

## 2019 Program Review and Certification Standards

### E. Program Operations

**New requirements are in red text and do not apply for the 2019 PR&C review. These requirements will be applicable in 2020.**

**Minor adjustments and clarifications and changes to Tiers are in green text. These changes are applicable for the 2019 PR&C review.**

**Bold are requirements that now apply for the 2019 PR&C review.**

Standard E1	Guideline E1	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Each program must have a <b>written, up-to-date</b> policies and procedures manual that includes all operating policies and procedures for review.</p> <p>Specific standards cited address the <u>content</u> of these policies and procedures.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Requirements regarding the content of each of the policies and procedures included in the manual are detailed in other standards (noted in parentheses).</li> <li><input type="checkbox"/> The manual must include at a minimum policies and procedures on the following:               <ul style="list-style-type: none"> <li>&gt; Conflict of interest (A2)</li> <li>&gt; Religious participation (A3)</li> <li>&gt; <b>Non</b>-discrimination and equal opportunity (A4)</li> <li>&gt; Drug-free workplace (A5)</li> <li>&gt; Weapons and firearms (A6)</li> <li>&gt; Disaster recovery and crisis communication (A7)</li> <li>&gt; Equipment purchased with federal funds (D8)</li> <li>&gt; Accounting (D9)</li> <li>&gt; Housing First (E2)</li> <li>&gt; Intake and client record keeping (E3)</li> <li>&gt; Annual assessments (E6)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Policy Review</u>: CSB reviewed the policies and procedures manual to ensure that it contains all required policies and procedures.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		1	All programs

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	<ul style="list-style-type: none"> <li>&gt; Resident admissions policy/selection (E7)</li> <li>&gt; Cultural competency (E12)</li> <li>&gt; Definition of family (E13)</li> <li>&gt; Standardized assessment process and procedures regarding data collection and privacy (E16)</li> <li>&gt; Holding funds or possessions on behalf of clients (E17)</li> <li>&gt; Clients' rights (F1)</li> <li>&gt; Grievances and appeals (F3)</li> <li>&gt; Termination (F4)</li> <li>&gt; Housing of minority clients in areas of non-minority concentration (F5)</li> <li>&gt; Access to education (F6)</li> <li>&gt; Child and elder abuse (F12)</li> <li>&gt; Disability-related supportive services (H6)</li> <li>&gt; Relocation (H8)</li> <li>&gt; Fire safety (J14)</li> <li>&gt; DCA application processing (K4)</li> <li>&gt; CSP data sharing (M1)</li> <li>&gt; CSP data collection (M2)</li> <li>&gt; CSP QA plan (M7)</li> <li>&gt; Privacy (M8)</li> <li>&gt; Disclosure of PPI (M9)</li> </ul>				
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	<ul style="list-style-type: none"> <li>&gt; Client requests for PPI (M10)</li> <li>&gt; Disposal of PPI (M17)</li> <li>&gt; Reasonable accommodations during data collection (M18)</li> <li>&gt; System security (M19)</li> </ul>					
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**Discussion and Basis for Conclusion**

Standard E2	Guideline E2	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
The program adheres to a Housing First model, working to efficaciously <b>prevent literal homelessness</b> or place <b>people experiencing homelessness</b> in housing <b>without preconditions on housing assistance</b> . Quick <b>resolution of housing crises</b> should be the central priority of all programs.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review of case files should clearly demonstrate efforts to quickly obtain low-barrier housing with voluntary services. Clients are expected to actively work on housing and service plans.</li> <li><input type="checkbox"/> Outreach programs assess client needs and facilitate access to shelter, housing, and services without preconditions.</li> <li><input type="checkbox"/> Shelters, Rapid Re-Housing</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>File Review</u>: CSB reviewed client files.</li> <li><input type="checkbox"/> <u>Policy Review</u>: CSB reviewed Housing First policy.</li> <li><input type="checkbox"/> <u>Discussion</u>: CSB discussed with agency staff.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		1	All programs

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	<p>providers, Transitional Housing providers, and PSH providers collaborate to assess clients and identify housing options and service needs without preconditions. Exits to other homeless situations are avoided.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CPoA diverts clients who have safe and appropriate housing options other than emergency shelter and links clients to prevention assistance, as desired and available.</li> <li><input type="checkbox"/> Prevention programs assess clients to identify people who will become homeless without assistance. Programs prioritize client assistance based on the urgency and severity of housing and service needs without preconditions.</li> </ul>					
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Standard E3	Guideline E3	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Homeless status is certified and documented at program entry and upon lease signing for all programs. Homeless status <b>or Prevention at-risk of homelessness</b> documentation is maintained in accordance with federal recordkeeping requirements. Intake and client record keeping policies and procedures and files include intake interviews and records of services provided (refer to Homeless Crisis Response System (HCRS) Policies &amp; Procedures*).</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Client files contain homeless certification documentation as required by HUD and approved and standardized by CSB.</li> <li><input type="checkbox"/> Documentation confirming homeless status may be a Columbus Service Point (HMIS) <b>entry/exit</b> printout or an approved homeless outreach provider Verification of Street Homelessness Form. Self-certification can be used at the time of shelter entry, street outreach engagement, <b>CPoA engagement, and as a last resort for PSH programs. Self-certification for PSH programs should be used sparingly and only after other efforts to obtain third-party documentation has been noted in the client file.</b></li> <li><input type="checkbox"/> <b>Current literal</b> homeless status is determined by a single episode of</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>File Review:</b> CSB reviewed client files.</li> <li><input type="checkbox"/> <b>Policy Review:</b> CSB reviewed the policy.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		1	All programs

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	<p>homelessness of <b>1</b> or more consecutive days in shelter <b>or in a place not meant for human habitation</b>, immediately prior to program admission. For those individuals being released directly from hospital, jail/prison, or another institution for stays less than 90 days, documentation of homelessness in shelter or on the streets immediately prior to entry into institution, is required. Written documentation of institution entry and exit dates through <b>institution</b> exit paperwork is required.</p> <p><input type="checkbox"/> Stays in institutions of fewer than 90 days do not constitute a break in homelessness and count toward total time homeless <b>when there is documentation of homelessness in shelter or on the streets immediately prior to entry into institution.</b></p> <p><input type="checkbox"/> Lack of third-party</p>					
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	<p>documentation cannot prevent clients from receiving street outreach, emergency shelter, or victim services.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acceptable forms of Street Outreach verification of homelessness are defined in the HCRS Policies &amp; Procedures*.</li> <li><input type="checkbox"/> For Engagement Center Safety program, if there is a break in shelter stay of 7 days or more, homeless status must be re-verified <b>and documented in client case file.</b></li> <li><input type="checkbox"/> Street outreach must directly confirm and document unsheltered homelessness at least every 90 days.</li> <li><input type="checkbox"/> If Outreach has no contact after 90 days the client should be exited without exception. Exit dates should be the date of last physical contact.</li> </ul>					
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	<p><input type="checkbox"/> Documentation for confirming imminent risk of literal homelessness for homelessness prevention and diversion programs must include proof that the household 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. Households 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 household can no longer stay in their current residence beyond the next 30 days.</p>					
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Standard E4	Guideline E4	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Duration or Episodes of Homelessness are certified and documented in accordance with HUD's December 2015 Final Rule on Defining Chronically Homeless.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> For chronic homeless documentation, agencies must provide evidence that the homeless occasion was continuous, for a 12 month period without a break in living or residing in a place not meant for human habitation or in an emergency shelter or evidence that the household experienced at least four separate homeless episodes in the last 3 years where those occasions cumulatively total at least 12 months.</li> <li><input type="checkbox"/> A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation or in shelter.</li> <li><input type="checkbox"/> For PSH eligibility documentation, agencies must provide evidence that the PSH eligibility criteria are met as described in the USHS Policies and</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monitored through USHS</li> <li><input type="checkbox"/> <u>File Review</u>: CSB will review any of the selected files that pre-date the agency's participation in USHS.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		1	PSH, USHS

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	<p>Procedures.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For Verification of Street Homelessness, a single documented encounter with an <b>authorized</b> outreach provider, on a single day within one month is sufficient to <b>document</b> a household as homeless for that month. <b>This is distinct from calculating the total number of days a household is unsheltered, which is based on the sum total of days homeless during a specific episode of homelessness.</b></li> </ul>					
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**Discussion and Basis for Conclusion**

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Standard E5	Guideline E5	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
At least one adult in each household must have a qualifying disability.	<ul style="list-style-type: none"> <li><input type="checkbox"/> CSB Certification of Disability is required for each Permanent Supportive Housing household.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monitored through USHS.</li> <li><input type="checkbox"/> <u>File Review</u>: CSB will</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with</li> </ul>		1	PSH, USHS

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	<ul style="list-style-type: none"> <li><input type="checkbox"/> The certification of disability must be issued not more than 180 days prior to the household's entry into the program.</li> <li><input type="checkbox"/> The certification of disability must be signed by a professional licensed by the State of Ohio qualified to treat the disabling condition.</li> <li><input type="checkbox"/> If the CSB Certification of Disability is not available, a written Social Security Administration verification or copies of a disability check are acceptable.</li> <li><input type="checkbox"/> Disability includes:              &gt; A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that              1) is expected to be long-continuing or of indefinite duration; 2) substantially impedes the individual's</li> </ul>	<p>review any of the selected files that pre-date the agency's participation in USHS.</p>	<p>conditions</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>			
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	<p>ability to live independently; and 3) could be improved by the provision of more suitable housing conditions.</p> <p>&gt; A developmental disability, a severe, chronic disability that is attributable to a mental and/or physical impairment; is manifested before age 22; is likely to continue indefinitely; results in substantial functional limitations in 3 or more of the areas of major life activity (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency); and reflects the person's need for long-term services and supports.</p> <p>&gt; HIV/AIDs</p>					
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Standard E6	Guideline E6	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Clients receiving Permanent Supportive Housing and Rapid Re-Housing supportive services should be assessed <b>at least once</b> annually by the program to ensure that service needs are being accurately and sufficiently met. Annual assessments are used to determine program direction and updates.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency staff can describe how the program staff assess and stay abreast of the service needs of the clients served.</li> <li><input type="checkbox"/> Agency staff can give examples of how programming has been modified based on new information gathered through annual assessments.</li> <li><input type="checkbox"/> Annual assessments are included in client files and include some form of client feedback.</li> <li><input type="checkbox"/> Annual assessments are available for review.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>File Review</u>: CSB reviewed client files.</li> <li><input type="checkbox"/> <u>Policy Review</u>: CSB reviewed agency policy.</li> <li><input type="checkbox"/> <u>Discussion</u>: CSB discussed policy with agency and confirmed that a tracking system is in place to ensure timely assessments.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		1	PSH, RRH
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Standard E7	Guideline E7	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>The program has written client eligibility criteria consistent with CSB funding requirements appropriate for the target population. The admissions policy, including re-entry policies and procedures, is posted. The program may not deny admission unless there are specific documented restrictions applicable to the project due to financing or sound safety and/or programmatic issues involved.</p> <p>PSH programs should have expedited admission processes, to the greatest extent possible, including assistance with obtaining necessary</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The resident admissions policy / selection plan includes clearly delineated criteria not intended to unfairly discriminate against clients and is readily available for review by clients.</li> <li><input type="checkbox"/> For PSH programs, the Tenant Selection Plan must prioritize chronically homeless individuals, as defined by HUD, via USHS.</li> <li><input type="checkbox"/> <b>For PSH programs</b>, staff can provide examples of expedited admission for applicants coming from a variety of circumstances and examples of aid to applicants in obtaining necessary documentation or waiving documentation requirements until after admission. The program does not have a waiting list and participates in USHS.</li> <li><input type="checkbox"/> When applicable to the</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>File Review</u>: CSB reviewed expedited admissions processes and examples.</li> <li><input type="checkbox"/> <u>Policy Review</u>: CSB reviewed the program admissions policy to examine how agency determines client eligibility.</li> <li><input type="checkbox"/> <b>Discussion: Staff can explain admission criteria and how it is disseminated to potential program participants for housing.</b></li> <li><input type="checkbox"/> <u>Policy Review</u>: For PSH, CSB reviewed the Tenant Selection Plan to ensure that USHS is referenced as the Prioritization mechanism.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		1	All programs

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<p>documentation. Applicants may not be required to participate in more than two interviews and can be admitted within a few days (if eligible and if an opening is available).</p>	<p>program type, the agency must adhere to fair housing laws, rental housing laws, and regulations.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For shelters, the client admissions policy must include clearly delineated admission criteria. Eligible clients are those with no alternative, safe housing for the night and whose only alternative is to stay in a place not fit for human habitation or outdoors. Shelters may not deny admission solely due to the lack of client identification and there is evidence of compliance with the admission policy. Eligibility and admissions policies must consistent with HCRS P&amp;P's*.</li> <li><input type="checkbox"/> Rules regarding when clients can leave and return to the shelter cannot discriminate against clients and must be reasonable, not causing undue restrictions on shelter access. <b>Shelters cannot ask</b></li> </ul>				
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	<p><b>people to leave the facility during extreme weather conditions, regardless of whether they have a purpose for staying at the shelter during times they normally would have to leave.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is evidence of compliance with the exit policy as defined in the HCRS P&amp;P's*.</li> <li><input type="checkbox"/> For shelters, staff can demonstrate that clients have the opportunity to appeal involuntary discharge decisions prior to being asked to leave the shelter. This right is waived if a client is a safety risk (refer to HCRS P&amp;P's*).</li> <li><input type="checkbox"/> The admissions policy includes the basis for which an applicant would be considered ineligible for admission and is consistent with the HCRS P&amp;P's*.</li> </ul>				
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Standard E8	Guideline E8	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>All shelter intake providers practice diversion and referral to prevention upon receiving requests for shelter, which includes an assessment of immediate housing needs. All diversion efforts include a referral to prevention assistance. When appropriate, assessment tools ensure that diversion from shelter will not result in the applicant staying in a housing option that is either unsafe or unfit for human habitation.</p>	<p><input type="checkbox"/> Agency staff can demonstrate how they screen each applicant requesting shelter to assess his/her immediate housing needs, available resources, and alternate housing options so as to divert entry into shelter as appropriate.</p>	<p><input type="checkbox"/> <u>Discussion:</u> Agency explained the referral process and provided examples of clients diverted from shelter.</p> <p><input type="checkbox"/> <u>Mock Calls:</u> CSB performs mock calls to review diversion efforts.</p>	<p><input type="checkbox"/> Compliant</p> <p><input type="checkbox"/> Compliant with conditions</p> <p><input type="checkbox"/> Non-compliant</p> <p><input type="checkbox"/> N/A</p>		1	CPOA / Homeless Hotline, Face-to-Face Diversion
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Standard E9	Guideline E9	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Client evaluation and feedback are collected, analyzed, available, and used, and there is evidence that clients are involved in decision-making processes, including planning for services. At a minimum, client satisfaction surveys are conducted quarterly and at exit and contain questions regarding the following topics:</p> <ul style="list-style-type: none"> <li>&gt; Voluntary participation in religious activities, if any;</li> <li>&gt; Access to housing options;</li> <li>&gt; Access to employment assistance;</li> <li>&gt; Courteous treatment (treated with dignity and respect);</li> <li>&gt; Access to any</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency staff can describe the methods used for collecting client feedback, how client feedback is analyzed and used to determine programming changes, and how clients are involved in decision making and service planning.</li> <li><input type="checkbox"/> Documentation, including meeting notes, copies of surveys and other evaluation tools, is available for review.</li> <li><input type="checkbox"/> Staff can give examples of how client feedback has been used in recent months. A list of dates and types of client participation from the past 12 months is available for review.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>File Review</u>: CSB reviewed documentation, including meeting notes, copies of surveys and/or other evaluation tools.</li> <li><input type="checkbox"/> <u>Discussion</u>: Agency described methods through which client feedback is collected and used to make decisions about service provision and program planning.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		1	All programs

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other personal development activities; > Major obstacles to obtaining housing/goals.						
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Standard E10	Guideline E10	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
The agency affirmatively furthers fair housing and has a written affirmative marketing strategy to market the program and its benefits to those least likely to apply without regard to race, color, national origin, sex, <b>gender identity, sexual orientation,</b> religion, <b>age,</b> familial status, <b>or</b> disability, as required by 24 CFR Part 578.93(c).	<input type="checkbox"/> A marketing strategy may include materials that describe agency programs, advertising, direct outreach to potential clients, collaboration with organizations that serve potential clients, and efforts to raise funds for and awareness of Agency programs.  <input type="checkbox"/> The agency must maintain records of actions taken to affirmatively market programs and records that assess the results of the marketing strategy. Such actions may include fundraising events,	<input type="checkbox"/> <b>Discussion:</b> CSB reviewed the strategy, marketing materials, and records of actions taken to affirmatively market the program.  <input type="checkbox"/> <b>Reviewed website and/or marketing material for the housing logo or statement.</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		1	PSH, USHS, TH

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	<p>panels, forums, conferences, community engagement, or other instances in which the agency raises awareness of its programs.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The agency must notify CSB if agency staff encounters a condition or action that impedes fair housing choice for current or prospective clients. The agency and CSB will work together to give clients information on their rights and available remedies.</li> <li><input type="checkbox"/> Agency materials include the Equal Opportunity statement and/or symbol.</li> </ul>	 <p><b>Equal Housing Opportunity Statement:</b>  We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.</p>				
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Standard E11	Guideline E11	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>There is an adequate number of paid and/or volunteer program staff and security staff in relation to the number of clients served. The required client/staff ratio is set by agreement of the provider agency and the CSB and includes on-site and on-call staff. The standard is documented in the weekly staff schedule. The agency has a staff coverage plan that accounts for weekend and seasonal changes in staff coverage and plans for staff back-up and on-call coverage, as described in the Partnership Agreement.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The program has a daily schedule that shows the number of staff scheduled for each shift.</li> <li><input type="checkbox"/> The staff schedule and staff-to-client ratio is appropriate to meet client needs and achieve established outcomes. Staffing is consistent with the Program Description Form and Partner Agency Contract(s) and/or the applicable range of staff-to-client ratio by program and facility type.</li> <li><input type="checkbox"/> The staff knows the average number of clients expected to be on-site during each shift.</li> <li><input type="checkbox"/> Management staff can describe weekend and/or seasonal changes in staff coverage, as applicable.</li> <li><input type="checkbox"/> Management staff can describe the back-up staff coverage plan for direct service and operations staff, including back-up coverage during extended staff absences or vacancies.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Discussion:</u> Agency staff explained staff coverage plan and on-call policy.</li> <li><input type="checkbox"/> <u>Discussion:</u> Agency staff discussed precautions it takes to ensure at least one staff member is available at all times.</li> <li><input type="checkbox"/> <u>Discussion:</u> Agency staff described how staffing is appropriate to meet client needs and established outcomes.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		1	All programs

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	<input type="checkbox"/> Clients and residents are informed of how to contact staff in an emergency. Information is posted in units or distributed to clients upon move-in or when contact information changes. Examples of key staff: resource specialists, case managers, direct service supervisor, program director.					
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Standard E12	Guideline E12	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>The agency has a cultural competency plan that <b>identifies core staff competencies relative to the project type and target population(s) served, related agency/program cultural competency training requirements, and a protocol for</b> accessing translation services for persons with limited English proficiency.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The agency can provide the cultural competency plan for review. <b>The plan details the core competencies and training requirements for program staff, and how translation services are provided.</b></li> <li><input type="checkbox"/> At minimum, core cultural competencies that should be addressed in the plan include the following: <b>Implicit bias; Serving disparate populations/racism; Serving New Americans; Serving LGBTQ+ clients; Non-Verbal Communication</b></li> <li><input type="checkbox"/> Client files demonstrate the provision of translation services where necessary.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>File Review</u>: CSB reviewed client file(s) that illustrate translation services.</li> <li><input type="checkbox"/> <u>Policy Review</u>: CSB reviewed the cultural competency plan.</li> <li><input type="checkbox"/> <u>Discussion</u>: Staff is familiar with translation options and can explain how to access such services.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		2	All programs
<p><b>Discussion and Basis for Conclusion</b></p>						

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Standard E13	Guideline E13	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>All households are given the same access to services regardless of marital status or relationship.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstration of compliance with this standard can include a policy statement regarding the definition of family, included in the agency's client eligibility criteria.</li> <li><input type="checkbox"/> For family shelters, a family includes one or more dependent children in the legal custody of one or more adults (not to exceed three) who, prior to losing housing, were living together and working cooperatively to care for the children.</li> <li><input type="checkbox"/> For RRH projects, a family includes, but is not limited to any group of persons presenting for assistance together with or without children, regardless of marital status or relationship,</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Policy Review</u>: CSB reviewed policy statement or eligibility criteria regarding the definition of family.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Compliant</li> <li><input type="checkbox"/> Compliant with conditions</li> <li><input type="checkbox"/> Non-compliant</li> <li><input type="checkbox"/> N/A</li> </ul>		2	All programs

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	<p>actual or perceived sexual orientation, or gender identity, and irrespective of age, relationship, or whether or not a member of the household has a disability.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The definition of family for PSH projects is the same as for RRH, except that a member of the household must have a disability.</li> <li><input type="checkbox"/> For families that do not have physical custody of their child(ren), service providers should take the child(ren)'s status into consideration when exploring housing options.</li> </ul>					
<p><b>Discussion and Basis for Conclusion</b></p>						

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Standard E14	Guideline E14	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
At least one program staff person is on duty at all times with verifiable training in emergency first aid, emergency evacuation, and CPR procedures.	<input type="checkbox"/> Management staff can identify the number of program staff members trained in First Aid, CPR, and emergency evacuation scheduled for each shift.  <input type="checkbox"/> Training logs and certificates of completion are available, as well as recent shift schedules.	Self-certification	<input type="checkbox"/> Compliant  <input type="checkbox"/> Compliant with conditions  <input type="checkbox"/> Non-compliant  <input type="checkbox"/> N/A		3	All programs with on-site staffing

Standard E15	Guideline E15	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
The shelter will provide sufficient food to clients to meet daily nutritional needs. All programs have plans with clients for adequate food provision. If food is prepared for clients, protocol is in place to train staff in safe food practices. There are provisions to ensure food practices are safe. The shelter can	<input type="checkbox"/> The agency has a plan for providing food for clients and making meal arrangements to provide adequate food for three meals a day, or facilitating access to food. This can include helping clients connect with food pantries and/or the Mid-Ohio Foodbank.  <input type="checkbox"/> The shelter has a plan for accommodating clients with medical or cultural	Self-certification	<input type="checkbox"/> Compliant  <input type="checkbox"/> Compliant with conditions  <input type="checkbox"/> Non-compliant  <input type="checkbox"/> N/A		3	Shelters, PSH, RRH

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produce a food service license if required.	<p>food restrictions and staff can give examples.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> At sites where clients prepare their own food, clients must have access to a kitchen and a pantry. Food and other necessary supplies are provided as needed.</li> <li><input type="checkbox"/> At sites where food is prepared for or delivered to clients, the staff is knowledgeable in nutrition and sanitary food safety handling and safe food storage practices.</li> </ul>					
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Standard E16	Guideline E16	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Outreach, Shelter, <b>and Prevention</b> efforts must be linked to the CPOA process. CPOA/Homeless Hotline adheres to the federal requirements in HUD Notice CPD-17-01 <b>Notice Establishing Additional</b>	<input type="checkbox"/> Written policies and procedures describe the standardized assessment process and any variations for different populations. Written policies also include procedures regarding data collection and privacy.	Self-certification	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		3	Shelters, CPOA/ Homeless Hotline, <b>Prevention</b> , Outreach, Face-to-Face Diversion

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<p><b>Requirements for a Continuum of Care Centralized or Coordinated Assessment System.</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The CPOA covers all of Columbus and Franklin County; is easily accessed; is well-advertised; includes a comprehensive and standardized assessment tool; provides an initial, comprehensive assessment for housing and services; and includes a specific policy regarding those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. Access points are accessible to persons with disabilities and limited English proficiency.</li>   <li><input type="checkbox"/> The CPOA offers the same assessment approach at all access points, but may include variations to meet the specific needs of adults without children, adults accompanied by children, unaccompanied youth, <b>pregnant/parenting youth</b>, households fleeing domestic violence, persons</li> </ul>					
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	<p>at risk of homelessness, and veterans, if these variations would facilitate access and improve the quality of information gathered through the assessment.</p> <ul style="list-style-type: none"> <li data-bbox="428 516 835 760">□ Assessments include culturally and linguistically competent questions for all persons that reduce barriers to housing and services for special populations.</li> <li data-bbox="428 808 848 1084">□ The coordinated entry process is used to prioritize homeless persons for housing and services. CPOA and shelters have a uniform and coordinated referral process for all beds, units, and services.</li> </ul>					
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Standard E17	Guideline E17	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
If the program holds funds or possessions on behalf of clients, the written policy describes how and when the funds or possessions will be promptly returned upon the client's request.	<input type="checkbox"/> If the program holds funds or possessions on behalf of clients it has a written recordkeeping system for tracking receipt and return of funds or possessions held on behalf of clients.  <input type="checkbox"/> The program has records of accountability for any money management / payee programs for clients' funds or possessions turned over to the program for safekeeping.  <input type="checkbox"/> There is an easily accessible process for getting funds/possessions back from program staff.	Self-certification	<input type="checkbox"/> Compliant  <input type="checkbox"/> Compliant with conditions  <input type="checkbox"/> Non-compliant  <input type="checkbox"/> N/A		3	All programs

\*Homeless Crisis Response System (HCRS) Policy & Procedures - <https://www.csb.org/providers/csb-hearth>

CSB reviews Tier 1 standards annually and 2 standards every 4 years. For years when CSB does not review Tier 2 standards, agency staff certifies compliance with both Tier 2 and Tier 3 standards in the 'Certifying Official' column.

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