exit and document those actions.

F. Recordkeeping and Evaluation

Providers must document in client files the following for each program participant:

- Documentation of eligibility, including housing status and income;
- USHS Severe Service Needs Assessment;
- Housing inspection, including lead-based paint inspection;
- Documentation of tenancy (lease);
- Written intake record including intake interviews and records of services provided;
- Appropriate and successful referral to other programs in cases where the program was not able to accommodate a participant;
- Annual Assessment of Services Needs and Utilization
- IHSP and documentation of progress made on the IHSP;
- Letter of Termination for exited clients; and
- Documentation that confirms the data that was entered into HMIS, including income and assets at entry and exit.
- Photos of documents are acceptable if a copy cannot be obtained

CSB evaluates the effectiveness of all programs via monthly monitoring reports, quarterly indicator reports, and an annual Program Evaluation. CSB and providers collectively assess program effectiveness via the Permanent Supportive Housing Roundtable.

Providers conduct formal client satisfaction surveys at exit. Exit surveys contain questions regarding voluntary participation in religious activities, access to housing options, access to employment assistance, courteous treatment, access to personal development activities, and any major obstacles to obtaining housing or meeting goals. Providers analyze exit surveys at least quarterly.

HCRS POLICIES AND PROCEDURES MANUAL UPDATES

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