

Sacramento Community Standards

Sacramento Continuum of Care

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Sacramento City
and County
Continuum of Care



Developed in partnership with:
Sacramento Steps Forward
Sacramento City and County Continuum of Care
Sacramento County
City of Sacramento
Sacramento Housing and Redevelopment Agency

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1) OVERVIEW

The Sacramento Local Homeless Action Plan (LHAP) was initiated in early 2022 to create a cross-jurisdictional unified approach to preventing and ending homelessness across Sacramento County. This three-year plan (July 1, 2022, through June 30, 2025) was developed in partnership with Sacramento Steps Forward (SSF), Sacramento City and County Continuum of Care (CoC), Sacramento County, City of Sacramento and the Sacramento Housing and Redevelopment Agency (SHRA).

The LHAP outlines key system components that align with national best-practices and, if resourced and implemented consistently across funders and providers, will bring the local response system to scale with capacity to move the needle on homelessness. Through these efforts, homelessness in the County over time will become preventable whenever possible, brief, and non-recurring.

As part of the LHAP, the CoC, City of Sacramento, Sacramento County, and SHRA committed to developing the standards included in this document to provide a community-wide set of standards for homelessness prevention and assistance programs.

A) PURPOSE AND USE OF COMMUNITY STANDARDS

The purpose of this document is to provide a general overview of expectations and standards for homelessness prevention and homeless assistance programs receiving public funding in Sacramento County and that operate, together, to provide a Homelessness Response System. Sacramento receives funding from the U.S. Department of Housing and Urban Development (HUD) to provide programs and services for people experiencing homelessness, including Emergency Solutions Grant (ESG) and Continuum of Care (CoC) Program funding (see [24 CFR Part 576](#) [ESG] and [24 CFR Part 578](#) [CoC]). This funding requires CoCs to “establish and consistently follow written standards for providing Continuum of Care assistance” that, at minimum, must address:

1. Who is eligible for specific services (e.g., outreach, homelessness prevention, emergency shelter, transitional housing, rapid rehousing and permanent supportive housing);
2. How the system of care ensures that the people most in need get priority for each service;
3. The referral, admission and discharge processes for emergency shelters;
4. Rules regarding how much participants in rental assistance programs must pay toward their rent, and how long they may receive rental assistance;
5. Rules regarding limits on assistance provided for housing relocation (moving costs), or temporary rental assistance provided as part of a rapid rehousing program;
6. How programs serving homeless people coordinate with other programs in the homelessness response system and with other types of services (e.g., benefits programs, health care, employment, education); and
7. Policies used to ensure safety for victims of domestic violence, dating violence, sexual assault, and stalking, including rights to emergency transfers when needed to remain safe.

The Sacramento Community Standards, combined with related system standards, policies, and procedures, respond to those Federal requirements. Standards for the following types of programs are included in this document:

- Homelessness Prevention (HP) and Diversion
- Street Outreach (SO)
- Emergency Shelter (ES)
- Transitional Housing (TH) and Interim Housing (IH)
- Rapid Rehousing (RRH) and Other Rehousing Assistance
- Permanent Supportive Housing (PSH)

Where noted, the standards in this document are inclusive of minimum requirements for each program type, but they are also expansive in that they reflect best practices and local priorities for housing assistance that may be aspirational for some

programs. In general, standards are similar to policies but may be more specific. They are measurable and reflect what providers *should* be doing. Procedures are detailed descriptions of how to carry out a policy or standard. This document only includes standards and does not address program procedures. This document also does not duplicate other system documents that include standards relevant to the Coordinated Access System (CAS) or the Homeless Management Information System (HMIS). Where relevant, this document references [CAS policies and procedures](#) and [HMIS policies and procedures](#). Standards and practices related to CAS and HMIS are complementary to the standards in this document and, together, represent the full body of community standards established for effective, equitable prevention and homeless assistance services.

These standards serve as a basis for ensuring all publicly funded programs for people who are at-risk of or experiencing homelessness are offered in a consistent manner, in line with federal, state and local funding requirements, and evidence-based approaches to providing equitable, effective, and efficient assistance.

Accordingly, the primary intended audiences for these standards are Sacramento County-based providers of homelessness prevention and homelessness services and housing assistance who receive federal, state, and/or local funding. The CoC encourages other public and private funders to use and adopt these Community Standards in their contracts for homeless assistance services to promote alignment, where possible and beneficial, across the local homeless response system. Other audiences include users of services, community advocates, and the community at large. The CoC will support the sharing and development of additional documents and resources for these broader audiences about the homeless response system and the standards providers are working to adhere to. The Community Standards are subject to continued review and updates based on changes to local needs as well as state and federal requirements. Future considerations may include, for example, standards for other program types or coordination of housing related resources outside of the CoC.

B) PERFORMANCE STANDARDS

This document also includes standard measurements related to program performance called “**key performance indicators**” (KPIs). KPIs align to federal, state, and local homelessness response system performance priorities and targets and represent the most important measures used to determine program performance relative to program use, cost, and successful outcomes (e.g., shelter occupancy, successful exits to housing). The Sacramento CoC and local funders set performance goals or targets for each KPI overall and for each applicable program annually accounting for current performance, desired performance, available funding and provider capacity, among other factors. Program performance on KPIs is monitored and evaluated by the CoC and local funders, along with other relevant measures (e.g., number of households served) and allows programs to be consistently monitored and evaluated for efficiency, effectiveness, and equitable outcomes. Additional information on KPIs and other system and program performance measures, including measurement-related definitions and methods, can be found at the SSF website under “Data” subsection.

C) LOCAL DEVELOPMENT, ADOPTION, AND UPDATES

As part of the LHAP, the City of Sacramento, Sacramento County, SHRA, and SSF formed the Standards Development Team (SDT) to develop community-wide performance and practice standards for homelessness prevention and assistance programs within the Sacramento Continuum of Care geography (i.e., within Sacramento County). The SDT initiated work in February of 2023 with support from Tom Albanese Consulting, LLC, and SSF staff to research existing local standards and examples from other communities. This team engaged stakeholders in a series of six focus groups to examine potential standards related to crisis response (outreach, shelter, etc.) and housing-related responses (rapid rehousing, permanent supportive housing). In all, more than 40 stakeholders representing at least 24 service provider and community organizations participated in focus groups.

The SDT, in collaboration with the CoC Persons with Lived Experience Cohort (PLE Cohort), will present this draft set of community wide performance and practice standards for public comment via posting to the SSF website and a 21-day public comment period between October 26, 2023, and November 16, 2023. After the public comment period, the SDT will update

the final version of the standards to be presented to the CoC Board for adoption in December 2023. It is expected that final standards will be reviewed and adopted or otherwise incorporated into funding contracts for homelessness prevention and homeless assistance programs awarded by the City of Sacramento, County of Sacramento, SHRA, and SSF.

Once the standards are fully adopted and implemented, the CoC, inclusive of local governments, will update these standards as needed to stay current with any program changes, funding changes or new project type introduction. On behalf of the CoC, SSF may notify the community if they must make amendments required by a funding source to ensure compliance with regulations without a formal review process. Community stakeholders will otherwise be engaged in future standards review and update processes, including but not limited to specific review by the PLE Cohort, service providers, and any other relevant committee(s) identified by the CoC.

D) STANDARDS MONITORING, EVALUATION, AND IMPROVEMENT

Standards will be monitored periodically according to each local funder contract requirements and monitoring processes to assess provider adherence to standards, including examination of provider performance and examination of provider services, operations, facilities, and housing units. While providers are expected to meet these standards, it is understood that many providers do not currently have sufficient funding, training, or capacity to meet these standards. Therefore, as local funders begin to incorporate standards into contracts and monitoring policies and procedures are developed, it is expected that funding and other constraints will be accounted for and providers will be able to demonstrate instances where non-conformance with a standard is driven by lack of funding or other barriers. As the lead agency for the Sacramento CoC, SSF will provide guidance and leadership for CoC system performance monitoring efforts as well as training and technical assistance to support implementation and fidelity to the Community Standards.

E) ACRONYMS

The following is a list of common acronyms used in this document. For definitions of specific terms used in this document, see Appendix A.

- AMI: Area Median Income
- CH: Chronically Homeless
- CoC: Continuum of Care
- CAS: Coordinated Access System
- DV: Domestic Violence
- ES: Emergency Shelter
- ESG: Emergency Solutions Grants Program (federal funding source)
- FMR: Fair Market Rent
- HP: Homelessness Prevention
- HMIS: Homeless Management Information System
- HQS: Housing Quality Inspection
- HUD: U.S. Department of Housing & Urban Development
- IH: Interim Housing
- IPV: Intimate Partner Violence
- LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual or Ally, and Other Non-Heterosexual People
- PSH: Permanent Supportive Housing
- RRH: Rapid Rehousing
- SOAR: SSI/SSDI Outreach, Access, and Recovery (SSI/SSDI application assistance program)
- SSDI: Social Security Disability Income

- SSI: Supplemental Security Income
- SSO: Supportive Services Only
- TAY: Transition Age Youth (18-24 years old)
- TH: Transitional Housing
- SSF: Sacramento Steps Forward
- VA: U.S. Department of Veterans Affairs
- VAWA: Federal Violence Against Women Act

F) GUIDING PRINCIPLES FOR COMMUNITY STANDARDS

- 1) The health and safety of participants, volunteers and staff should be safeguarded during each service engagement, at each shelter, interim housing, and transitional housing facility, and when assisting participants in their homes, apartment buildings, and in any community setting.
- 2) All people experiencing homelessness have the right to assistance regardless of religious affiliation, race, color, national origin, ancestry, political or religious beliefs, language, disability, family composition, gender identity and/or sexual orientation. This includes people with criminal records, unless otherwise restricted by law or funding requirements. Staff must respect and be sensitive to the diversity of participants. Participants' rights, per standards below, must be protected against all forms of discrimination.
- 3) Each program will provide assistance that is welcoming, inclusive, trauma-informed, person-centered, dignified and respectful for all participants and provide services in a non-judgmental manner.
- 4) Each person at-risk of or experiencing homelessness will be supported to secure safe, stable housing as quickly as possible with the support needed and desired to remain in safe, stable housing. Each person is supported to achieve their housing and other goals related to housing stability, including increasing their independence and self-determination as much as possible.
- 5) Each participant's privacy and confidentiality of their personal information is of the utmost importance.
- 6) People who are experiencing homelessness, like other members of our community, may use substances to varying degrees. Everyone is entitled to assistance whether or not they use substances. As a result, these standards require that admission, discharge, and service restriction policies must not be based on substance use alone, unless otherwise specifically provided for in these standards.
- 7) To continuously improve access, service quality, and outcomes in an equitable manner, all programs must offer participants meaningful opportunities to provide input and feedback in service provision and program planning for the program in which they participate.
- 8) Shelters, interim housing, and transitional housing programs will seek to offer the maximum amount of privacy and trauma-informed accommodations (e.g., non-congregate options) and supports within the constrictions of the program facility(ies).
- 9) Each program is part of the larger Sacramento Homeless Crisis Response System. As such, each program must actively collaborate with other system Programs and system-wide processes to ensure coordinated, effective, efficient, and equitable assistance for each person.

2) GENERAL STANDARDS FOR ALL PROGRAMS

A) ORGANIZATIONAL STRUCTURE, MANAGEMENT, AND PERSONNEL

- 1) The agency's governing board includes at least one individual who is or has been unhoused.
- 2) The agency has a conflict-of-interest policy that includes prohibiting conflict of interest and nepotism for staff, board members, and volunteers.
- 3) The agency has a written policy that prohibits requiring, mandating, or improperly influencing religious participation as a prerequisite to receiving agency services.

- 4) The agency does not discriminate on the basis of race, religion, color, national origin, ancestry, sex, sexual orientation, gender identity, age, disability or other handicap, marital or familial status, military status, status with regards to public assistance, or any other class of persons protected by applicable law. The agency does not deny admission or terminate assistance based on a client being a victim or survivor of domestic violence, dating violence, sexual assault, human trafficking, or stalking. The agency has a written nondiscrimination policy applicable to staff, trustees, volunteers, and clients and there is evidence that it is being implemented.
- 5) The agency operates in compliance with all applicable Equal Employment Opportunities and Affirmative Action requirements.
- 6) The agency has a Drug Free Workplace Policy applicable to all staff and volunteers and posted in an area where everyone has access to it.
- 7) The agency has a policy regarding firearms and other weapons, as it relates to employees, clients, and volunteers. The policy addresses the agency's stance on the concealed carry law and whether weapons, including firearms, are permissible on the premises.
- 8) The agency has a written disaster recovery and crisis communication plan that is reviewed, and updated, if necessary, annually and distributed to appropriate employees.
- 9) The agency has a policy that prohibits sexual harassment which is applicable to staff, clients, trustees, volunteers, and vendors.
- 10) The agency has an organizational chart and written personnel policies detailing employee responsibilities, rights, roles, benefits, job description, attendance requirements, grievance procedures, hiring and termination procedures, annual employee review protocol, hours of operation, confidentiality and the agency's compensation and benefits plan.
- 11) The agency has an employee and volunteer code of conduct that is distributed to all new employees and volunteers.
- 12) All staff and volunteers are identifiable to clients and visitors.
- 13) The agency has written job descriptions for paid and volunteer staff positions and an organizational chart showing lines of supervision.

B) FISCAL ADMINISTRATION

- 1) The agency maintains a financial management system that is accurate, clear, and current. The agency's financial management system can identify each grant's revenue and expenses separately. For federal grants, the system must include the title and Assistance Listing (formerly CFDA) number.
- 2) The agency has a finance/accounting policies and procedures manual. The agency has written procurement policies that are in compliance with federal, state and other funding requirements.
- 3) Financial staff are qualified to maintain a high-quality financial management system in compliance with federal, state, and other funding requirements. There is an adequate separation of duties.
- 4) The agency's chart of accounts includes a complete listing of the account numbers used for homelessness prevention and assistance programs.
- 5) Funds received are appropriately restricted and/or allocated to specific Programs.
- 6) Expenditures are documented, reviewed, approved, and consistently charged to appropriate funding sources in compliance with Generally Accepted Accounting Principles and/or funding requirements.
- 7) Federal cash is only drawn on an "as needed" basis and is not held more than 3 working days. The agency periodically reviews vendors to ensure they are not debarred or suspended from participation related to federal awards. Additional invoice documentation the funder requests is provided in a timely manner.
- 8) If the agency charges indirect costs, it has an indirect cost allocation plan that details the allocation methodology and what expenses are included.
- 9) There is separate accountability of staff time between administrative and programmatic activities.
- 10) The agency retains program income and adds it to the funds committed to the Program. Program income for the grant is expended prior to the disbursement of grant funds.

- 11) For federally funded programs, the agency identifies, through a physical inventory, equipment purchased with federal funds at least every 2 years. All tangible property and assets are identified in accordance with 2 CFR Part 200.
- 12) The governing board procures an independent certified public accountant to audit the financial statements consistent with the following:
 - a) The audit is performed in accordance with generally accepted government auditing standards;
 - b) A single audit is performed in accordance with 2 CFR 200, Subpart F if the agency's aggregate federal expenditures exceed \$750,000;
 - c) The audit is performed within 6 months after the close of the agency's fiscal year;
 - d) The audit report, management letter, and IRS 990 are provided upon request to local funders.
- 13) Programs that receive public funding recognize the funding sources on agency or program letterhead, website, or other publicity materials about the program. Any information given to the public regarding the program prominently identifies local government funders, including SSF for any CoC Program funding awarded, as the funding sources.
- 14) The agency has the following insurance provisions, notices, and certificates and upon request will furnish certificates evidencing the existence of the following: (1) Worker's Compensation Certificate; (2) Employment Practices Liability (EPL); (3) Employer's Liability; (4) Comprehensive General Liability (CGL); (5) Directors' and Officers' Liability (D&O); (6) Fidelity and Crime Insurance; (7) Umbrella Insurance over all primary coverage; (8) Property Insurance; (8) Cyber Security Insurance; (10) Wage and Hour Notice.
- 15) Agency managers review financial reports, budgeted and actual costs, and supporting documentation in a timely manner.
- 16) The agency does not do business with the enemy, as defined in [2 CFR 200.215](#). The agency does not contract with or procure services from telecommunications and video surveillance vendors listed in [2 CFR 200.216](#).

C) DATA AND INFORMATION TECHNOLOGY

- 1) Agency and program staff are trained in and adhere to all HMIS data collection, reporting, quality assurance, security, and privacy policies and procedures as described in the [HMIS Policies and Procedures Manual](#), [Data Quality Plan](#), and [Privacy and Security Plan](#).
 - a) Upon 48 hours of entry into programs, data on all participants is entered in HMIS, pursuant to the data standards required by SSF. Participant files are maintained in accordance with the requirements of HMIS operated by SSF.
- 2) The agency ensures that information technology is accessible to persons with disabilities, as required by Section 508 of the Rehabilitation Act, and for people with limited to no English proficiency. Information technology includes, but is not limited to, computers, fax machines, copiers, and telephones.

D) COMMUNITY RELATIONS

- 1) PSH (single site) Programs, TH (single site) Programs, and ES programs only: The Agency has worked with stakeholders in a good faith effort to develop a partnership with local government, neighbors, neighborhood organizations and agencies, neighborhood businesses, and other groups and have ongoing, open channels of communication.
 - a) The agency (or Program) has initiated Good Neighbor Agreement (GNA) discussions and executed a written agreement, or every reasonable effort has been made to execute a written agreement. GNAs are encouraged but not required. If there are neighborhood concerns or issues, however, the agency may be required to engage in good neighbor work as a condition of public funding.
 - b) The agency has identified current, appropriate stakeholders pertinent to the area, including residential, commercial, industrial, or institutional stakeholders.
 - c) GNAs are reviewed with neighbors and neighborhood representatives and updated at least every three years.
- 2) The agency establishes, monitors, and complies with neighborhood safety, security, codes of conduct, and property management standards.
- 3) Board and/or agency staff participate in appropriate neighborhood associations.

E) CULTURALLY RESPONSIVE SERVICE PLANNING, DELIVERY, AND IMPROVEMENT

- 1) Agencies and programs promote inclusive decision-making and authentic collaboration with people accessing services and housing, with an emphasis on engaging and including people from historically marginalized and overrepresented groups, including but not limited to Black, Brown, Indigenous, and all people of color, people identifying as LGBTQIA+, people with disabilities, and people who have experienced personal trauma and violence.
- 2) The agency compensates people with lived experience who are involved in agency and program decision-making, collaboration, and improvement processes on par with other process participants and provides support necessary for people with lived experience to participate meaningfully and fully (e.g., transportation assistance, orientation and guidance, etc.).
- 3) The agency affirmatively markets to and establishes hiring preferences for people with lived experience, so that, to the maximum extent practicable, clients and others experiencing homelessness are involved, through employment, provision of volunteer services, or otherwise, in constructing, rehabilitating, maintaining, and operating facilities for the program and in providing supportive services.
- 4) Programs inform clients in writing and verbally at program intake about opportunities to be included in decision-making, collaboration, and improvement efforts of the program, agency, and community, including opportunities to participate in CoC committees and activities.
- 5) Programs establish and regularly provide meaningful and accessible ways for participants to provide specific feedback and recommendations on the quality and appropriateness of services, service facilities, and housing, as applicable. At minimum, programs seek participant feedback and recommendations via:
 - a) Participant satisfaction surveys are offered at program exit AND at least once annually, if the period of participation is greater than one year, and include questions specified by the CoC. Participant satisfaction surveys may include questions required by one or more local funders for consistent evaluation across funded programs.
 - b) Aggregate results of participant satisfaction surveys are made available to program participants and funders.
 - c) Participant advisory group convened at least once annually with support from the agency (i.e., space, refreshments, transportation, compensation).
- 6) Programs establish annual performance goals applicable to the program type in concert with the Continuum of Care and local public funders.
- 7) The agency board, management, and Program teams review and evaluate quantitative and qualitative performance data at least quarterly and immediately establish a Performance & Quality Improvement (PQI) Plan to address performance or quality issues.
 - a) PQI plans and results are documented, reviewed by agency and Program management, and shared with local public funders upon request.
 - b) Evaluation and improvement include examination of disaggregated data related to program access, service utilization, and outcomes, and development of related improvement efforts to eliminate disparities and advance equity.
- 8) Program participants are made aware of and encouraged to participate in homeless system workgroups, committees, and planning efforts. Information about such opportunities is provided verbally and in writing.

F) FAIR HOUSING AND EQUAL ACCESS

- 1) The agency and agency programs adhere to federal, state, and local laws concerning [Affirmatively Furthering Fair Housing](#) and [Equal Access to Housing](#) rules.
 - a) 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, gender identity, sexual orientation, religion, age, familial status, or disability, as required by 24 CFR Part 578.93(c).
 - b) The agency informs the jurisdiction responsible for their Consolidated Plan if they encounter a condition or action that impedes fair housing choice for current or prospective program participants.

- c) Program participants are provided information on rights and remedies available under applicable federal, state, and local fair housing and civil rights laws.

G) CLIENT RIGHTS AND PROTECTIONS

- 1) The agency has a written document outlining clients' rights, including rights to file a grievance or appeal an agency decision, posted in a visible and accessible location, read and otherwise made known to clients upon admission, with accommodation for literacy and language barriers. All clients are offered a copy of the clients' rights and grievance documents upon intake, including instructions for grievances and appeals, and that identifies the agency clients' rights officer.
- 2) The agency has a non-conflicted client rights officer available to clients for advice and assistance or has a formal arrangement with a third party to support clients who file a grievance or otherwise are seeking advice and assistance related to their rights
- 3) At minimum, all program clients have the following rights:
 - a) Clients have the right to be treated with dignity and respect;
 - b) Clients have the right to physical privacy;
 - c) Clients have the right to be treated with cultural sensitivity;
 - d) Clients have the right to self-determination in identifying and setting goals without preconditions on housing assistance;
 - e) Clients are clearly informed, in understandable language, about the purpose of the services being delivered, including clients who are not literate and/or are limited-English proficient;
 - f) Clients have the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure;
 - g) Clients have the right to reasonable access to records concerning their involvement in the program;
 - h) Clients have the right to have an advocate present during appeals and grievance processes;
 - i) Clients have the right to choose their own housing, within reasonable limits, and to reject substandard housing.
- 4) Program services are not denied because a client is unable to pay for the service unless the program is authorized to charge program fees by local funders and the CoC/SSF.
- 5) The agency has a grievance policy and procedure for addressing alleged violations of clients' rights.
- 6) The agency appeals policy and procedures specifically address program service denial and program involuntary exits.
- 7) The agency follows appropriate due process when handling grievances and appeals and when deciding to restrict clients from services. The program observes the following elements of due process:
 - a) 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;
 - b) 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;
 - c) Opportunity for the client to bring a representative of their choice to the hearing;
 - d) A prompt written final decision.
- 8) Programs do not deny admission for reasons unrelated to program eligibility criteria.
- 9) Agency programs participating in CAS adhere to CAS procedures for client grievances, including advising clients of their rights to access system-level grievance processes when a client is not in agreement with agency level grievance outcomes.
- 10) Service restrictions and appeals are reviewed at least annually by administrators or through a quality assurance process. The governing board (or its agent) evaluates all grievances to identify patterns and make corrections. 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.

- 11) Children and youth have access to public education and receive assistance exercising their rights as protected by the McKinney-Vento Homeless Assistance Act of 1987, as amended, Title VII, Subtitle B; 42 U.S.C. 11431. Heads of households are advised of their rights as they relate to the public education system, connected with school liaisons as appropriate, and offered a list of resources for school-age children.
- 12) The agency has a written policy, procedure and process for reporting child and elder abuse.

H) PROFESSIONAL DEVELOPMENT AND TRAINING

- 1) The agency has a staff training plan that identifies core staff competencies relative to each program type and target population(s) served and related agency/program training requirements for each program staff position.
- 2) Staff attend applicable system trainings and capacity building activities as communicated by SSF/CoC.
- 3) All staff directly providing or overseeing assistance for people at-risk of or experiencing homelessness have the minimum skills and competencies necessary to meet these standards and other federal, state or local regulations. At minimum, direct service and supervisory staff are trained annually, or as indicated, and are provided regular training opportunities to promote competency in the following areas generally (unless not relevant) and specific to their role and program type:
 - a) Sacramento Homeless Response System 101
 - b) CAS screening, assessment, referral protocols (as applicable, per CAS training requirements)
 - c) HMIS end user training (as applicable, per HMIS training requirements)
 - d) Emergency evacuation procedures (facility-based programs only)
 - e) Agency and program policies and procedures
 - f) Cultural competency, inclusive of race, ethnicity, gender identity, sexual orientation, national origin, religion, and other relevant population characteristics
 - g) Subpopulation disparities and equity, including implicit bias
 - h) Housing First principles and practices
 - i) Ethical practices
 - j) Trauma-informed care
 - k) Harm reduction
 - l) Motivational interviewing
 - m) First Aid and CPR
 - n) Mental Health First Aid
 - o) Non-violent crisis intervention and de-escalation techniques
 - p) Overdose detection and response
 - q) Domestic and intimate partner violence
 - r) Child and elder/dependent adult abuse and mandatory reporting
 - s) Other applicable federal/state/local mandatory reporting requirements (e.g., Duty to Warn)
 - t) Disease prevention and universal precautions
 - u) Self-care and professional boundaries
- 4) Additional training requirements specific to each program type are included in the next section of this document.

- 5) Sacramento CoC/SSF, City of Sacramento, Sacramento County may establish and require participation in specific training for funded entities. Participation in training may be required before beginning certain programs or roles and may be required at times that practices or policies change or as refreshers over time.
- 6) Agencies maintain a log or other similar record of training each staff member has successfully completed. This is maintained in the personnel file or through a separate tracking system.

I) PROGRAM ACCESS, SERVICES, AND OPERATIONS

- 1) Coordinated Access System (CAS)
 - a) Access to programs is provided in accordance with federal, state and local funding requirements, as applicable, and the CoC's Coordinated Access System policies and procedures, which may include program and/or sub-population specific coordinated access and program enrollment protocols as authorized by program funders. CAS policies and procedures adhere to the federal requirements in [HUD Notice CPD-17-01](#) Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.
 - b) Agency and program staff are trained in and adhere to all CAS policies and procedures.
 - c) Programs use applicable screening, prioritization, and triage tools with clients that are consistent with CAS policies and procedures and related training requirements.
- 2) Client screening, assessment, and intake processes include culturally and linguistically competent questions for all persons that are trauma-informed, necessary, and support efforts to quickly prevent or end homelessness, stabilize in housing, and obtain other assistance clients want and need.
- 3) Programs have written, up-to-date policies and procedures that include all program policies and procedures for services and operations. At minimum, the agency has policies and procedures related to those below that are consistent with Sacramento Community Standards:
 - a) Program eligibility
 - b) Program access, intake, and assessment
 - c) Program services and supports
 - d) Program facilities
 - e) Program exit/transition
 - f) Client rights, grievances, and appeals
 - g) Conflict of interest
 - h) Religious participation
 - i) Non-discrimination and equal opportunity
 - j) Drug-free workplace
 - k) Weapons and firearms
 - l) Disaster recovery and crisis communication
 - m) Communicable disease detection, control, and reporting
 - n) Staff professional development and training
 - o) Program evaluation and quality improvement
 - p) Indirect Cost Allocation Plan, if applicable
 - q) Finance/Accounting manual, including, but not limited to:
 - i) Financial controls and oversight
 - ii) Equipment purchases

- iii) Procurement and record-keeping
 - iv) Program fees, if applicable
 - r) Housing First, harm reduction, trauma-informed care, and related evidence-based engagement and service practices
 - s) Cultural competency
 - t) HMIS collection, consent, privacy/confidentiality, security, data sharing, and data quality
 - u) Holding funds or possessions on behalf of clients
 - v) Housing of minority clients in areas of non-minority concentration (TH, RRH, PSH)
 - w) Access to education (programs serving children)
 - x) Child and elder abuse and mandatory reporting
 - y) Income determination (for income-based assistance)
 - z) Tenant relocation plan (PSH, TH)
 - aa) Emergency Transfer Plan (as required by VAWA for PSH, TH, RRH, HP)
 - bb) Fire safety (single-site PSH, TH, shelters, and all on-site service locations)
 - cc) Disaster recovery and crisis communications plan
 - dd) Client financial assistance application processing and approval
 - ee) Privacy/disclosure of protected personal information (PPI), including client requests for and disposal of PPI
 - ff) Reasonable accommodations and ADA compliance
- 4) Programs have a protocol for accessing translation services for persons with limited English proficiency.
 - 5) Programs offer a timely, responsive, professional, and trauma-informed line of communication upon initial contact with clients to support an atmosphere of trust, safety, dignity, and self-determination.
 - 6) Programs adhere to and use a Housing First model, working to efficaciously prevent literal homelessness or place people experiencing homelessness in housing without preconditions on housing assistance and with the supports people want and need to remain safe and stably housed. Quick resolution of housing crises is the central priority of all programs. This includes programs with more focused programming for sub-populations, such as people desiring a sober living environment while seeking safe and stable long-term housing. Such programs work in concert with other system programs to ensure low-barrier access to temporary and permanent housing, regardless of successful participation in or completion of program services, and in accord with established best practices.¹
 - 7) Consistent with programs receiving federal funding, programs may not require any program participant to participate in supportive services (or be compliant with medications they are prescribed) that are related to a participant's disability, except where required by funding or otherwise authorized by the CoC and program funders. Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication (as provided to a person with a disability to address a condition caused by that disability). However, if the purpose of the program is to provide substance abuse treatment services, the program may require participants to take part in substance abuse treatment services as a condition of continued participation in the program. If the purpose of the program is not targeted to people with substance abuse histories, then the program may not require participation in substance abuse treatment services.

¹ See: *Recovery Housing Policy Brief*, U.S. Department of Housing & Urban Development.
<https://files.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf>

- a) Other non-disability related services (e.g., parenting classes, employment readiness services) are generally not required, unless authorized by the CoC and program funders, such as in situations involving imminent health or safety risks, including imminent loss of housing or shelter.
- 8) Homeless status or at-risk of homelessness status is documented at program enrollment as required by HUD and approved and standardized by SSF/CoC (See Appendix A).
- a) Documentation is maintained in accordance with HUD recordkeeping requirements. Duration or Episodes of Homelessness are certified and documented in accordance with HUD's December 2015 [Final Rule on Defining Chronically Homeless](#).
- 9) Programs have written client eligibility criteria consistent with CoC and funder requirements appropriate for the target population and consistent CAS policies and procedures. The admissions policy, including re-entry policies and procedures, is posted. The program does not deny admission unless there are specific documented restrictions applicable to the Program due to financing, health and safety, and/or programmatic issues.
- 10) Programs have an adequate number of program staff in relation to the number of clients served. The required client/staff ratio is set by agreement with one or more local funders and/or the CoC/SSF, including on-site and on-call staff, and is documented in a weekly staff schedule. The agency has a staff coverage plan for weekend and seasonal changes and plans for staff back-up and on-call coverage, as described in funding agreement(s).
- 11) Programs with on-site service facilities, shelters, and housing programs have requisite staffing and readiness to assist people experiencing a medical or behavioral health emergency at those locations, including but not limited to:
- a) At least one staff person on duty at all times with verifiable training in emergency first aid, CPR, and emergency evacuation procedures.
 - b) An [OSHA-compliant First Aid Kit](#) accessible to staff and residents and stocked with sufficient supplies to handle multiple incidents.
 - c) NARCAN and fentanyl test strips available and with staff trained to use both.
- 12) Programs have an up-to-date fire and disaster safety plan that staff receive training on and adhere to.
- a) In congregate shelters or single structures, there are records of an annual fire inspection, a posted evacuation plan in symbols that all residents can understand, a fire detection system, regular fire drills, and adequate fire extinguishers.
 - b) In non-congregate units, there are smoke detectors on each occupied level of each unit and posted evacuation plans.
- 13) Site-based programs have staff who monitor the facility entrance and ensure secure and safe entry and egress to the building by program clients, staff, and authorized visitors.
- 14) If the program holds funds or possessions on behalf of clients:
- a) There is a written policy and procedure describes how and when the funds or possessions are promptly returned upon the client's request and how such requests and dispositions are documented and monitored by program management.
 - b) The program has a written recordkeeping system for tracking receipt and return of funds or possessions held on behalf of clients.
 - c) There is a record of accountability for any money management/payee programs for clients' funds or possessions turned over to the program for safekeeping.
 - d) Clients are advised verbally and in writing how to obtain their possessions and funds, including after program exit. There is an easily understood and accessible process for getting funds/possessions back from program staff.
 - e) When exiting, clients have a reasonable amount of time and are supported by program staff in obtaining and moving possessions.
- 15) The agency distributes unbiased legal rights brochures to clients that cover topics such as landlord-tenant law, consumer protection, and other relevant topics.

- 16) Programs screen every client for immediate critical needs at intake and make referral to appropriate supportive service and mainstream benefit assistance providers relevant to addressing client housing barriers and/or critical service needs. Program staff help clients determine if they may be eligible for benefits and services and provide assistance to obtain necessary documentation and complete benefit applications. Clients are connected to SOAR-certified workers to navigate Social Security application processes.
- 17) Programs refer clients to other services as needed and desired, including but not limited to: legal services; mediation services; employment search and retention assistance; education and workforce training opportunities and supports; behavioral and physical health care services and treatment programs; transportation services; material assistance programs; adult/children's protective services; and basic financial planning.
- 18) The agency makes referrals to places that provide targeted services to represented sub-populations including, but not limited to: Youth (24 and under), LGBTQIA+, New Americans, Pregnant Women, Persons of Color, Survivors of Human Trafficking, Former Foster Youth (under age 22), Veterans, and Restored Citizens.
- 19) As applicable, programs comply with the requirements of the Violence Against Women Act (VAWA).
 - a) The agency has a written emergency transfer plan. The plan identifies program participants who are tenants and who are eligible for emergency transfer, documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security.
 - b) Program participants are provided the VAWA Notice and Transfer Request Form upon program admission or denial and at eviction or termination. Client files contain notification of VAWA forms at exit.
 - c) Survivors of domestic violence, dating violence, sexual assault, or stalking can request an emergency transfer from the current unit to a new unit.
 - d) Emergency transfer requests are managed in accordance with VAWA and CAS policies and procedures.
 - e) VAWA protections are included in all leases and housing assistance contracts between agencies and housing owners/landlords, and in all leases or rental assistance contracts with tenants. Except for tenant-based rental assistance, this must include the right to break the lease without penalty if the tenant qualifies for an emergency transfer.
- 20) As applicable, programs comply with all lead-based paint requirements, including those specifically pertaining to federal Emergency Solutions Grants (ESG) Program- and CoC Program-funded prevention, shelter, transitional housing, and permanent housing activities. Lead-based paint requirements apply to all units built before 1978 that are OR CAN BE occupied by families with children less than 6 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 child under the age of 6 or a pregnant woman can be living or spending time, then the unit needs to meet lead-based paint requirements. For all practical purposes, the requirements apply to any unit built prior to 1978.
- 21) Programs provide reasonable access to a public or private telephone for use by clients and phones are readily accessible for 911 / emergency calls.
- 22) Facilities are clean and in good working order, and each client has access to sanitary facilities that are in proper operating condition, private, and adequate for personal cleanliness and disposal of human waste.
 - a) Programs maintain adequate restrooms, showers (as applicable based on Program type), and hygiene supplies to meet the needs of clients, staff and visitors and that are consistent with local building codes, the American with Disabilities Act, and other applicable local, state, and federal requirements, including but not limited to:
 - i) An adequate number showers and toilets for clients served by and/or housed in the facility.
 - ii) Restrooms and showers accessible to and that affirm clients based on their identified gender. Where possible, restrooms include a single stall option and are labeled as all-gender with a simple sign. Where and when accommodations need to be made for individual clients, they are client- and trauma-informed.
 - iii) Warm and cold running water and drinking water free from contamination.
 - b) Programs with facilities providing services to children ensure:
 - i) There are childproof electrical outlets;
 - ii) Precautions are taken to prevent children from falling out windows;

- iii) Precautions are taken to ensure children are not able to lock themselves in any rooms;
 - iv) Precautions are taken to protect children from burns;
 - v) Precautions are taken to protect children from injury from fans;
 - vi) The facility restricts access to areas or equipment that could be harmful to children; and
 - vii) There is an area for children to nap without disturbance.
- 23) The agency and any housing units comply with all applicable building, housing, zoning, environmental, fire, health, safety, and life safety codes, Americans with Disabilities Act policies, Section 504 of the Rehabilitation Act, and fair housing laws.
 - a) Site-based programs with clients have Building and Occupancy Permits posted consistent with applicable local codes and ordinances.
 - 24) The agency has written policies and procedures for, trains staff on, and adheres to Universal Precautions Procedures as required by Occupational Safety and Health Administration (OSHA), is in compliance with applicable Public Health standards, and address the identification, treatment, control, and reporting of communicable diseases.
 - a) The agency consults with local public health departments or other appropriate entities on sanitation, communicable diseases, hazardous material storage and use, and food handling.
 - b) Cleaning supplies and other toxic chemicals are kept in areas not accessible to clients without staff assistance. The facility has spill kits or other appropriate protocol for handling toxic substances, such as drain opener, oven cleaner, or bleach.
 - c) The agency reports communicable diseases to local public health officials and SSF/CoC (via a major/unusual incident report) when detected no later than the end of the next business day.
 - 25) As applicable, programs have food preparation areas that contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner and meet local code.
 - 26) Programs ensure exits, steps, and walkways are clear of debris, ice, snow, and other hazards. There is a process in place to maintain clear walkways. Steps have treads or similar accommodation to prevent slipping. All walkways are kept in safe condition regardless of the season. The facility has a plan for ensuring that debris is regularly removed from walkways.
 - 27) Staff have keys to all locks in the facility. In independent units, clients are responsible for locking their unit, but staff maintains the ability to access units when needed and consistent with landlord-tenant law where applicable.
 - 28) The agency has done radon testing and made any necessary remediation in buildings where clients have access to a basement.

J) RECORDKEEPING

- 1) Programs collect and record data in HMIS according to HMIS standards.
 - a) Programs have confidentiality policies that at minimum are consistent with HMIS privacy and security requirements, make certain that files are kept in a secure or locked location, and ensure that verbal communication of confidential information is done in such a way that avoids unintended disclosure.
- 2) Programs maintain participant eligibility documentation specific to each applicable homeless and/or at-risk category served.
- 3) Programs maintain records to document services provided to each program participant with client files that include at minimum:
 - a) Standard program documentation, such as participant emergency contact information, participant consent forms for information collection and sharing, program intake/assessment, individualized housing/service plan, case notes, program exit/termination forms, appeals and grievance forms and responses.
 - b) Information about services provided including up-to-date case notes that record client and service provider contacts and client progress toward obtaining and, where applicable, maintaining permanent housing.

- i) Case notes that are concise, factual, relevant, and legible. Case notes include details of client progress including housing stabilization once clients move into housing.
- 4) Programs maintain records to document shelter and housing eligibility and compliance with applicable local, state, and federal requirements (e.g., habitability inspection forms, FMR and rent reasonableness documentation), as applicable.
- 5) Records containing client information are kept in a secure location and locked (or capable of being locked) to maintain confidentiality.

ADDITIONAL STANDARDS BY PROGRAM TYPE

3) HOMELESSNESS PREVENTION AND DIVERSION

A) PURPOSE OF HOMELESSNESS PREVENTION AND DIVERSION

- 1) **Homelessness prevention:** Homelessness prevention programs assist people who are imminently at-risk of literal homelessness with housing problem solving, temporary financial assistance, information and referral to other resources, and time-limited housing stabilization assistance.
- 2) **Diversion** is the most targeted form of homelessness prevention and involves strategies and practices seeking to assist people to resolve their immediate housing crisis by accessing a safe and appropriate housing alternative versus entering emergency shelter or otherwise staying in a place not meant for human habitation that night. This typically occurs at the point people request emergency services, such as access points, entry into emergency shelter, or could take place in a day center or through outreach before a person spends a night unsheltered. A household is “diverted” if they face imminent literal homelessness (e.g., tonight) and are instead supported and able to identify a safe and appropriate alternative to literal homelessness.

B) KEY PERFORMANCE INDICATORS

- 1) Key performance indicators for **homelessness prevention** include, but are not limited to:
 - Active caseload rate (%)
 - Average length of participation
 - Successful outcomes (#, %)
 - Successful housing outcomes (#, %)
 - Subsequent homelessness (%)
 - Cost per household
- 2) Key performance indicators for **diversion** include, but are not limited to:
 - Successful diversion outcomes (#, %)
 - Average wait-time
 - Subsequent homelessness (%)
 - Cost per household

C) STAFFING REQUIREMENTS

- 1) Staff providing or supervising program services (“direct service staff”) complete training as indicated in Section 2: General Standards and the following trainings on an annual basis:
 - a) Housing problem solving and other complementary crisis intervention approaches.
 - b) Housing-focused case management approaches and standard practices.
 - c) Community prevention and housing stabilization resources and referral protocols.
 - d) Outreach, shelter, and other crisis response services and referral protocols.
 - e) Fair housing, landlord/tenant law, rights and responsibilities.
 - f) Home visitation safety and ethics.
 - g) Program financial and rental assistance requirements and uses, including but not limited to initial and ongoing eligibility criteria, program requirements, and assistance maximums.
- 2) Program has routine ways to keep staff regularly updated on new strategies, policies, and housing assistance options in the community, including related housing assistance eligibility criteria, referral and application processes.

- 3) Program direct service staff provide screening, intake/assessment, housing problem solving, access to financial assistance, including connection to community and mainstream resources, and time-limited housing-focused case management and stabilization assistance.
- 4) In general, each full-time equivalent program direct service staff maintains a small active caseload (e.g., 20 households) to ensure individualized service delivery.
- 5) The program designates staff or partners with a third-party provider whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program.
 - a) Staff working with landlords have the knowledge, skills, and agency resources to understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports.
 - b) A program may have dedicated staff for whom this is the primary responsibility. If a program does not have a dedicated staff person(s) or does not partner with a third-party provider, then case managers fulfill this function, with responsibilities including landlord recruitment and negotiation.

D) PROGRAM ACCESS

- 1) Programs are accessed via referral from the Sacramento Coordinated Access System (CAS), including 2-1-1 and affiliated CAS access points, and/or other referral pathways approved by program funders. Referral partners use standard screening criteria and triage tools when provided by CAS to identify and refer potentially eligible households.
 - a) Referrals to homelessness prevention programs are responded to within 2 business days.
 - b) Referrals to diversion programs are responded to same-day and per diversion performance standards for call wait times.
- 2) Programs use standardized, brief screening questions when provided by CAS to determine household needs and eligibility.

E) ELIGIBILITY AND PRIORITIZATION

- 1) For ESG-funded homelessness prevention programs, assistance may be provided to households who meet the criteria under the federal At Risk of Homelessness definition¹, or who meet the criteria in paragraph (2), (3), or (4) of the federal homeless definition and have an annual income below 30% of Area Median Income (AMI). Eligibility documentation requirements vary depending on which criteria are met. For Homeless Category 2, the household will lose their housing within 14 days while for At Risk Category 1C, the household has been notified in writing that their right to occupy housing will be terminated within 21 days.
- 2) Homelessness prevention programs that are funded through other local, state, private, or other federally funded sources may use the above standards for ESG Programs or may establish their own standards regarding participant eligibility in alignment with funding source requirements.
 - a) Programs that establish their own standards ensure that they are targeting homelessness prevention resources to individuals and households most in need of assistance. It is recommended that all homelessness prevention programs serve households with an annual income that is no greater than 60% of AMI and who lack other viable housing options and resources to ensure homelessness prevention resources are prioritized for those households at greatest risk of experiencing homelessness without assistance.
- 3) Prioritization for homelessness prevention assistance is provided for households who meet prioritization criteria as determined for CAS.
- 4) Households are eligible for diversion assistance based self-reported initial circumstances indicating imminent literal homelessness as determined for CAS.
- 5) Prioritization for more intensive or extended diversion assistance is provided for households who meet prioritization criteria as determined for CAS.

F) HOMELESSNESS PREVENTION AND DIVERSION ASSISTANCE

- 1) **Assessment:** A collaborative, housing-focused assessment is conducted to determine each household's situation including current household safety, housing conditions, options and resources via a housing problem-solving

conversation and screening/assessment/intake within 72 hours of program enrollment. Other assessments completed prior to housing are limited and focus on those things necessary to support the immediate or otherwise critical health and safety needs of participant household members while resolving the housing crisis as quickly as possible.

- 2) **Housing problem solving (HPS):** HPS is used as the primary form of assistance to stabilize existing housing or secure new temporary or permanent housing through non-financial means such as conflict resolution, landlord/tenant mediation, information and referral, and use of the household's natural supports. Housing problem solving and other resources are used prior to offering additional support services and/or financial assistance.
- 3) **Homelessness prevention only:**
 - a) **Housing-focused case management:** Participants are offered, but not required to participate in services that they need to attain and stabilize in permanent housing.
 - i) While all participants are expected to be actively working toward obtaining permanent housing or other appropriate next step placement (e.g., treatment) as a program eligibility condition, when a participant is not progressing toward resolving their housing crisis and declines or does not engage in re-housing assistance, including housing-focused case management, program staff use evidence-based assertive engagement, motivational techniques, and other strategies to build rapport, trust, and an understanding of how best to support the participant to resolve their housing crisis.
 - ii) Housing-focused case management is provided by program staff consistent with CAS policies and procedures for prevention assistance. Assistance is provided on a regular basis and the program routinely documents the content and outcome of case management meetings.
 - (1) Services are available during normal business hours. After-hours requests are directed to other available assistance, including 211/CAS, as needed. Evening and weekend hours are strongly encouraged.
 - (2) Staff provide services over the phone or in-person at authorized service locations.
 - iii) **Core housing-focused case management services include:**
 - (1) Development of an individualized housing plan based on the housing-focused assessment that accounts for client preferences and abilities and addresses housing barriers related to income, credit, rental history, criminal history, and other conditions or circumstances presenting a barrier to housing, along with other immediate service needs and supports.
 - (a) The plan identifies the support and services the program and program service partners will provide to help individuals find and keep permanent housing and address other critical and immediate service needs.
 - (b) The plan accounts for participant preferences/choices and includes only goals created with and agreed to by the participant.
 - (c) Though income is not a requirement at the beginning of a program, case managers help participants review their budgets, including income and spending, to make decisions about reducing expenses and increasing income. Options include benefit enrollment and increasing employment and earnings over time.
 - (2) Assistance with meeting basic needs upon move-in to new housing, such as securing basic furnishings for an apartment, including mattresses and basic kitchen items such as a pot for cooking and utensils.
 - (3) Assistance with basic tenancy skills and learning opportunities that can include instruction or guidance on basic landlord-tenant rights and responsibilities, requirements, and prohibitions of a lease, and meeting minimum expectations for care of the housing unit, such as not causing damage.
 - (a) As needed, program staff work directly with the participant and landlord to resolve tenancy issues (e.g., failure to pay rent, unit damage, disturbing quiet enjoyment of others) when they occur to maintain the participant's tenancy.
 - (b) The program works quickly to identify a corrective course of action, and, without breaking a participant's confidentiality, keeps the landlord and participant informed about the program's action to mitigate the situation.

- (4) Screening and assistance to access other community and mainstream housing assistance, public benefits, services, and resources for which they qualify.
- (5) Additional housing stabilization assistance as needed and desired, such as access to legal services for tenants facing eviction, landlord mediation services, housing relocation support, and referrals to code enforcement, public health or other agencies when housing conditions may be unhealthy or potentially unsafe.
 - (a) The program has resources and/or is able to connect participants to other community resources that help participants resolve or navigate tenant problems (e.g., rental and utility arrears, unit upkeep).
- iv) The program has clearly defined relationships (e.g., via a written Memorandum of Understanding (MOU)) with healthcare, employment, income, and other mainstream and community programs and resources that it can connect program participants to when appropriate and desired.
- v) Except where dictated by a funder, program participants typically direct when, where, and how often case management meetings occur. Meetings occur in a participant's home and/or in a location of the participant's choosing whenever possible and with consideration for staff safety and the appropriateness of the location.
 - (1) Staff respect a program participant's home and maintain ethical boundaries at all times, including scheduling appointments ahead of time, only entering when invited in, and respecting the program participant's personal property and wishes while in their home.
- b) **Housing navigation and landlord engagement:** The program or the program's housing navigation/landlord engagement partner offers individualized housing navigation for participants needing to secure safe, stable housing.
 - i) The program has detailed policy and procedures regarding the type of assistance provided to help households find and secure housing when relocation from current housing is needed.
 - (1) Staff explain and distribute this policy to households at entry to the program.
 - (2) Some households may decline assistance in finding housing, but the program checks their progress and offers advice and/or direct assistance if they encounter obstacles they cannot resolve independently.
 - ii) **Core housing navigation services include:**
 - (1) Housing location and counseling services to identify the most appropriate housing placement, including connection with private and public owners and rental agencies willing to provide permanent housing to participants.
 - (a) Program participants may conduct their own search and choose housing they identify independently.
 - (b) Program participants are assisted in making an informed housing choice with the goal that the participant will be able to maintain housing after program exit, even when the household may experience high housing cost burden.
 - (c) Program participants are offered multiple housing choices that meet their preferences, needs, financial means pay for housing, and match the tenant selection criteria for the housing.
 - (i) Program participants are offered information, referral, and application support to apply for any and all forms of subsidized and affordable housing the participant may potentially qualify for and according to participant preferences and needs.
 - (ii) The program honors participant choice in housing selection and uses housing and budgeting plans with participants to help examine housing options, costs, and strategies for maintaining housing post-program exit.
 - 1. For extremely low-income households, there is due diligence on the program's part to help participants secure income (through employment, public benefits, and/or on-going rental assistance) to support housing and other costs by program exit.
 - 2. Program participants are assisted in exploring and facilitating *shared housing* opportunities in community-based housing or through master-leasing.

- (2) Assistance with obtaining needed documentation, completing housing applications, appealing application rejections, and negotiating rental agreements.
 - (3) Assistance with the move-in process, including identifying resources for basic furnishings, accessibility modifications, or other expenses.
 - (4) Support in understanding basic landlord-tenant rights and responsibilities and lease requirements.
- iii) The program has written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices.
- iv) **Core landlord engagement services include:**
- (1) Continual engagement, recruitment and retention of landlord partners and methods of tracking landlord partners and unit vacancies, unit locations, characteristics, and costs.
 - (2) A standard, basic level of support offered to all landlords who lease to program participants.
 - (a) This support is detailed in a written policy or other descriptive material distributed to landlords. Programs can negotiate additional supports, as needed, on a case-by-case basis.
 - (3) Timely response (e.g., within one business day) by program staff or a service partner to address landlord calls about serious tenancy problems and to offer support to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments.
 - (4) In the case of households at risk of eviction, proactive attempts to secure commitment from landlords not to pursue eviction/canceling of the lease after payment. Whenever possible, programs negotiate move-out terms and assist the person/household to quickly locate and move into another unit without an eviction in coordination with landlord partners.
- c) **Financial and rent assistance:** The program or the program’s financial and rent assistance partner provides financial assistance for housing costs, which may include security deposits, utility deposits, short- and medium-term rental assistance payments, rent arrears, utility arrears, and rental application fees, subject to funding limitations, requirements, and availability.
- i) The program has established maximum amounts and maximum number of times a participant may be assisted within a given period (such as applications per year) in accordance with the standards below, funding requirements and limitations, and evidence-based, progressive assistance practices.
- (1) When providing temporary financial assistance, the program takes into consideration whether the participant’s housing situation is likely to be sustainable after support is received. Concern that the situation may not be sustainable in the long term is not a basis for refusing assistance but may be used to recommend or require creation of a housing stability plan with goals for income increases, cost decreases, and/or location of alternative housing.
 - (2) The program has clearly defined policies and procedures for determining the amount of financial assistance provided to a participant, as well as defined and objective standards for when case management and financial assistance should continue and end.
 - (a) Guidelines are flexible enough to respond to the varied and changing needs of program participants, including when participants enter the program or subsequently have zero income. An individualized, flexible (“progressive”) approach is used whenever possible to determine the amount and duration of rent and financial assistance. Assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, especially as participants’ financial circumstances or housing costs change.
 - (b) Policies detailing this progressive approach include clear and fair decision guidelines and processes for reassessment for the continuation and amount of financial assistance.
 - (c) Policies and procedures also detail when and how assistance is used as a bridge to a permanent subsidy (e.g., Housing Choice Voucher).

- (3) The program has the capacity to pay reasonable back rent and utility arrears that directly prevent a participant from being able to sign a lease.
 - (4) If participants are expected to pay an amount toward their housing, the program has written policy and procedures for determining that amount, and it is an amount that is reasonable in relation to participant income.
 - (5) Each program participant receiving rental assistance has a legally binding, written lease for the rental unit, unless the assistance is solely for rental arrears. The lease is between the owner and the program participant, unless otherwise allowed by program funders (e.g., master lease arrangements).
 - (6) Participants receiving more than one-month rental assistance are required to meet with their case manager at least once per month.
 - (7) Financial and rental assistance are offered progressively and as needed. Reassessment and adjustment of rental assistance occurs at least every three months.
 - (8) The program issues checks quickly and on time and has the capacity to track payments to landlords and other vendors.
 - (9) Rental assistance is only provided if the total rent for the unit does not exceed the fair market rent (FMR) established by HUD and complies with HUD's standard of rent reasonableness, unless a waiver is in effect allowing for rents to exceed FMR.
- ii) Eligible participants may receive up to 24 months of rental assistance during any 3-year period.
 - iii) Rental assistance agreements are required and used when providing rental assistance payments to a landlord.
 - (1) The rental assistance agreement must provide that, during the term of the agreement, the owner must give the rehousing agency a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence an eviction action against the program participant. In such instances, program will respond to assist participants to avoid eviction and concurrently communicate with the landlord to address concerns.
 - (2) The rental assistance agreement with the landlord must terminate and no further rental assistance payments under that agreement may be made if:
 - (a) The program participant moves out of the housing unit for which the program participant has a lease;
 - (b) The lease terminates and is not renewed; or
 - (c) The program participant becomes ineligible to receive rental assistance.
 - (3) Each program participant receiving rental assistance must have a legally binding, written lease for the rental unit, unless the assistance is solely for rental arrears. The lease must be between the owner and the program participant.
- d) Program participant eligibility and the types and amounts of assistance the program participant needs are re-evaluated and documented in the participant case file at least once every three months.
 - i) Case review and conferencing is used to guide progressive assistance (i.e., ongoing adjustment to type, amount, duration of assistance based on needs relative to obtaining and maintaining housing and achieving housing stability).
 - e) For federal ESG Program-funded assistance only: When services are provided under the Homelessness Prevention component to help a program participant remain in or move into permanent housing, the ESG minimum habitability standards for housing units (including lead-based paint) apply to either the current unit (if the program participant is staying in place) or to a new unit (if the program participant is moving).
 - f) For ESG-Funded rental assistance or Housing Relocation and Stabilization Services and for other non-federally funded assistance when indicated by a local funder:
 - i) Program participant eligibility and the types and amounts of assistance the program participant needs must be re-evaluated and documented in the participant case file not less than once every three months.
 - ii) Eligible participants may receive up to 24 months of rental assistance during any 3-year period.

- iii) Participants must have a written lease to receive rental assistance.
- iv) Participants receiving more than one-month rental assistance are required to meet with their case manager at least once per month.
- v) Participants are required to contribute 30% of their monthly adjusted income towards rent at minimum and seek to take on full rent as quickly as possible.
- vi) Rental assistance is only provided if the total rent for the unit does not exceed the fair market rent (FMR) established by HUD and complies with HUD's standard of rent reasonableness, unless a waiver is in effect allowing for rents to exceed FMR.
- vii) The program complies with all other applicable ESG Program and/or CoC Program requirements for financial and rental assistance.

G) PROGRAM EXIT

- 1) Standard indicators of housing stability and crisis resolution are used to guide case closure decisions and account for participant preferences, lease-compliance, ability to pay housing costs, other conditions or issues that may affect housing stability in the near-term, and the related need for further assistance.
- 2) Program supervisors review and approve all decisions for case closure and program exit.
- 3) When closing a case, information is provided to participants about how they can access assistance from the program again if needed and what kind of follow-up assistance may be available.
 - a) In instances when a participant is at imminent risk of returning to homelessness, the program has the capacity to either directly intervene or provide referral to another prevention resource.
- 4) When closing a case, information is provided to landlords about how they can contact the program again if needed and what kind of follow-up assistance may be available.
- 5) For ESG-Funded rental assistance or Housing Relocation and Stabilization Services only: When terminating assistance to a program participant, the program at a minimum, follows a process that provides:
 - a) Written notice to the program participant containing a clear statement of the reasons for termination;
 - b) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
 - c) Prompt written notice of the final decision to the program participant.

4) STREET OUTREACH

A) PURPOSE OF STREET OUTREACH

- 1) **Street outreach** programs offer mobile services to engage and assist unsheltered individuals and families experiencing homelessness within the CoC's geographic area, including those least likely to request assistance. Services typically include engagement, connection to emergency shelter, housing, critical/crisis services, basic needs support, and urgent, non-facility-based care. The standards in this section pertain to Street Outreach programs that are housing-focused versus programs that exclusively focus on healthcare, material or food assistance needs, or other non-housing related needs.

B) KEY PERFORMANCE INDICATORS

- 1) Key performance indicators for **street outreach** include, but are not limited to:
 - Active caseload rate (%)
 - Average length of participation
 - Successful outcomes (#, %)
 - Successful housing outcomes (#, %)
 - Returns to homelessness (%)
 - Cost per household

C) STAFFING REQUIREMENTS

- 1) Street outreach workers complete training as indicated in Section 2: General Standards and the following trainings on an annual basis:
 - a) Housing problem solving and other complementary crisis intervention approaches.
 - b) Community prevention and housing stabilization resources.
 - c) Shelter and other crisis response services and referral protocols.
 - d) Street outreach staff safety.
 - e) Assertive and meaningful engagement strategies.
 - f) Fair housing, landlord/tenant law, rights and responsibilities.
- 2) Street outreach workers who are housing-focused (exclusively or in conjunction with other service providers) provide screening, intake/assessment, housing problem solving, time-limited housing-focused case management and stabilization assistance, access to financial assistance, and connection to community and mainstream resources.
- 3) Each full-time equivalent street outreach worker who is housing-focused generally can serve no more than 40 active cases, though in general active caseloads may be much smaller depending on the service needs of participants, including for those needing only one-time or very short-term assistance.

D) PROGRAM ACCESS

- 1) Street outreach staff generally work in groups of two. Four or more outreach staff generally do not approach the same unsheltered person at the same time.
- 2) Except in limited circumstances, street outreach staff exit their vehicles to engage with people who are unsheltered.
- 3) Initial engagement may occur in outdoor locations, drop-in centers, and other public locations (e.g., fast food restaurants), or locations that are both accessible and safe for staff and clients. Follow-up engagement may occur in sheltered locations as necessary.
- 4) Street outreach staff verbally identify themselves, the organization they work for, and the intention of their engagement in every encounter with an unsheltered person they have not previously engaged with during street outreach.

- 5) Participating in street outreach services is voluntary. Street outreach workers seek and record consent (which can be verbal but must be documented) to engage with unsheltered persons and their voluntary desire to engage with the street outreach workers.
- 6) In the event an unsheltered person does not wish to engage with street outreach staff, this is respected during the encounter. Street outreach workers continue to attempt engagement with people who are unsheltered and not service-connected at least every two weeks (in alignment with local Assertive Engagement principles) unless there is a system case conference decision to reduce or stop engagement attempts. In all instances, outreach staff use trauma-informed and person-centered approaches. All outreach attempts, contacts, and engagement results are recorded in HMIS and client case files.
- 7) Outreach teams check HMIS to coordinate or de-duplicate any services with other outreach teams before enrolling a new client.
- 8) For newly contacted unsheltered persons, street outreach staff ensure basic contact data and any other available Universal Data Elements are recorded in HMIS within three business days of contact. If the newly contacted unsheltered person is unable to choose whether to give consent to share their data within the HMIS their profile may be privatized according to the HMIS privacy policy and done so in accordance with current HMIS privacy training(s).

E) ELIGIBILITY AND PRIORITIZATION

- 1) For ESG-funded street outreach programs: Individuals and families must meet the HUD definition of Literally Homeless (Category 1) and specifically have a primary nighttime residence that is a public or private place not meant for human habitation (unsheltered persons).
- 2) Street outreach programs that are funded through local, state, private, or other federally funded sources may use the above standards for ESG programs or may establish their own standards regarding participant eligibility in alignment with funding source requirements. Programs that establish their own standards should ensure that they are targeting Street Outreach resources to individuals and families in unsheltered situations.
- 3) Third-party documentation of literal homelessness is not required for street outreach enrollment and assistance.
- 4) Prioritization for more intensive or extended street outreach assistance is provided for households who meet prioritization criteria as established by the CoC and local funders.

F) STREET OUTREACH ASSISTANCE

- 1) Each household's situation is assessed to determine current household safety, living conditions, shelter eligibility (if there is expressed interest), diversion options, and resources via a housing problem-solving conversation and screening/assessment/intake.
- 2) Housing problem solving is offered by all outreach teams and used as the primary form of assistance to engage households in identifying any safe, available housing options and to stabilize existing housing or secure new temporary or permanent housing through non-financial means such as conflict resolution, landlord/tenant mediation, information and referral, and use of the household's natural supports.
- 3) Outreach workers use system case conferencing to further problem-solve and coordinate assistance for unsheltered households as needed and consistent with system case conferencing protocols.
- 4) All assisted households are screened and connected to other community and mainstream housing assistance, public benefits, services, and resources for which they qualify and are interested.
- 5) Street outreach assistance is mobile and provided where people who are unsheltered are currently living and in locations where they are easily contacted and engaged.
- 6) Street outreach assistance is available during normal business hours. Street outreach availability after-hours and on weekends is available when requested for urgent needs and service linkage.
- 7) Street outreach teams support households who have no safe, alternative housing (temporary or permanent) to access the following assistance as quickly as possible and consistent with CAS policies and procedures:
 - a) Shelter and temporary housing assistance: emergency shelter, interim housing, and transitional housing, including hotel/motel voucher assistance.

- b) Permanent housing assistance: individualized rehousing assistance (housing search, placement, stabilization assistance, if not provided by street outreach team), permanent supportive housing, and other types of permanent housing.
 - c) Basic needs assistance, including food, clothing, supplies, and other immediate material needs for household members (including pets).
 - d) Medical and behavioral healthcare assistance.
 - e) Cash and non-cash benefits, including access to services and advocacy to obtain public benefits (e.g., SOAR).
 - f) Flexible financial assistance for needs unable to be addressed via other sources, such as application fees, storage unit costs, etc.
- 8) Street outreach teams provide transportation or offer transportation assistance to ensure immediate and ready access to needed shelter, housing assistance, and services, including support to navigate and use public transportation options and resources.
- 9) Street outreach teams provide assistance to obtain, store and access vital documents needed for housing and services. With participant consent, Street Outreach teams upload participants' documents to their HMIS record within 3 business days of obtaining the document.
- 10) Street outreach providers coordinate outreach assistance and attend system-level outreach coordination meetings.
- a) Outreach teams work to coordinate with other teams that share geography to leverage expertise and de-duplicate services. Outreach teams share their schedules in each geography.

5) EMERGENCY SHELTER

A) PURPOSE OF EMERGENCY SHELTER

- 1) **Emergency shelters** provide safe, temporary housing for individuals and/or families who have no alternative safe housing options while they are supported in obtaining permanent housing or access to other appropriate assistance, such as treatment. Shelters serve people who have neither a safe home nor the means to obtain other safe permanent or temporary housing. Emergency shelters may serve specific populations (e.g., families with children, single adults, transition age youth), in congregate or non-congregate facilities, and do not require occupants to sign leases or occupancy agreements. Emergency shelters seek to have low barriers to entry (without extensive requirements or rules) and, at a minimum, provide basic needs, housing-focused services, and linkage to voluntary mainstream services.

B) KEY PERFORMANCE INDICATORS

- 1) Key performance indicators for **emergency shelters** include, but are not limited to:
 - Utilization (occupancy) (%)
 - Average length of stay
 - Successful outcomes (#, %)
 - Successful housing outcomes (#, %)
 - Negative exits (%)
 - Returns to homelessness (%)
 - Cost per household

C) STAFFING REQUIREMENTS

- 1) Shelter direct service staff complete training within 30 days of hire as indicated in Section 2: General Standards and the following trainings on an annual basis:
 - a) Housing problem solving and other complementary crisis intervention approaches.
 - b) Community prevention and housing stabilization resources.
 - c) Proper food handling and storage if required by law. State law requires all food handlers in the state of California have California Food Handler Card. New hires have 30 days from the date of hire to obtain a card.
 - d) Equal Access, Fair Housing, and reasonable accommodation.
 - e) Emergency evacuation procedures and fire safety.
 - f) Shelter and other crisis response services and referral protocols.
- 2) The shelter has sufficient staff on duty 24 hours per day, every day, consistent with local funding requirements and applicable codes and ordinances. Non-congregate shelters may have alternative staffing plans that do not provide 24-hour staff coverage, as permitted by shelter funders.
 - a) The required client/staff ratio is set by agreement with shelter funders in consultation with the CoC/SSF, including on-site and on-call staff, and is documented in the weekly staff schedule.
 - b) There is a staff coverage plan for weekend and seasonal changes and plans for staff backup and on-call coverage.
- 3) The shelter has a supervisor/manager available on call to the program for consultation with staff about challenging participant situations and other urgent matters.
- 4) The shelter has a case consultation and conferencing policy in place that outlines situations requiring supervision, internal case conferencing, and/or system case conferencing according to system case conferencing policies and procedures.
- 5) At least one staff person on duty at all times is trained in emergency first aid and CPR.

- 6) All shelter staff are tested for tuberculosis upon hire and every 12 months and referred to any necessary follow up and/or treatment if indicated. Staff complies with any recommended follow-up testing necessary as indicated by a health care provider.
- 7) The shelter and shelter staff comply with all public health orders and infectious disease control, mitigation, and reporting requirements applicable to emergency shelters.
 - a) Staff are encouraged to obtain an annual flu vaccine and other vaccines as recommended by public health authorities and have an up-to-date record of vaccinations.
 - b) The shelter complies with [California Code of Regulations, Title 8, Section 5199](#), regarding Aerosol Transmissible Diseases (ATD) control and worker and client safety expectations.
- 8) Upon satisfactory completion of each training staff receive a verification of completion. Verification of completion is documented in employee files. All training materials are available for staff reference.
- 9) Ongoing professional development and supervision are provided by the agency and may include case conferences, case supervision, workshops, and training courses.

D) PROGRAM ACCESS

- 1) The shelter has clearly written and consistently implemented referral standards, admission policies, and hours for new participant admission. If participating in CAS, the shelter has policies and procedures for access that are consistent with and account for CAS policies and procedures for shelter referral and admission.
- 2) The shelter accepts new participant admissions (when shelter is open, and beds are available) Monday through Friday for at least a four-hour period daily. When feasible, admissions are accepted on weekends.
- 3) Denial of admission to the facility can only be based on the reasons described under Eligibility & Prioritization, below. If participating in CAS, the shelter adheres to CAS policies and procedures for denial of admission and appeals.
 - a) Any household denied entrance is informed of reason, conditions for lifting the restriction and right to appeal, including whom to contact regarding an appeal and information about the appeal process. Reason for denial is entered into HMIS to support appropriate future CAS shelter referrals for the household.
- 4) Upon admission, participants are provided with copies of the following:
 - a) Participant rights
 - b) Written program rules
 - c) Storage policy, including storage after exit
 - d) Medication storage policy
 - e) Grievance Procedure

E) ELIGIBILITY AND PRIORITIZATION

- 1) The shelter serves households who meet all of the following eligibility criteria:
 - a) Currently are in Sacramento County;
 - b) Currently unsheltered or will be unsheltered tonight if not provided emergency shelter, meaning the household:
 - i) 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
 - ii) 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;
 - c) Shelter, re-housing and other critical needs are best served by an 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);

- d) Are able to care for all household members together or individually (i.e., are self-caring), including all activities of daily living and medication administration;
 - e) Consent to basic shelter rules and expectations, including actively working on an individualized housing plan to obtain permanent housing as quickly as possible and according to individual means and abilities;
 - f) Do not exhibit behavior that creates a safety or health risks for self or others;
 - g) If previously stayed in shelter and exited unsuccessfully, agree to behavior or other changes and conditions necessary to meet all emergency shelter eligibility criteria, including actively working on a housing plan to obtain permanent housing as quickly as possible according to individual needs and abilities;
 - h) Are not a convicted sex offender subject to community notification unless the shelter has received an exception to this criterion from funders and/or per CAS policies and procedures and is able to safely shelter such individuals;
 - i) Single adult emergency shelters only: Individuals who are 18 years of age or older who do not have physical custody of minor children upon entry.
- 2) Third party documentation of literal homelessness is not required for emergency shelter admission and assistance.
- 3) The shelter may deny admission for the following reasons:
- a) Household does not meet the basic eligibility criteria for shelter admission (e.g. gender, age, homeless status, domestic violence victim, etc.);
 - b) The shelter has designated funding sources with additional restrictions (e.g. VA beds that require advance approval by the VA) may deny entry to those not meeting funder requirements;
 - c) A restraining order that prohibits admission to the facility;
 - d) Documented violent or threatening behavior;
 - e) Conduct from prior stay at the shelter that puts the health and safety of staff or participants at risk (e.g. violence, weapons violations, disclosing confidential location of shelter, and egregious damage to property);
 - f) The household requires care and supervision to manage the activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without the appropriate support available on-site.
- 4) Prioritization for emergency shelter is provided for households who meet prioritization criteria as established in CAS policies and procedures.
- 5) Clients must continue to meet shelter eligibility criteria while residing in emergency shelter to continue staying in shelter. When a client stops meeting eligibility criteria, emergency shelter staff may initiate a shelter system exit or a shelter-to-shelter transfer consistent with CAS policies and procedures.
- a) An individual or family may stop meeting basic shelter eligibility requirements for various reasons, including but not limited to when:
 - i) A previously unavailable or new safe alternative housing option becomes available;
 - ii) An individual has sufficient resources to secure other housing, including temporary housing (e.g., motel) while they work to secure more permanent housing;
 - iii) An individual stops working to obtain permanent housing and has disengaged from rehousing assistance despite multiple and progressive documented provider engagement attempts and reasonable opportunities to engage;
 - iv) 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). In such instances, staff and clients should follow CAS shelter-to-shelter transfer policies and procedures;
 - v) An individual is actively selling or distributing illegal drugs on site;
 - vi) An individual persistently violates basic shelter rules, despite clearly communicated expectations and reasonable opportunities to comply;

- vii) An individual physically threatens or assaults another person, including but not limited to sexual assault, verbally or physically threatening behaviors, which rise to the level of a “direct threat” to persons or property, as defined in paragraph (3) of subdivision (b) of Section 12179 of Title 2 of the Code of California Regulations, as well as other physical violence directed to staff, volunteers, guests, or other program participants.

F) EMERGENCY SHELTER SERVICES

The shelter, directly and/or through third-party service partnerships, offers the following services for shelter participants.

- 1) **Assessment:** A collaborative, housing-focused assessment is conducted or updated with all participants within 5 business days of shelter entry, including evaluation of critical and immediate service needs of the household, information about past or current services received, information about housing access and retention barriers, and other information necessary to provide shelter services and to support successful and rapid placement in safe, stable housing or other appropriate next step options (e.g., treatment).
- 2) **Housing-focused case management:** Participants are offered, but not required, to participate in services that they may need to obtain and stabilize in permanent housing.
 - a) While all participants are expected to be actively working toward obtaining permanent housing or other appropriate next step placement (e.g., treatment) as a shelter eligibility condition, when a participant is not progressing toward resolving their housing crisis and declines or does not engage in re-housing assistance, including housing-focused case management, shelter staff use evidence-based assertive engagement, motivational techniques, and other strategies to build rapport, trust, and an understanding of how best to support the participant to resolve their housing crisis.
 - b) Housing-focused case management is provided by shelter staff or a third-party provider consistent with CAS Policies and Procedures for rehousing assistance. Assistance is provided on a regular basis (e.g., daily or weekly contacts) and the shelter routinely documents the content and outcome of case management meetings. Core services include:
 - i) Development of an individualized housing plan based on the housing-focused assessment that accounts for participant preferences and abilities and addresses housing barriers related to income, credit, rental history, criminal history, and other conditions or circumstances presenting a barrier to housing, along with other immediate service needs and supports desired by the participant. The plan identifies the support and services the program and program service partners will provide to help individuals find and keep permanent housing and address other critical and immediate service needs.
 - ii) Ongoing engagement and support to facilitate a match to an appropriate permanent housing placement via CAS or other means.
 - iii) Housing location and counseling services to identify the most appropriate housing placement;
 - iv) Connection with private and public owners and rental agencies willing to provide permanent housing to participants;
 - v) Assistance with housing applications and appeals and negotiating rental agreements;
 - vi) Assistance exploring and facilitating shared housing opportunities in community-based housing and through master-leasing; and
 - vii) Assistance with the move-in process, including identifying resources for basic furnishings, accessibility modifications, or other expenses.
- 3) **Service referral and coordination:** Service referral and coordination (i.e., service navigation) is available to program participants. The program has screening and triage procedures and supports participants in immediately accessing needed and desired services including completing and submitting applications for assistance.
 - a) Referral and follow-up procedures confirm participants are connected to services to which they are referred. Documentation of referrals made, and referral confirmation must be maintained in participant files.
 - b) At minimum, participants receive service referral and coordination assistance for:
 - i) **Health and wellness:** Medical health, mental health, and any needed alcohol and drug services. Program staff encourage and assist participants to obtain and maintain health insurance, obtain a primary care provider, and

access immunization services. This includes publicly posting or otherwise making available information on health-related services.

- ii) **Mainstream benefits:** Public benefits and entitlements (e.g., general assistance, SNAP, SSI/SSDI, Veteran benefits) health insurance benefits (e.g., Medi-Cal, Medicare, Covered California, etc.), childcare assistance, and other sources of cash and non-cash assistance.
 - iii) **Employment, education and life skills:** Employment development or placement programs, including federal and state funded workforce development programs and support services.
 - iv) **Transportation:** Shuttle service, bus passes, and/or car services (e.g., taxi, Uber), to support access to community-based services and housing searches. Accommodations are made for disabled persons who are unable to access general means of transportation.
- 4) The shelter enters housing-focused case management services and services referral information in HMIS according to HMIS policies and procedures.

G) EMERGENCY SHELTER OPERATIONS

The program adheres to the following standards for operations and facilities, unless otherwise by program funders and/or due to the nature of the program facility (i.e., certain standards are applicable to only congregate shelter environments).

1) Facilities

- a) The proper number of beds or units are provided consistent with funder and CoC/SSF agreements.
- b) The program complies with all applicable state and local building, health, environmental, and safety standards/regulations and has Building and Occupancy permits posted.
- c) The program complies with HUD Emergency Solutions Grants (ESG) Program minimum habitability standards for emergency shelters.²
 - i) The shelter building is structurally sound to protect residents from the elements and does not pose any threat to health and safety of the residents.
 - ii) Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
 - iii) Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
 - iv) The shelter's water supply is free of contamination.
 - v) Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
 - vi) The shelter heating/cooling facilities are in proper operating condition.
 - vii) The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
 - viii) Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
 - ix) The shelter is maintained in a sanitary condition.

² <https://files.hudexchange.info/resources/documents/ESG-Emergency-Shelter-and-Permanent-Housing-Standards.pdf>

- x) There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas. The first alarm system is designed for hearing-impaired residents. All public areas of the shelter have at least one working smoke detector. There is a second means of exiting the building in the event of fire or other emergency.
- d) The program facilities and housing are consistently maintained and in good repair. The general appearance of each service and residential building is well maintained. In addition to meeting habitability standards above, the program ensures:
 - i) The program has a written housekeeping and maintenance plan to ensure a safe, sanitary, clean, and comfortable environment.
 - ii) Bath/toilet areas, hallways, and other common use areas are cleaned daily. The program has proper trash receptacles that are emptied regularly.
 - iii) Both the interior and exterior of the facility are free of debris, clutter, and unsanitary items and there are no obvious safety risks.
 - iv) The program ensures adequate provision of pest control services.
 - (1) The program has a protocol in place for the prevention and control of bed bugs. See [best practices related to bug prevention](#).
 - (2) Twenty-four (24) hour notice is provided to participants of pest control activities unless the type and degree of infestation requires an immediate response (e.g., bed bugs).
 - v) A process for reporting maintenance concerns is posted and acknowledges that non-emergency maintenance issues reported are responded to within two days and identifies the timeframe for addressing the concern.
 - vi) Emergency maintenance items are immediately addressed.
- e) The program provides each person with at least a bed, a blanket, and pillow, all of which are clean and in good repair.
- f) The program has a sufficient supply of functionally clean and reasonably private toilets and hand wash basins, with hot and cold running water.
- g) The program has laundry facilities available to residents, or access to laundry facilities nearby.
- h) The program allows residents to use the program as a legal residence for the purpose of voter registration.
- i) The program provides access to safe drinking water at all times.
- j) Program staff have keys to all locks in the facility. In independent units, clients are responsible for locking their unit, but staff maintains the ability to always access the units.
- k) The program provides towels, soap, sanitary napkins, and toilet tissues.
- l) The program provides access to electrical outlets for charging personal devices such as cell phones and medical equipment.
- m) A telephone is available to staff for emergencies. Emergency numbers are posted by the telephone or otherwise made available to staff on duty. The program takes emergency phone messages and messages from service providers for participants in residence.
- n) The program labels all chemicals and cleaning supplies and keeps all such materials out of reach of children. Any hazardous materials are stored separate from food.
- o) Exits are clearly marked and kept clear of blockage and tripping hazards. Exit signage is consistent with all applicable codes.
- p) All steps have handrails as required by applicable codes. Steps have treads or similar accommodation to prevent slipping.
- q) If the program maintains a vehicle used for participant transport, the vehicle is properly maintained, licensed and insured. All drivers are properly licensed. Provisions are made to provide equal access to transportation services to disabled participants.

2) Accessibility

- a) The program conforms to all pertinent requirements of the Americans with Disabilities Act (ADA). See [ADA Checklist for Emergency Shelters](#).
- b) Beds designated as accessible comply with federal height and distance standards requiring a minimum of 36 inches between sleeping units and a sleeping surface height between 17-19 inches above the finished floor.
- c) Beds designated as accessible are prioritized for participants with disabilities. The program is encouraged to provide as many ADA accessible beds as possible, but it is not required or expected that all beds meet these requirements.
- d) Program documentation is provided in forms accessible to hearing-impaired and sight-impaired individuals, upon request.
- e) If the program provides transportation for participants, it also makes provisions for participants who need vehicles that are wheelchair accessible.

3) Food service

- a) If the program prepares and serves meals or provides areas for participants to prepare and consume their own meals, the program has the appropriate certifications required by local authorities to prepare, serve, and store perishable food. All food storage and serving areas comply with relevant health codes.
- b) If the program serves food prepared off site by regular donors it provides donors with a handout that details the requirements for food preparation. All food donors read and sign the handout to confirm knowledge of the standards and provide current contact information.
- c) The program generally does not encourage or accept food that has been prepared off-site by intermittent donors.
- d) If meals are served, a meal schedule is posted.
- e) If meals are served or food is provided for participants to use to prepare their own meals, the program makes dietary modifications and/or provides appropriate food options based on participants' health, religious, and/or cultural practices.
- f) Food provided promotes healthy eating and meets the daily nutritional needs of all participants, with reasonable accommodations for known food allergies and dietary requirements.
- g) The program provides a table and chairs if food is served.
- h) Any snacks and meals are provided with reasonable accommodation made for known children's allergies if children are in residence. The program asks about food allergies at intake; however, it is the responsibility of parents and guardians to inform the program of children's food allergies.

4) Hours/curfew

- a) The program posts hours of operation in a visible location.
- b) The program provides facilities available to participants for sleeping for a minimum of eight hours.
- c) If the program has a curfew policy, the policy is clearly written and explained to participants at program entry. The policy is consistently enforced.
 - i) Missing a curfew cannot be a reason for denial of entry or discharge unless the late arrival compromises the health or safety of other participants or staff, or other participants right to peaceful enjoyment of the facility.
- d) The program remains open during daytime hours for client access to indoor facilities (e.g., restrooms, food, napping space for children) and personal possessions, unless prohibited by inadequate funding or space limitations.
 - i) If not open 24/7 the program makes reasonable accommodations to normal hours for illness, weather, disabilities, persons working second and third shifts, and other reasonable requests.
 - ii) If the program serves children, it permits 24-hour access to an area where children can nap, unless the program provides independent private units accessible to participants on a 24-hour basis.

5) Participant mail

- a) If the program provides mail service, any mail sent or received is not interfered with (e.g., staff opening participants' mail, not providing mail to the participants on the day it is received, etc.).

6) Participant possessions

- a) The program has a written policy that is provided upon intake as to what provision is made for securing belongings including what possessions can be held by the program at participant request such as money, medications, and vital documents.
- b) If the program holds funds or possessions on behalf of participants, this service is voluntary, the program maintains a log of items in their possession, and the funds or possessions are promptly returned upon the participant's request. The program decides how specifically to make their log, with consideration to their liability. The log tracks only those belongings that participants choose to store with the program and not all possessions brought into the program.
 - i) This does not apply to belongings abandoned by a person who does not return to the program; in that situation, the program may only keep possessions for a limited time, during which participants may return to retrieve their belongings with support and/or supervision by program staff.
- c) The program provides lockable lockers, storage trunks or make other accommodations that allow participants to securely store their belongings. Reasonable access by the participants to their belongings is provided.
 - i) Waivers of the requirement that storage space be lockable can be requested if the physical layout of the program does not allow for lockable space.

7) Pets/service animals/animal care

- a) The program has a policy regarding whether pets are allowed in the facility and/or individual units.
- b) Per ADA requirements, programs make reasonable accommodation for service animals. Additional information regarding ADA requirements for service animals from the U.S. Department of Justice is included in [ADA Requirements: Service Animals](#).
 - i) According to this guidance, emotional support, therapy, comfort, or companion animals are not considered service animals under the ADA. These terms are used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.
- c) Program participants are not permitted to acquire and house a pet at the program, unless such pet is a service animal as defined above.
- d) If the program allows pets, the program may establish a maximum per guest pet limit. This is included in program policies and admission documents.
- e) At minimum, if the program allows pets, the program provides OR facilitates access to kennels, animal blankets, leashes, collars, food, and water.
- f) Pet owners assume all the responsibilities for caring for their animals unless the owner is prevented from doing so by a disability or other special need. Owners are responsible for complying with local laws and requirements for pets. Owners' responsibilities include providing their animals with food and water (with program support), cleaning their animals' cages as needed and taking their dogs to a designated dog relief area. Pet owners are also responsible for administering all regular medications to their animals, apart from vaccinations.
- g) The program reserves the right to refuse admittance or otherwise require immediate removal of animals that appear too aggressive for the program to handle. Regardless of initial presenting temperament, enforcement of program rules to reduce the risk of bites and other injuries is always observed, including but not limited to:
 - i) Aggressive animals are handled only by their respective owners or trained staff members;
 - ii) All animals on program property are leashed or always confined;
 - iii) Program participants do not handle or touch pets other than their own; and
 - iv) All incidents involving aggressive animals are documented in writing prior to removal from site.

8) Participant medication

- a) The program does not administer or dispense medication and does not require participants to turn over medication, unless administered by a licensed staff person as part of an on-site supportive program in which a program participant is dually enrolled.
- a) The program has a written policy regarding the possession and use of controlled substances as well as prescription and over-the-counter medication.
 - i) The program policy is explained and provided upon intake addressing provisions for securing prescription medications and participants' responsibility to store and utilize their medication safely.
- b) The program encourages participants to lock medication in secure storage areas made available to protect medication from theft.
- c) The facility has a process for secure storage of prescription medications, where applicable, and management of prescribed drugs that require refrigeration.
 - i) The program makes available a lockable storage area for medications and access to refrigeration for medications. This can include a locked box within a refrigerator that also serves other functions.

9) Weapons

- a) The program has a weapons prohibition policy. Weapons include but are not limited to firearms, pepper spray, mace, and knives. The program uses discretion when determining which types of knives are prohibited.
- b) The program may, but is not required to, have a mechanism for checking and storing weapons upon entry.

10) First Aid/CPR (including Mental Health/ Substance Use Disorder First Aid)

- a) The program has available a first aid kit and supplies in case of a medical emergency and accessible to staff and residents, stocked with sufficient supplies to handle multiple occurrences.
- b) All staff on duty have access to a telephone. Emergency telephone numbers are posted conspicuously near the telephone.
- c) The program has at least one staff person on duty who is trained in standard emergency first aid and evacuation procedures.
- d) The program has a procedure for making referrals to appropriate medical providers.
- e) The program has multiple Narcan kits and fentanyl test strips available for use by trained staff to use for life-saving purposes.

11) Universal precautions and infectious disease control, reporting

- a) The program has a written policy regarding the control of infectious diseases, such as HIV, tuberculosis (TB), COVID-19, and Influenza, including on-site quarantine and isolation protocols, when needed.
- b) The program has proper sharps disposal and has a written policy in place governing protocols related to universal precautions.
- c) The program reports any suspicion of infectious disease within the program or when suspect or detected among any program participant. For information about how and when to report, visit [Electronic Disease Reporting](#).
- d) An infectious disease that significantly increases the risk of harm to other participants may be a reason for denial or discharge.
 - i) Participants with lice or scabies or exhibiting symptoms of TB are allowed to stay in the program unless the disease or infestation cannot be appropriately contained (e.g., due to close quarters of facility), in which case those participants may be discharged and referred to a health care provider for treatment.
 - ii) Noncompliance with treatment or containment measures that endanger other participants may be cause for discharge.
- e) Programs comply with [California Code of Regulations, Title 8, Section 5199](#), regarding Aerosol Transmissible Diseases (ATD) control and worker and client safety expectations.

- i) For additional guidance on this regulation and for information regarding best practices for control of infectious disease, please also refer to [Preventing Tuberculosis \(TB\) in Homeless Shelters](#) published by the Los Angeles County Department of Public Health.

12) Smoking

- a) The program prohibits smoking indoors and reasonable efforts are made to prevent smoke from entering buildings. No smoking should be allowed within 20 feet of the program unless this is infeasible due to the layout of grounds.
- b) The program follows all applicable laws regarding smoking in public areas.
- c) As feasible, the program provides participants with access to designated smoking areas after curfew.

13) Drug/alcohol use/possession

- a) The program has a policy prohibiting the possession, use or distribution of alcohol or illegal drugs on the premises. If alcohol or drugs are found, participants are given the opportunity to dispose of the prohibited substance or leave the program for that night if they do not wish to dispose of the prohibited substance.
 - i) A violation of this policy cannot be a reason for discharge unless the violation compromises the health or safety of other participants or staff.
- b) Admission, discharge, and service restriction policies are not based on substance use or possession alone.
- c) Drug testing of participants is prohibited unless the testing is part of an agreed-upon treatment plan with the participant and approved by funders and the CoC/SSF.
 - i) Submission to drug testing cannot be a requirement for residency and refusal to participate in drug testing cannot be the basis for involuntary discharge.
- d) Being under the influence of alcohol or drugs on-site is not a sole basis for involuntary discharge unless there is also behavior that compromises the health and safety of other participants or staff.

14) Child/elder abuse and duty to warn reporting

- a) The program reports abuse, including child abuse, elder abuse, and endangerment according to local, state and federal law.
- b) Legal requirements for reporting abuse extend beyond those staff whose licensure or role obligates them as a mandated reporter or with a duty to warn and includes all staff who provide direct services for clients.

15) Staff and Visitor Identification

- a) At minimum, all program staff and volunteers wear an identification badge that includes the individual's name. Staff and volunteers may also wear attire with the agency name and/or logos for more ready identification.
- b) All visitors provide valid identification when entering the building, sign into a visitors log and leave the identification or a copy of identification at the front desk during their stay.

H) PROGRAM TRANSFERS

- 1) The program does not transfer participants to other programs arbitrarily, as a punitive measure, or without the participant's consent. The program may however arrange for a participant to move to a different program, with the consent of the participant, if a determination is made by both programs that an alternative setting is likely to better meet the needs of the participant.
- 2) If the program participates in CAS, shelter transfers are managed according to [CAS shelter transfer policy and procedures](#).

I) PROGRAM EXIT

- 1) The program is compliant with [California State law](#) pertaining to occupancy in and termination from program programs, including any "city-, county-, continuum of care-, state-, or federally funded shelter, interim housing, motel voucher, or emergency shelter program in which the city, county, continuum of care, state, or federal governmental entity retains an

oversight and accountability role in ensuring compliance with program regulations and proper program administration.” Relevant aspects of state law are incorporated below or via reference.

- 2) All program exits are conducted by the program in a trauma-informed manner utilizing a harm-reduction approach, and in a manner that is compliant with all applicable disability laws, including requirements for reasonable accommodation.
- 3) Only the following reasons may be used as a basis for involuntary exit from the program, and must occur on the program’s premises or otherwise indicate an imminent threat to the health and safety of people at the program:
 - a) Sexual assault and/or verbally or physically threatening behaviors that rise to the level of a “direct threat” to persons or property, as defined in paragraph (3) of subdivision (b) of Section 12179 of Title 2 of the Code of California Regulations;
 - b) Physical violence to staff or other program participants;
 - c) Direct observation of participant engaging in illegal activity onsite;
 - d) Possession of an illegal weapon at the facility;
 - e) Theft;
 - f) Destruction of property;
 - g) Restraining order precluding continued residence;
 - h) Presence of infectious disease that significantly increases the risk of harm to other participants;
 - i) Individual requires care and supervision to manage their activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without appropriate supports available onsite.
 - i) Individuals discharged due to care and supervision needs cannot be discharged to the streets.
- 4) Participants may be involuntarily exited for refusing multiple housing opportunities only after every effort is made and opportunity offered to engage the participant in housing-focused services; however, evidence must be present that program staff actively attempted to engage the participant in services designed to support program exit to stable housing with consideration given to each participant’s barriers to engagement and in accord with evidence-based practices (e.g., motivational interviewing).
- 5) The program holds beds for 72 hours when a participant does not return. If a participant is absent from their bed for 72 hours without appropriate notification of program staff regarding absence, the Participant may be discharged and the bed offered to a new participant.
- 6) The program informs involuntarily exited participants of the reason for discharge, the conditions for lifting the restriction and right to appeal, including whom to contact regarding an appeal and information about the appeal process.
 - a) A participant may be denied future readmission because of the circumstances of discharge (e.g., a “service restriction” or “shelter ban”). This is typically limited only to imminent health or safety concerns.
 - i) All service restrictions require CoC/SSF approval, must be for a defined period of time, and must be appealable according to agency and CoC/SSF policies and standards.
 - b) The program provides a written copy of the procedure for filing an appeal to the participant when a participant is involuntarily exited.
 - c) If it is infeasible to provide the procedure at the time of discharge (e.g. the participant is being removed by law enforcement) this requirement may be waived; however, if the participant returns subsequently to the facility, the grievance procedure must be provided.
- 7) Unless the participant poses an immediate threat to the health and safety of other participants and/or staff members, the program avoids involuntarily exiting participants at night and allows for appeal prior to program exit.
 - a) Supervisors review and approve any nighttime discharges. During hours that there is no supervisor on site, there is a supervisor available on call to approve discharge decisions. Approval may be given verbally and in all cases is documented in case notes and in HMIS according to HMIS and CAS policies and procedures.

- 8) The program has a written policy for the storage of belongings after a participant exits, which includes storage of belongings for at least five (5) working days after participant exits and a clear process for discharged participants to reclaim their possessions. A copy of the policy is provided to all participants at intake.

6) TRANSITIONAL HOUSING AND INTERIM HOUSING

A) PURPOSE OF TRANSITIONAL HOUSING AND INTERIM HOUSING

- 1) **Transitional housing (TH)** programs provide temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing. TH programs can cover housing costs and accompanying supportive services for program participants for up to 24 months.
- 2) **Interim housing (IH)** programs provide safe temporary places to stay for people experiencing homelessness while they secure permanent housing or other appropriate accommodations such as treatment. Interim housing may target specific populations, may include specific services and different lengths of stay that may be longer than typically needed and provided for those in emergency shelter. Interim housing seeks to be as low-barrier to entry as possible (without extensive requirements or rules) and, at a minimum, provides basic needs, housing-focused services, and linkage to voluntary mainstream services.

B) KEY PERFORMANCE INDICATORS

- 1) Key performance indicators for **transitional housing** and **interim housing** programs include, but are not limited to:
 - Utilization (occupancy) (%)
 - Average length of stay
 - Successful outcomes (#, %)
 - Successful housing outcomes (#, %)
 - Negative exits (%)
 - Returns to homelessness (%)
 - Increase in non-employment cash income
 - Increase in employment income
 - Cost per household
 - Cost per unit

C) STAFFING REQUIREMENTS

- 1) Program direct service staff complete training within 30 days of hire as indicated in Section 2: General Standards and the following trainings on an annual basis:
 - a) Housing problem solving and other complementary crisis intervention approaches.
 - b) Housing-focused case management approaches and standard practices.
 - c) Community prevention and housing stabilization resources and referral protocols.
 - d) Proper food handling and storage if required by law. State law requires all food handlers in the state of California have California Food Handler Card. New hires have 30 days from the date of hire to obtain a card.
 - e) Equal Access, Fair Housing, and reasonable accommodation.
 - f) Emergency evacuation procedures and fire safety.
 - g) Fair housing, landlord/tenant law, rights and responsibilities.
 - h) Home visitation safety and ethics.
- 2) The program has sufficient staff on duty 24 hours per day, every day or as otherwise consistent with local funding requirements and applicable codes and ordinances. Non-congregate programs may have alternative staffing plans that do not provide 24-hour staff coverage, as permitted by program funders.
 - a) The required client/staff ratio is set by agreement with program funders in consultation with the CoC/SSF, including on-site and on-call staff, and is documented in the weekly staff schedule.
 - b) There is a staff coverage plan for weekend and seasonal changes and plans for staff back-up and on-call coverage.

- 3) The program has a supervisor/manager available on call to the program for consultation to staff about challenging participant situations and other urgent matters.
- 4) The program has a case consultation and conferencing policy in place that outlines situations requiring supervision, internal case conferencing, and/or system case conferencing according to system case conferencing policies and procedures.
- 5) At least one staff person on duty at all times is trained in emergency first aid and CPR.
- 6) In congregate TH or IH: All program staff are tested for tuberculosis upon hire and every 12 months and referred to any necessary follow up and/or treatment if indicated. Staff complies with any recommended follow-up testing necessary as indicated by a health care provider.
- 7) The program and program staff comply with all applicable public health orders and infectious disease control, mitigation, and reporting requirements applicable.
 - a) Staff are encouraged to obtain an annual flu vaccine and other vaccines as recommended by public health authorities and have an up-to-date record of vaccinations.
 - b) The program complies with [California Code of Regulations, Title 8, Section 5199](#), regarding Aerosol Transmissible Diseases (ATD) control and worker and client safety expectations.
- 8) Upon satisfactory completion of each training staff receive a verification of completion. Verification of completion is documented in employee files. All training materials are available for staff reference.
- 9) Ongoing professional development and supervision are provided by the agency and may include case conferences, case supervision, workshops, and training courses.

D) PROGRAM ACCESS

- 1) The program has clearly written and consistently implemented referral standards, admission policies, and hours for new participant admission. If participating in CAS, the program has policies and procedures for access that are consistent with and account for CAS policies and procedures for program referral and admission.
- 2) The program accepts new participant admissions (when program is open, and beds are available) Monday through Friday for at least a four-hour period daily. When feasible, admissions are accepted on weekends.
- 3) Denial of admission to the facility can only be based on the reasons described under Eligibility & Prioritization, below. If participating in CAS, the program adheres to CAS policies and procedures for denial of admission and appeals.
 - a) Any household denied entrance is informed of reason, conditions for lifting the restriction and right to appeal, including whom to contact regarding an appeal and information about the appeal process. Reason for denial is entered into HMIS to support appropriate future CAS program referrals for the household.
- 4) Upon admission, participants are provided with copies of the following:
 - a) Participant rights
 - b) Written program rules
 - c) Storage policy, including storage after exit
 - d) Medication storage policy
 - e) Grievance Procedure

E) ELIGIBILITY AND PRIORITIZATION

- 1) The program serves households who meet all of the following eligibility criteria:
 - a) Currently are in Sacramento County;
 - b) Currently unsheltered, in emergency shelter, or will otherwise be unsheltered or in emergency shelter tonight if not provided TH or IH, meaning the household:

- i) 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) or an emergency shelter; AND
 - ii) 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;
- c) Shelter, re-housing and other critical needs are best served by a transitional housing or interim housing program 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);
 - d) Are able to care for all household members together or individually (i.e., are self-caring), including all activities of daily living and medication administration;
 - e) Consent to basic program rules and expectations, including actively working on an individualized housing plan to obtain permanent housing as quickly as possible and according to individual means and abilities;
 - f) Do not exhibit behavior that creates a safety or health risks for self or others;
 - g) If previously stayed in program and exited unsuccessfully, agree to behavior or other changes and conditions necessary to meet all program eligibility criteria, including actively working on a housing plan to obtain permanent housing as quickly as possible according to individual needs and abilities;
 - h) Are not a convicted sex offender subject to community notification unless the program has received an exception to this criterion from funders and/or per CAS policies and procedures and is able to safely shelter such individuals.
- 2) Third-party documentation of literal homelessness or documented due diligence attempts to obtain third-party documentation is required for transitional housing or interim housing admission and assistance.
 - 3) The program may deny admission for the following reasons:
 - a) Household does not meet the basic eligibility criteria for program admission (e.g., gender, age, homeless status, domestic violence victim, etc.);
 - b) The program has designated funding sources with additional restrictions (e.g., VA beds that require advance approval by the VA) may deny entry to those not meeting funder requirements;
 - c) A restraining order that prohibits admission to the facility;
 - d) Documented violent or threatening behavior;
 - e) Conduct from prior stay at the program that puts the health and safety of staff or participants at risk (e.g. violence, weapons violations, disclosing confidential location of program, and egregious damage to property);
 - f) The household requires care and supervision to manage the activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking, and transferring) without the appropriate support available on-site.
 - 4) If participating in CAS, prioritization for transitional housing and interim housing is provided for households who meet prioritization criteria as established in CAS policies and procedures and/or local funders in consultation with the CoC/SSF.
 - 5) Clients must continue to meet program eligibility criteria while residing in the program continue staying in program. When a client stops meeting eligibility criteria, program staff may initiate a program exit consistent with CAS policies and procedures and/or local funder requirements.
 - a) An individual or family may stop meeting basic program eligibility requirements for various reasons, including but not limited to when:
 - i) A previously unavailable or new safe alternative housing option becomes available;
 - ii) An individual has sufficient resources to secure other housing, including temporary housing (e.g., motel) while they work to secure more permanent housing;
 - iii) An individual stops working to obtain permanent housing and has disengaged from rehousing assistance despite multiple and progressive documented provider engagement attempts and reasonable opportunities to engage;

- iv) An individual demonstrates a need for a higher level of care than available in the program 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). In such instances, staff and clients should follow CAS transfer policies and procedures, if applicable;
- v) An individual is actively selling or distributing illegal drugs on site;
- vi) An individual persistently violates basic program rules, despite clearly communicated expectations and reasonable opportunities to comply;
- vii) An individual physically threatens or assaults another person, including but not limited to sexual assault, verbally or physically threatening behaviors, which rise to the level of a “direct threat” to persons or property, as defined in paragraph (3) of subdivision (b) of Section 12179 of Title 2 of the Code of California Regulations, as well as other physical violence directed to staff, volunteers, guests, or other program participants.

F) TRANSITIONAL HOUSING AND INTERIM HOUSING SERVICES

The program, directly and/or through third-party service partnerships, offers the following services for program participants.

- 1) **Assessment:** A collaborative, housing-focused assessment is conducted or updated with all participants within 5 business days of program entry, including evaluation of critical and immediate service needs of the household, information about past or current services received, information about housing access and retention barriers, and other information necessary to provide program services and to support successful and rapid placement in safe, stable housing or other appropriate next step options (e.g., treatment).
- 2) **Housing-focused case management:** Participants are offered, but not required, to participate in services that they may need to obtain and stabilize in permanent housing.
 - a) While all participants are expected to be actively working toward obtaining permanent housing or other appropriate next-step placement (e.g., treatment) as a program eligibility condition, when a participant is not progressing toward resolving their housing crisis and declines or does not engage in re-housing assistance, including housing-focused case management, program staff use evidence-based assertive engagement, motivational techniques, and other strategies to build rapport, trust, and an understanding of how best to support the participant to resolve their housing crisis.
 - b) Housing-focused case management is provided by program staff or a third-party provider consistent with CAS policies and procedures for rehousing assistance. Assistance is provided on a regular basis (e.g., daily or weekly contacts) and the program routinely documents the content and outcome of case management meetings. Core services include:
 - i) Development of an individualized housing plan based on the housing-focused assessment that accounts for participant preferences and abilities and addresses housing barriers related to income, credit, rental history, criminal history, and other conditions or circumstances presenting a barrier to housing, along with other immediate service needs and supports desired by the participant. The plan identifies the support and services the program and program service partners will provide to help individuals find and keep permanent housing and address other critical and immediate service needs.
 - ii) Ongoing engagement and support to facilitate a match to an appropriate permanent housing placement via CAS or other means.
 - iii) Housing location and counseling services to identify the most appropriate housing placement;
 - iv) Connection with private and public owners and rental agencies willing to provide permanent housing to participants;
 - v) Assistance with housing applications and appeals and negotiating rental agreements;
 - vi) Assistance exploring and facilitating shared housing opportunities in community-based housing and through master-leasing; and
 - vii) Assistance with the move-in process, including identifying resources for basic furnishings, accessibility modifications, or other expenses.

- 3) **Service referral and coordination:** Service referral and coordination (i.e., service navigation) is available to program participants. The program has screening and triage procedures and supports participants in immediately accessing needed and desired services including completing and submitting applications for assistance.
 - a) Referral and follow-up procedures confirm participants are connected to services to which they are referred. Documentation of referrals made, and referral confirmation must be maintained in participant files.
 - b) At minimum, participants receive service referral and coordination assistance for:
 - i) **Health and wellness:** Medical health, mental health, and any needed alcohol and drug services. Program staff encourage and assist participants to obtain and maintain health insurance, obtain a primary care provider, and access immunization services. This includes publicly posting or otherwise making available information on health-related services.
 - ii) **Mainstream benefits:** Public benefits and entitlements (e.g., general assistance, SNAP, SSI/SSDI, Veteran benefits) health insurance benefits (e.g., Medi-Cal, Medicare, Covered California, etc.), childcare assistance, and other sources of cash and non-cash assistance.
 - iii) **Employment, education, and life skills:** Employment development or placement programs, including federal and state funded workforce development programs and support services.
 - iv) **Transportation:** Shuttle service, bus passes, and/or car services (e.g., taxi, Uber), to support access to community-based services and housing searches. Accommodations are made for disabled persons who are unable to access general means of transportation.
- 4) **Program-specific services:** The program directly offers additional services to support participants as they move toward more stable housing and independence, such as employment assistance, peer support services, financial education, childcare support, behavioral healthcare support, etc., consistent with the population served, evidence-based practices, and funder approval.
- 5) The program enters housing-focused case management services, services referral, and other program-specific information in HMIS according to HMIS policies and procedures.

G) TRANSITIONAL HOUSING LEASES AND OCCUPANCY AGREEMENTS

- 1) Transitional housing participants have a signed lease, sublease, or occupancy agreement with the following requirements:
 - a) An initial term of at least one month;
 - b) Automatically renewable upon expiration, except by prior notice by either party; and
 - c) A maximum term of 24 months.

H) TRANSITIONAL HOUSING AND INTERIM HOUSING OPERATIONS

The program adheres to the following standards for operations and facilities, unless otherwise by program funders and/or due to the nature of the program facility (i.e., certain standards are applicable to only congregate program environments).

1) Facilities

- a) The proper number of beds or units are provided consistent with funder and CoC/SSF agreements.
- b) The program complies with all applicable state and local building, health, environmental, and safety standards/regulations and has Building and Occupancy permits posted.
- c) The program complies with any applicable HUD requirements for habitability (e.g., interim housing funded by Emergency Solutions Grants (ESG) Program complies with minimum habitability standards for emergency shelters;

transitional housing funded by Continuum of Care (CoC) Program complies with HUD Housing Quality Standards, as applicable^{3, 4}).

- i) The program building is structurally sound to protect residents from the elements and does not pose any threat to health and safety of the residents.
 - ii) The program provides each program participant in the program with an acceptable place to sleep and adequate space and security for themselves and their belongings.
 - iii) Each room or space within the program has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
 - iv) The program's water supply is free of contamination.
 - v) Each program participant in the program has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
 - vi) The program heating/cooling facilities are in proper operating condition.
 - vii) The program has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the program.
 - viii) Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
 - ix) The program is maintained in a sanitary condition.
 - x) There is at least one working smoke detector in each occupied unit of the program. Where possible, smoke detectors are located near sleeping areas. The first alarm system is designed for hearing-impaired residents. All public areas of the program have at least one working smoke detector. There is a second means of exiting the building in the event of fire or other emergency.
- d) The program facilities and housing are consistently maintained and in good repair. The general appearance of each service and residential building is well maintained. In addition to meeting habitability standards above, the program ensures:
- i) The program has a written housekeeping and maintenance plan to ensure a safe, sanitary, clean, and comfortable environment.
 - ii) Bath/toilet areas, hallways, and other common use areas are cleaned daily. The program has proper trash receptacles that are emptied regularly.
 - iii) Both the interior and exterior of the facility are free of debris, clutter, and unsanitary items and there are no obvious safety risks.
 - iv) The program ensures adequate provision of pest control services.
 - (1) The program has a protocol in place for the prevention and control of bed bugs. See [best practices related to bed-bug prevention](#).
 - (2) Twenty-four (24) hour notice is provided to participants of pest control activities unless the type and degree of infestation requires an immediate response (e.g., bed bugs).
 - v) A process for reporting maintenance concerns is posted and acknowledges that non-emergency maintenance issues reported are responded to within two days and identifies the timeframe for addressing the concern.

³ <https://files.hudexchange.info/resources/documents/ESG-Emergency-Shelter-and-Permanent-Housing-Standards.pdf>

⁴ <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-leasing-rental-assistance-requirements/codes-and-standards/>

- vi) Emergency maintenance items are immediately addressed.
- e) The program provides each person with at least a bed, a blanket, and pillow, all of which are clean and in good repair.
- f) The program has a sufficient supply of functionally clean and reasonably private toilets and hand wash basins, with hot and cold running water.
- g) The program has laundry facilities available to residents, or access to laundry facilities nearby.
- h) The program allows residents to use the program as a legal residence for the purpose of voter registration.
- i) The program provides access to safe drinking water at all times.
- j) Program staff have keys to all locks in the facility. In independent units, clients are responsible for locking their unit, but staff maintains the ability to always access the units, consistent with applicable landlord-tenant laws.
- k) The program provides towels, soap, sanitary napkins, and toilet tissues.
- l) The program provides access to electrical outlets for charging personal devices such as cell phones and medical equipment.
- m) A telephone is available to staff for emergencies. Emergency numbers are posted by the telephone or otherwise made available to staff on duty. The program takes emergency phone messages and messages from service providers for participants in residence.
- n) The program labels all chemicals and cleaning supplies and keeps all such materials out of reach of children. Any hazardous materials are stored separate from food.
- o) Exits are clearly marked and kept clear of blockage and tripping hazards. Exit signage is consistent with all applicable codes.
- p) All steps have handrails as required by applicable codes. Steps have treads or similar accommodation to prevent slipping.
- q) If the program maintains a vehicle used for participant transport, the vehicle is properly maintained, licensed and insured. All drivers are properly licensed. Provisions are made to provide equal access to transportation services to disabled participants.

2) Accessibility

- a) The program conforms to all pertinent requirements of the Americans with Disabilities Act (ADA). See [ADA Checklist for Emergency Shelters](#).
- b) Beds designated as accessible comply with federal height and distance standards requiring a minimum of 36 inches between sleeping units and a sleeping surface height between 17-19 inches above the finished floor.
- c) Beds and units designated as accessible are prioritized for participants with disabilities. The program is encouraged to provide as many ADA accessible beds as possible, but it is not required or expected that all beds meet these requirements.
- d) Program documentation is provided in forms accessible to hearing-impaired and sight-impaired individuals, upon request.
- e) If the program provides transportation for participants, it also makes provisions for participants who need vehicles that are wheelchair accessible.

3) Food service

- a) If the program prepares and serves meals or provides areas for participants to prepare and consume their own meals, the program has the appropriate certifications required by local authorities to prepare, serve, and store perishable food. All food storage and serving areas comply with relevant health codes.
- b) If the program serves food prepared off site by regular donors it provides donors with a handout that details the requirements for food preparation. All food donors read and sign the handout to confirm knowledge of the standards and provide current contact information.

- c) The program generally does not encourage or accept food that has been prepared off-site by intermittent donors.
- d) If meals are served, a meal schedule is posted.
- e) If meals are served or food is provided for participants to use to prepare their own meals, the program makes dietary modifications and/or provides appropriate food options based on participants' health, religious, and/or cultural practices.
- f) Food provided promotes healthy eating and meets the daily nutritional needs of all participants, with reasonable accommodations for known food allergies and dietary requirements.
- g) The program provides a table and chairs if food is served.
- h) Any snacks and meals are provided with reasonable accommodation made for known children's allergies if children are in residence. The program asks about food allergies at intake; however, it is the responsibility of parents and guardians to inform the program of children's food allergies.

4) Hours/curfew

- a) The program posts hours of operation in a visible location.
- b) The program provides facilities available to participants for sleeping for a minimum of eight hours.
- c) If the program has a curfew policy, the policy is clearly written and explained to participants at program entry. The policy is consistently enforced.
 - i) Missing a curfew cannot be a reason for denial of entry or discharge unless the late arrival compromises the health or safety of other participants or staff, or other participants right to peaceful enjoyment of the facility.
- d) The program remains open during daytime hours for client access to indoor facilities (e.g., restrooms, food, napping space for children) and personal possessions, unless prohibited by inadequate funding or space limitations.
 - i) If not open 24/7 the program makes reasonable accommodations to normal hours for illness, weather, disabilities, persons working second and third shifts, and other reasonable requests.
 - ii) If the program serves children, it permits 24-hour access to an area where children can nap, unless the program provides independent private units accessible to participants on a 24-hour basis.

5) Participant mail

- a) If the program provides mail service, any mail sent or received is not interfered with (e.g., staff opening participants' mail, not providing mail to the participants on the day it is received, etc.).

6) Participant possessions

- a) The program has a written policy that is provided upon intake as to what provision is made for securing belongings including what possessions can be held by the program at participant request such as money, medications, and vital documents.
- b) If the program holds funds or possessions on behalf of participants, this service is voluntary, the program maintains a log of items in their possession, and the funds or possessions are promptly returned upon the participant's request. The program decides how specifically to make their log, with consideration to their liability. The log tracks only those belongings that participants choose to store with the program and not all possessions brought into the program.
 - i) This does not apply to belongings abandoned by a person who does not return to the program; in that situation, the program may only keep possessions for a limited time, during which participants may return to retrieve their belongings with support and/or supervision by program staff.
- c) The program provides lockable lockers, storage trunks or make other accommodations that allow participants to securely store their belongings. Reasonable access by the participants to their belongings is provided.
 - i) Waivers of the requirement that storage space be lockable can be requested if the physical layout of the program does not allow for lockable space.

7) Pets/service animals/animal care

- a) The program has a policy regarding whether pets are allowed in the facility and/or individual units.
- b) Per ADA requirements, programs make reasonable accommodation for service animals. Additional information regarding ADA requirements for service animals from the U.S. Department of Justice is included in [ADA Requirements: Service Animals](#).
 - i) According to this guidance, emotional support, therapy, comfort, or companion animals are not considered service animals under the ADA. These terms are used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.
- c) Program participants are not permitted to acquire and house a pet at the program, unless such pet is a service animal as defined above.
- d) If the program allows pets, the program may establish a maximum per guest pet limit. This is included in program policies and admission documents.
- e) At minimum, if the program allows pets, the program provides OR facilitates access to kennels, animal blankets, leashes, collars, food, and water.
- f) Pet owners assume all the responsibilities for caring for their animals unless the owner is prevented from doing so by a disability or other special need. Owners are responsible for complying with local laws and requirements for pets. Owners' responsibilities include providing their animals with food and water (with program support), cleaning their animals' cages as needed and taking their dogs to a designated dog relief area. Pet owners are also responsible for administering all regular medications to their animals, apart from vaccinations.
- g) The program reserves the right to refuse admittance or otherwise require immediate removal of animals that appear too aggressive for the program to handle. Regardless of initial presenting temperament, enforcement of program rules to reduce the risk of bites and other injuries is always observed, including but not limited to:
 - i) Aggressive animals are handled only by their respective owners or trained staff members;
 - ii) All animals on program property are leashed or always confined;
 - iii) Program participants do not handle or touch pets other than their own; and
 - iv) All incidents involving aggressive animals are documented in writing prior to removal from site.

8) Participant medication

- a) The program does not administer or dispense medication and does not require participants to turn over medication, unless administered by a licensed staff person as part of an on-site supportive program in which a program participant is dually enrolled.
- a) The program has a written policy regarding the possession and use of controlled substances as well as prescription and over-the-counter medication.
 - i) The program policy is explained and provided upon intake addressing provisions for securing prescription medications and participants' responsibility to store and utilize their medication safely.
- b) The program encourages participants to lock medication in secure storage areas made available to protect medication from theft.
- c) The facility has a process for secure storage of prescription medications, where applicable, and management of prescribed drugs that require refrigeration.
 - i) The program makes available a lockable storage area for medications and access to refrigeration for medications. This can include a locked box within a refrigerator that also serves other functions.

9) Weapons

- a) The program has a weapons prohibition policy. Weapons include but are not limited to firearms, pepper spray, mace, and knives. The program uses discretion when determining which types of knives are prohibited.
- b) The program may, but is not required to, have a mechanism for checking and storing weapons upon entry.

10) First Aid/CPR (including Mental Health/Substance Use Disorder First Aid)

- a) The program has available a first aid kit and supplies in case of a medical emergency and it is accessible to staff and residents, stocked with sufficient supplies to handle multiple occurrences.
- b) All staff on duty have access to a telephone. Emergency telephone numbers are posted conspicuously near the telephone.
- c) The program has at least one staff person on duty who is trained in standard emergency first aid and evacuation procedures.
- d) The program has a procedure for making referrals to appropriate medical providers.
- e) The program has multiple Narcan kits and fentanyl test strips available for use by trained staff to use for life-saving purposes.

11) Universal precautions and infectious disease control, reporting

- a) The program has a written policy regarding the control of infectious diseases, such as HIV, tuberculosis (TB), COVID-19, and Influenza, including on-site quarantine and isolation protocols, when needed.
- b) The program has proper sharps disposal and has a written policy in place governing protocols related to universal precautions.
- c) The program reports any suspicion of infectious disease within the program or when suspect or detected among any program participant. For information about how and when to report, visit [Electronic Disease Reporting](#).
- d) An infectious disease that significantly increases the risk of harm to other participants may be a reason for denial or discharge.
 - i) Participants with lice or scabies or exhibiting symptoms of TB are allowed to stay in the program unless the disease or infestation cannot be appropriately contained (e.g., due to close quarters of facility), in which case those participants may be discharged and referred to a health care provider for treatment.
 - ii) Noncompliance with treatment or containment measures that endanger other participants may be cause for discharge.
- e) Programs comply with [California Code of Regulations, Title 8, Section 5199](#), regarding Aerosol Transmissible Diseases (ATD) control and worker and client safety expectations.
 - i) For additional guidance on this regulation and for information regarding best practices for control of infectious disease, please also refer to [Preventing Tuberculosis \(TB\) in Homeless Shelters](#) published by the Los Angeles County Department of Public Health.

12) Smoking

- a) The program prohibits smoking indoors and reasonable efforts are made to prevent smoke from entering buildings. No smoking should be allowed within 20 feet of the program unless this is infeasible due to the layout of grounds.
- b) The program follows all applicable laws regarding smoking in public areas.
- c) As feasible, the program provides participants with access to designated smoking areas after curfew.

13) Drug/alcohol use/possession

- a) The program has a policy prohibiting the possession, use or distribution of alcohol or illegal drugs on the premises. If alcohol or drugs are found, participants are given the opportunity to dispose of the prohibited substance or leave the program for that night if they do not wish to dispose of the prohibited substance.
 - i) A violation of this policy cannot be a reason for discharge unless the violation compromises the health or safety of other participants or staff.
- b) Admission, discharge, and service restriction policies are not based on substance use or possession alone.
- c) Drug testing of participants is prohibited unless the testing is part of an agreed upon treatment plan with the participant and approved by funders and the CoC/SSF.
 - i) Submission to drug testing cannot be a requirement for residency and refusal to participate in drug testing cannot be the basis for involuntary discharge.

- d) Being under the influence of alcohol or drugs on-site is not a sole basis for involuntary discharge, unless there is also behavior that compromises the health and safety of other participants or staff.

14) Child/elder abuse and duty to warn reporting

- a) The program reports abuse, including child abuse, elder abuse, and endangerment according to local, state and federal law.
- b) Legal requirements for reporting abuse extend beyond those staff whose licensure or role obligates them as a mandated reporter or with a duty to warn and includes all staff who provide direct services for clients.

15) Staff and visitor identification

- a) At minimum, all program staff and volunteers wear an identification badge that includes the individual's name. Staff and volunteers may also wear attire with the agency name and/or logos for more ready identification.
- b) All visitors provide valid identification when entering the building, sign into a visitors log and leave the identification or a copy of identification at the front desk during their stay.

I) PROGRAM TRANSFERS

- 1) The program does not transfer participants to other programs arbitrarily, as a punitive measure, or without the participant's consent. The program may however arrange for a participant to move to a different program, with the consent of the participant, if a determination is made by both programs that an alternative setting is likely to better meet the needs of the participant.
- 2) If the program participates in CAS, shelter transfers are managed according to [CAS shelter transfer policy and procedures](#).

J) PROGRAM EXIT

- 1) All program exits are conducted by the program in a trauma-informed manner utilizing a harm-reduction approach, and in a manner that is compliant with all applicable disability laws, including requirements for reasonable accommodation, as well as landlord-tenant law, as applicable.
 - a) **Interim housing programs only:**
 - i) The program is compliant with [California State law](#) pertaining to occupancy in and termination from program programs, including any "city-, county-, continuum of care-, state-, or federally funded shelter, interim housing, motel voucher, or emergency shelter program in which the city, county, continuum of care, state, or federal governmental entity retains an oversight and accountability role in ensuring compliance with program regulations and proper program administration." Relevant aspects of state law are incorporated below or via reference.
 - ii) Only the following reasons may be used as a basis for involuntary exit from the program, and must occur on the program's premises or otherwise indicate an imminent threat to the health and safety of people at the program:
 - (1) Sexual assault and/or verbally or physically threatening behaviors that rise to the level of a "direct threat" to persons or property, as defined in paragraph (3) of subdivision (b) of Section 12179 of Title 2 of the Code of California Regulations;
 - (2) Physical violence to staff or other program participants;
 - (3) Direct observation of participant engaging in illegal activity onsite;
 - (4) Possession of an illegal weapon at the facility;
 - (5) Theft;
 - (6) Destruction of property;
 - (7) Restraining order precluding continued residence;
 - (8) Presence of infectious disease that significantly increases the risk of harm to other participants;

(9) Individual requires care and supervision to manage their activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without appropriate supports available onsite.

(a) Individuals discharged due to care and supervision needs cannot be discharged to the streets.

b) Transitional housing programs only:

- i) The program may terminate assistance when a participant violates the terms of their lease or occupancy agreement.
- ii) If the program terminates services for reasons other than lease or occupancy agreement violations, it provides evidence that it considered extenuating circumstances and made significant attempts to help the participant continue in the program. This includes a formal process, recognizing the rights of the individual's receiving assistance under the due process of law. This process, at a minimum, must consist of:
 - (1) Providing the participant(s) with a written copy of the program rules and the termination process before the client(s) begins receiving assistance and keep a copy signed by the client in the file.
 - (2) Written notice to the participant containing a clear statement of the reasons for termination.
 - (3) Review of the decision, in which the participant(s) can present written or oral objections before a person other than the person who approved the termination decision.
 - (4) Prompt written notice of the final decision to the participant.
 - (5) The program provides this information to participants at the beginning of the program and if/when the termination of services occurs with a signed copy kept in the client file.
 - (a) If it is infeasible to provide the procedure at the time of discharge (e.g. the participant is being removed by law enforcement) this requirement may be waived; however, if the participant returns subsequently to the facility, the grievance procedure must be provided.

- 2) Termination does not bar the program from providing further assistance later to the same individual or family unless said participant is a clear and present health or safety risk to staff or other participants.
 - a) All service restrictions require CoC/SSF approval, must be for a defined period of time, and must be appealable according to agency and CoC/SSF policies and standards.
- 3) The program does not terminate participants from services because of entry into an institution (medical, mental health, substance abuse, jail).
 - a) The program maintains open units for individuals and families who are institutionalized for a maximum of 90 days.
- 4) Participants may be involuntarily exited for refusing multiple housing opportunities only after every effort is made and opportunity offered to engage the participant in housing-focused services; however, evidence must be present that program staff actively attempted to engage the participant in services designed to support program exit to stable housing with consideration given to each participant's barriers to engagement and in accord with evidence-based practices (e.g., motivational interviewing).
- 5) Unless the participant poses an immediate threat to the health and safety of other participants and/or staff members, the program avoids involuntarily exiting participants at night and allows for appeal prior to program exit.
 - a) Supervisors review and approve any nighttime discharges. During hours that there is no supervisor on site, there is a supervisor available on call to approve discharge decisions. Approval may be given verbally and in all cases is documented in case notes and in HMIS according to HMIS and CAS policies and procedures.
- 6) The program has a written policy for the storage of belongings after a participant exits, which includes storage of belongings for at least five (5) working days after participant exits and a clear process for discharged participants to reclaim their possessions. A copy of the policy is provided to all participants at intake.

K) AFTERCARE SERVICES

- 1) The program ensures a continuity of services to all exiting participants. The program provides these services directly or through referrals to other agencies.

- 2) The program can provide services to former participants for up to six months after exiting to assist in the household's transition to independent living as program funding and capacity allow and as desired by former participants.
 - a) The program attempts to follow up with participants through verbal or written contact at least once after the participant exits services, which may include identification of additional needs and referral to other agencies and community services.
- 3) The program prioritizes the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, as desired.

7) RAPID REHOUSING AND OTHER REHOUSING ASSISTANCE

A) PURPOSE OF RAPID REHOUSING AND OTHER REHOUSING ASSISTANCE

- 1) **Rapid rehousing (RRH)** programs provide (directly and/or via service partnership) housing search and placement, time-limited financial assistance, and housing-focused case management for individuals and families who are literally homeless. RRH programs help households secure private rental market housing, where the lease is initially or eventually between the landlord and the program participant following conclusion of housing stabilization services. RRH assistance may be used as a bridge to or as a means to help people access other ongoing subsidized housing and services (e.g., permanent supportive housing). RRH assistance for eligible participants is typically limited to a specific number of months based on program funding sources.
- 2) **Other rehousing assistance** includes non-RRH programs that offer similar assistance as RRH or complementary assistance (e.g., CalAIM funded Community Supports for housing transition and navigation services). Rehousing assistance includes but is not limited to: individualized support for housing planning, search, and placement assistance; accessing temporary financial assistance for move-in and rent costs; and directly providing or assisting to access housing-focused case management and coordination. Rehousing programs help households secure private rental market housing, where the lease is initially or eventually between the landlord and the program participant following conclusion of housing stabilization services. Rehousing assistance may be used as a bridge to or as a means to help people access other ongoing subsidized housing and services (e.g., permanent supportive housing).

B) KEY PERFORMANCE INDICATORS

- 1) Key performance indicators for **rapid rehousing** and **other rehousing assistance** programs include, but are not limited to:
 - Active caseload rate (%)
 - Average engagement time
 - Average length of shelter stay
 - Average length of time to housing move-in
 - Average length of participation
 - Successful outcomes (#, %)
 - Successful housing outcomes (#, %)
 - Negative exits (%)
 - Returns to homelessness (recidivism) (%)
 - Increase in non-employment cash income
 - Increase in employment income
 - Cost per household

C) STAFFING REQUIREMENTS

- 1) Staff providing or supervising program services complete training as indicated in Section 2: General Standards and the following trainings on an annual basis:
 - a) Housing problem solving and other complementary crisis intervention approaches.
 - b) Housing-focused case management approaches and standard practices.
 - c) Community prevention and housing stabilization resources and referral protocols.
 - d) Outreach, shelter, and other crisis response services and referral protocols.
 - e) Fair housing, landlord/tenant law, rights and responsibilities.
 - f) Home visitation safety and ethics.

- g) Program financial and rental assistance requirements and uses, including but not limited to initial and ongoing eligibility criteria, program requirements, and assistance maximums.
- 2) The program has routine ways to keep staff regularly updated on new strategies, policies, and housing assistance options in the community, including related housing assistance eligibility criteria, referral, and application processes.
- 3) Direct service staff provide screening, intake/assessment, housing problem solving, access to financial assistance, including connection to community and mainstream resources, and time-limited housing-focused case management and stabilization assistance.
- 4) Each full-time equivalent direct service staff providing housing-focused case management (i.e., individualized rehousing assistance) generally has an active caseload of not more than 25 households.
- 5) The program designates staff or partners with a third-party provider whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program.
 - a) Staff working with landlords have the knowledge, skills, and agency resources to understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports.
 - b) A program may have dedicated staff for whom this is the primary responsibility. If a program does not have a dedicated staff person(s) or does not partner with a third-party provider, then case managers fulfill this function, with responsibilities including landlord recruitment and negotiation.

D) PROGRAM ACCESS

- 1) Programs are accessed via referral from CAS, including 211 and affiliated CAS access points, emergency shelters, and/or other referral pathways approved by program funders. Referral partners use standard screening criteria and triage tools to identify and refer potentially eligible households.
- 2) Referrals to rapid rehousing and other rehousing assistance programs are responded to within 2 business days.
- 3) Programs use standardized, brief screening questions approved for CAS to determine household needs and eligibility.

E) ELIGIBILITY AND PRIORITIZATION

- 1) Eligible households meet the criteria in categories (1) or (4) of the federal homeless definition. Eligibility documentation requirements vary depending on which criteria are met.
- 2) The program recertifies participant eligibility every 12 months, including documentation of household income below 30% of Area Median Income, which is an eligibility requirement for assistance beyond 12 months.
- 3) 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. (i.e., homeless time no longer accrues once placed in housing, even though homeless and chronic status remain valid while enrolled in RRH).
 - a) 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 PSH or RRH program must document enrollment and program eligibility, including homelessness documentation at enrollment in the respective program.
- 4) Prioritization for rapid rehousing and other rehousing assistance, when needed, is given to households as determined for CAS.

F) RAPID REHOUSING ASSISTANCE

- 1) **Assessment:** A collaborative, housing-focused assessment is conducted to determine each household's situation including current household safety, housing conditions, options and resources via a housing problem-solving conversation and screening/assessment/intake within 72 hours of program enrollment. Other assessments completed prior to housing are limited and focus on those things necessary to support the immediate or otherwise critical health and safety needs of participant household members while resolving the housing crisis as quickly as possible.

- 2) **Housing problem solving (HPS):** HPS is used as the primary form of assistance to help participants secure new temporary or permanent housing through non-financial means such as conflict resolution, landlord/tenant mediation, information and referral, and use of the household's natural supports. Housing problem solving and other resources are used prior to offering additional support services and/or financial assistance.
- 3) **Housing-focused case management:** Participants are offered, but not required to participate in services that they need to attain and stabilize in permanent housing.
 - a) While all participants are expected to be actively working toward obtaining permanent housing or other appropriate next-step placement (e.g., treatment) as a program eligibility condition, when a participant is not progressing toward resolving their housing crisis and declines or does not engage in re-housing assistance, including housing-focused case management, program staff use evidence-based assertive engagement, motivational techniques, and other strategies to build rapport, trust, and an understanding of how best to support the participant to resolve their housing crisis.
 - b) Housing-focused case management is provided by program staff consistent with CAS Policies and Procedures for rehousing assistance. Assistance is provided on a regular basis and the program routinely documents the content and outcome of case management meetings.
 - i) Services are available during normal business hours. After-hours requests are directed to other available assistance, including 211/CAS, as needed. Evening and weekend hours are strongly encouraged.
 - ii) Staff provide services over the phone or in-person at authorized service locations.
 - c) **Core housing-focused case management services include:**
 - i) Development of an individualized housing plan based on the housing-focused assessment that accounts for client preferences and abilities and addresses housing barriers related to income, credit, rental history, criminal history, and other conditions or circumstances presenting a barrier to housing, along with other immediate service needs and supports.
 - (1) The plan identifies the support and services the program and program service partners will provide to help individuals find and keep permanent housing and address other critical and immediate service needs.
 - (2) The plan accounts for participant preferences/choices and includes only goals created with and agreed to by the participant.
 - (3) Though income is not a requirement at the beginning of a program, case managers help participants review their budgets, including income and spending, to make decisions about reducing expenses and increasing income. Options include benefit enrollment and increasing employment and earnings over time.
 - ii) Assistance with meeting basic needs upon move-in to new housing, such as securing basic furnishings for an apartment, including mattresses and basic kitchen items such as a pot for cooking and utensils.
 - iii) Assistance with basic tenancy skills and learning opportunities that can include instruction or guidance on basic landlord-tenant rights and responsibilities, requirements, and prohibitions of a lease, and meeting minimum expectations for care of the housing unit, such as not causing damage.
 - (1) As needed, program staff work directly with the participant and landlord to resolve tenancy issues (e.g., failure to pay rent, unit damage, disturbing quiet enjoyment of others) when they occur to maintain the participant's tenancy.
 - (2) The program works quickly to identify a corrective course of action, and, without breaking a participant's confidentiality, keeps the landlord and participant informed about the program's action to mitigate the situation.
 - iv) Screening and assistance to access other community and mainstream housing assistance, public benefits, services, and resources for which they qualify.
 - v) Additional housing stabilization assistance as needed and desired, such as access to legal services for tenants facing eviction, landlord mediation services, housing relocation support, and referrals to code enforcement, public health or other agencies when housing conditions may be unhealthy or potentially unsafe.

- (1) The program has resources and/or is able to connect participants to other community resources that help participants resolve or navigate tenant problems (e.g., rental and utility arrears, unit upkeep).
 - d) The program has clearly defined relationships (e.g., via a written Memorandum of Understanding (MOU)) with healthcare, employment, income, and other mainstream and community programs and resources that it can connect program participants to when appropriate and desired.
 - e) Except where dictated by a funder, program participants typically direct when, where, and how often case management meetings occur. Meetings occur in a participant's home and/or in a location of the participant's choosing whenever possible and with consideration for staff safety and the appropriateness of the location.
 - i) Staff respect a program participant's home and maintain ethical boundaries at all times, including scheduling appointments ahead of time, only entering when invited in, and respecting the program participant's personal property and wishes while in their home.
- 4) **Housing navigation and landlord engagement:** The program or the program's housing navigation/landlord engagement partner offers individualized housing navigation for participants needing to secure safe, stable housing.
- a) The program has detailed policy and procedures regarding the type of assistance provided to help households find and secure housing, including when relocation from current housing is needed.
 - i) Staff explain and distribute this policy to households at entry to the program.
 - ii) Some households may decline assistance in finding housing, but the program checks their progress and offers advice and/or direct assistance if they encounter obstacles they cannot resolve independently.
 - b) **Core housing navigation services include:**
 - i) Housing location and counseling services to identify the most appropriate housing placement, including connection with private and public owners and rental agencies willing to provide permanent housing to participants.
 - (1) Program participants may conduct their own search and choose housing they identify independently.
 - (2) Program participants are assisted in making an informed housing choice with the goal that the participant will be able to maintain housing after program exit, even when the household may experience high housing cost burden.
 - (3) Program participants are offered multiple housing choices that meet their preferences, needs, financial means pay for housing, and match the tenant selection criteria for the housing.
 - (a) Program participants are offered information, referral, and application support to apply for any and all forms of subsidized and affordable housing the participant may potentially qualify for and according to participant preferences and needs.
 - (b) The program honors participant choice in housing selection and uses housing and budgeting plans with participants to help examine housing options, costs, and strategies for maintaining housing post-program exit.
 - (i) For extremely low-income households, there is due diligence on the program's part to help participants secure income (through employment, public benefits, and/or on-going rental assistance) to support housing and other costs by program exit.
 - (ii) Program participants are assisted in exploring and facilitating *shared housing* opportunities in community-based housing or through master-leasing.
 - ii) Assistance with obtaining needed documentation, completing housing applications, appealing application rejections, and negotiating rental agreements.
 - iii) Assistance with the move-in process, including identifying resources for basic furnishings, accessibility modifications, or other expenses.
 - iv) Support in understanding basic landlord-tenant rights and responsibilities and lease requirements.

- c) The program has written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices.
- d) **Core landlord engagement services include:**
 - i) Continual engagement, recruitment and retention of landlord partners and methods of tracking landlord partners and unit vacancies, unit locations, characteristics, and costs.
 - ii) A standard, basic level of support offered to all landlords who lease to program participants.
 - (1) This support is detailed in a written policy or other descriptive material distributed to landlords. Programs can negotiate additional supports, as needed, on a case-by-case basis.
 - iii) Timely response (e.g., within one business day) by program staff or a service partner to address landlord calls about serious tenancy problems and to offer support to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments.
 - iv) In the case of households at risk of eviction, pro-active attempts to secure commitment from landlords not to pursue eviction/canceling of the lease after payment. Whenever possible, programs negotiate move-out terms and assist the person/household to quickly locate and move into another unit without an eviction in coordination with landlord partners.
- g) **Financial and rent assistance:** The program or the program’s financial and rent assistance partner provides financial assistance for housing costs, which may include security deposits, utility deposits, short- and medium-term rental assistance payments, rent arrears, utility arrears, and rental application fees, subject to funding limitations, requirements, and availability.
 - i) The program has established maximum amounts and maximum number of times a participant may be assisted within a given period (such as applications per year) in accordance with the standards below, funding requirements and limitations, and evidence-based, progressive assistance practices.
 - (1) When providing temporary financial assistance, the program takes into consideration whether the participant’s housing situation is likely to be sustainable after support is received. Concern that the situation may not be sustainable in the long-term is not a basis for refusing assistance but may be used to recommend or require creation of a housing stability plan with goals for income increases, cost decreases and/or location of alternative housing.
 - (2) The program has clearly defined policies and procedures for determining the amount of financial assistance provided to a participant, as well as defined and objective standards for when case management and financial assistance should continue and end.
 - (a) Guidelines are flexible enough to respond to the varied and changing needs of program participants, including when participants enter the program or subsequently have zero income. An individualized, flexible (“progressive”) approach is used whenever possible to determine the amount and duration of rent and financial assistance. Assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, especially as participants’ financial circumstances or housing costs change.
 - (b) Policies detailing this progressive approach include clear and fair decision guidelines and processes for reassessment for the continuation and amount of financial assistance.
 - (c) Policies and procedures also detail when and how assistance is used as a bridge to a permanent subsidy (e.g., Housing Choice Voucher).
 - (3) The program has the capacity to pay reasonable back rent and utility arrears that directly prevent a participant from being able to sign a lease.
 - (4) If participants are expected to pay an amount toward their housing, the program has written policy and procedures for determining that amount, and it is an amount that is reasonable in relation to participant income.

- (5) Each program participant receiving rental assistance has a legally binding, written lease for the rental unit, unless the assistance is solely for rental arrears. The lease is between the owner and the program participant, unless otherwise allowed by program funders (e.g., master lease arrangements).
 - (6) Participants receiving more than one-month rental assistance are required to meet with their case manager at least once per month.
 - (7) Financial and rental assistance are offered progressively and as needed. Reassessment and adjustment of rental assistance occurs at least every three months.
 - (8) The program issues checks quickly and on time and has the capacity to track payments to landlords and other vendors.
 - (9) Rental assistance is only provided if the total rent for the unit does not exceed the fair market rent (FMR) established by HUD and complies with HUD's standard of rent reasonableness, unless a waiver is in effect allowing for rents to exceed FMR.
- ii) Rental assistance agreements are required and used when providing rental assistance payments to a landlord.
- (1) The rental assistance agreement must provide that, during the term of the agreement, the owner must give the rehousing agency a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence an eviction action against the program participant. In such instances, program will respond to assist participants to avoid eviction and concurrently communicate with the landlord to address concerns.
 - (2) The rental assistance agreement with the landlord must terminate and no further rental assistance payments under that agreement may be made if:
 - (a) The program participant moves out of the housing unit for which the program participant has a lease;
 - (b) The lease terminates and is not renewed; or
 - (c) The program participant becomes ineligible to receive rental assistance.
 - (3) Each program participant receiving rental assistance must have a legally binding, written lease for the rental unit, unless the assistance is solely for rental arrears. The lease must be between the owner and the program participant.
- h) Program participant eligibility and the types and amounts of assistance the program participant needs are re-evaluated and documented in the participant case file at least once every three months.
- i) Case review and conferencing is used to guide progressive assistance (i.e., ongoing adjustment to type, amount, duration of assistance based on needs relative to obtaining and maintaining housing and achieving housing stability).
 - i) For federal ESG Program-funded assistance only: When services are provided under the homelessness prevention component to help a program participant remain in or move into permanent housing, the ESG minimum habitability standards for housing units (including lead-based paint) apply to either the current unit (if the program participant is staying in place) or to a new unit (if the program participant is moving).
- 2) For ESG-Funded rental assistance or Housing Relocation and Stabilization Services and for other non-federally funded assistance when indicated by a local funder:
- c) Program participant eligibility and the types and amounts of assistance the program participant needs must be re-evaluated and documented in the participant case file not less than once every three months.
 - d) Eligible participants may receive up to 24 months of rental assistance during any 3-year period.
 - e) Participants must have a written lease to receive rental assistance.
 - f) Participants receiving more than one-month rental assistance are required to meet with their case manager at least once per month.
 - g) Participants are required to contribute 30% of their monthly adjusted income towards rent at minimum and seek to take on full rent as quickly as possible.

- h) Rental assistance is only provided if the total rent for the unit does not exceed the fair market rent (FMR) established by HUD and complies with HUD's standard of rent reasonableness, unless a waiver is in effect allowing for rents to exceed FMR.
- i) The program complies with all other applicable ESG Program and/or CoC Program requirements for financial and rental assistance.

G) PROGRAM EXIT

- 1) Standard indicators of housing stability and crisis resolution are used to guide case closure decisions and account for participant preferences, lease-compliance, ability to pay housing costs, other conditions or issues that may affect housing stability in the near-term, and the related need for further assistance.
- 2) Program supervisors review and approve all decisions for case closure and program exit.
- 3) When closing a case, information is provided to participants about how they can access assistance from the program again if needed and what kind of follow-up assistance may be available.
 - a) In instances when a participant is at imminent risk of returning to homelessness, the program has the capacity to either directly intervene or provide referral to another prevention resource.
- 4) When closing a case, information is provided to landlords about how they can contact the program again if needed and what kind of follow-up assistance may be available.
- 5) For ESG-Funded rental assistance or Housing Relocation and Stabilization Services and for other non-federally funded assistance when indicated by a local funder:
 - a) Program participant eligibility and the types and amounts of assistance the program participant needs must be re-evaluated and documented in the participant case file not less than once every three months.
 - b) Eligible participants may receive up to 24 months of rental assistance during any 3-year period.
 - c) Participants must have a written lease to receive rental assistance.
 - d) Participants receiving more than one-month rental assistance are required to meet with their case manager at least once per month.
 - e) Participants are required to contribute 30% of their monthly adjusted income towards rent at minimum and seek to take on full rent as quickly as possible.
 - f) Rental assistance is only provided if the total rent for the unit does not exceed the fair market rent (FMR) established by HUD and complies with HUD's standard of rent reasonableness, unless a waiver is in effect allowing for rents to exceed FMR.
 - g) When terminating assistance to a program participant, the program at a minimum, follows a process that provides:
 - i) Written notice to the program participant containing a clear statement of the reasons for termination;
 - ii) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
 - iii) Prompt written notice of the final decision to the program participant.

5) PERMANENT SUPPORTIVE HOUSING

A) PURPOSE OF PERMANENT SUPPORTIVE HOUSING

- 1) **Permanent supportive housing (PSH)** programs include single site and scattered site rental housing with a permanent subsidy and supportive services for individuals and families who are homeless and have at least one household member with a disabling condition. PSH Programs include supportive services that are designed to meet the needs of the program participants. PSH Programs may include dedicated beds/units for people who are chronically homeless, youth, survivors of domestic violence, Veterans, and other subpopulations.

B) KEY PERFORMANCE INDICATORS

- 1) Key performance indicators for **permanent supportive housing** programs include, but are not limited to:
 - Utilization (occupancy) rate (%)
 - Average length of participation
 - Successful outcomes (#, %)
 - Successful housing outcomes (#, %)
 - Negative exits (%)
 - Returns to homelessness (recidivism) (%)
 - Increase in non-employment cash income
 - Increase in employment income
 - Cost per household
 - Cost per unit

C) STAFFING REQUIREMENTS

- 1) Staff providing or supervising program services complete training as indicated in Section 2: General Standards and the following trainings on an annual basis, as applicable to the staff member's role (e.g., service coordinator, peer specialist, activities coordinator):
 - a) Housing problem solving and other complementary crisis intervention approaches.
 - b) Housing-focused case management approaches and standard practices.
 - c) Community prevention and housing stabilization resources and referral protocols.
 - d) Fair housing, landlord/tenant law, rights, and responsibilities.
 - e) Home visitation safety and ethics.
 - f) Program financial and rental assistance requirements and uses, including but not limited to initial and ongoing eligibility criteria, program requirements, and assistance maximums.
- 2) Program has documented routine ways to keep staff regularly updated on new strategies, policies, and housing assistance options in the community, including related housing assistance eligibility criteria, referral, and application processes.
- 3) Direct service staff provide screening, intake/assessment, housing problem solving, access to financial assistance, including connection to community and mainstream resources, and time-limited housing-focused case management and stabilization assistance.
- 4) The maximum on-site direct service staff (e.g., case manager) to resident ratio is generally 1:25. Direct service staff to client ratios may be lower or higher, depending on the resident population. For example, newly leasing up Programs and/or Programs with higher proportion of vulnerable residents with higher service needs should have ratios lower than 1:25, while established Programs with lower service need residents may have ratios that are higher than 1:25.

- 5) The program designates staff or partners with a third-party provider whose responsibility is to identify and recruit landlords, if applicable, and encourage them to rent to homeless households served by the program.
 - a) Staff working with landlords have the knowledge, skills, and agency resources to understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports.
 - b) A program may have dedicated staff for whom this is the primary responsibility. If a program does not have a dedicated staff person(s) or does not partner with a third-party provider, then case managers fulfill this function, with responsibilities including landlord recruitment and negotiation.

D) PROGRAM ACCESS

- 1) PSH programs participate in and receive all referrals for homeless dedicated units from CAS unless otherwise exempted by funders and CoC/SSF.
- 2) Homeless dedicated units in PSH programs are accessed via referral from CAS, including 211 and affiliated CAS access points, emergency shelters, and other referral pathways approved by program funders. Referral partners use standard screening criteria and triage tools to identify, prioritize, and refer potentially eligible households.
- 3) PSH programs have a Tenant Selection Plan that specifies the number of homeless dedicated units (or vouchers, if scattered site), including the subset of units dedicated for people experiencing chronic homelessness.
 - a) The Tenant Selection Plan specifies the basis for which an applicant would be considered ineligible, including the specific legal, financing, and/or health and safety justification for each ineligibility condition (e.g., exclusions for people who have a prior felony conviction for arson within a specified period).
 - b) There is a written procedure for consideration of any tenant selection plan exceptions the program is able to provide exception for.
- 4) PSH programs provide an expedited admission process to the greatest extent possible, including but not limited to:
 - a) Responding to PSH referrals within 2 business days.
 - b) Not requiring applicants to participate in more than two interviews, apart from what may be required by program housing assistance sources (e.g., Housing Choice Voucher);
 - c) Not requiring application-related fees or providing assistance to pay for application fees (i.e., in no instance is inability to pay a barrier).
 - d) Expediting admissions decisions and seeing to admit new participants within a few days (if eligible and if an opening is available or forthcoming).
 - e) Assisting applicants with obtaining necessary documentation.
- 5) PSH programs use standardized, brief screening questions approved for CAS to determine household needs and eligibility.
- 6) Wherever possible, PSH programs facilitate and support shared housing arrangements to support affordable tenancy and housing stability, consistent with federal, state, and local law, best practices, and client preferences.
- 7) During the admissions process, prospective applicants have the same client rights as enrolled PSH clients.
 - a) The program gives program applicants a copy of the clients' rights document, information about appeals, and admission decision with application materials.
 - b) Applicants who submit incomplete applications are provided a written description of information needed to complete the application, timeframe for completion, and are provided assistance by their case manager or program staff and/or referral sources as needed.

E) ELIGIBILITY AND PRIORITIZATION

- 1) PSH programs with homeless dedicated units serve households who meet the following eligibility criteria and provide necessary documentation to establish eligibility per details below.

- a) **Homeless status:** Prospective applicants must be literally homeless residing in emergency shelter, transitional housing (only in limited circumstances), or place not meant for human habitation, according to criteria in paragraph (1) or (4) of the federal homeless definition. Prospective Applicants must have documentation of their homeless status and the length of time they have experienced homelessness, consistent with CAS policies and procedures.
 - b) **Disability:** Prospective Applicants must have documentation of a certified disability. For households that are not chronically homeless per HUD definition, at least one household member must be disabled, including minor children in the household. Households that are chronically homeless per HUD definition must have a head of household that is disabled. The head of household may be a minor if no adult is present in the household (see Appendix A).
 - i) A certification of disability is required for each permanent supportive housing household.
 - ii) The certification of disability must be signed by a professional licensed by the State of California qualified to treat the disabling condition and must be issued not more than 180 days prior to the household's entry into the program.
 - iii) If the certification of disability is not available, a written Social Security Administration verification or copies of a disability check are acceptable (except Survivor's Benefits or Social Security Retirement).
 - c) **Proof of identity, Social Security Number:** Prospective Applicants must have verification of each adult household member's identity and social security number.
 - d) **Citizenship or naturalization:** Prospective Applicants must be a United States (U.S.) citizen or national or noncitizen with eligible immigration status in accordance with HUD Notice H-95-55.⁵ Supporting documentation includes: (1) U.S. birth certificate or DD-214 (Veterans), (2) U.S. passport, (3) U.S. certification of naturalization, (4) U.S. permanent resident card or arrival-departure record. For certain PSH programs, eligibility related to citizenship or naturalization status may vary.
 - e) **Household composition:** Prospective Applicants must have documentation of household composition (e.g., custodial verification) when there are minor and/or dependent children in the household.
 - f) **Income:** Prospective applicant household income cannot exceed 30% of Area Median Income (AMI) for the household size (HUD defined "extremely low income,").
 - g) **Residency:** Prospective Applicants must be residents of Sacramento County, California. This includes people currently residing in unsheltered and sheltered locations within Sacramento County.
 - h) Additional eligibility criteria established by the PSH provider program, which may be dependent on household income, and other legally permissible funder requirements.
- 2) Prioritization for PSH assistance is determined based on prioritization protocols and tools specified in the CAS Manual. In general, PSH Programs seek to prioritize people who are experiencing chronic homelessness as defined by HUD (see Appendix A).
- a) Chronic homelessness verification requires documentation 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. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation or in shelter. For Verification of Street Homelessness, a single documented encounter with an authorized outreach provider, on a single day within one month is sufficient to document a household as homeless for that month. 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.

⁵ Exception may be allowed for certain units funded with private or local government funds.

- 3) PSH providers may deny an eligible Prospective Applicant for any legally permissible reason as outlined in the Housing Provider's Tenant Selection Plan.
 - 4) 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. (i.e., homeless time no longer accrues once placed in housing, even though homeless and chronic status remain valid while enrolled in RRH).
 - c) 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 PSH or RRH program must document enrollment and program eligibility, including homelessness documentation at enrollment in the respective program.
- 6) Violence Against Women Act (VAWA):**
- a) An applicant for assistance or tenant assisted under a covered housing program may not be denied admission to, denied assistance under, terminated from participation in, or evicted from the housing on the basis or as a direct result of the fact that the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy.
 - b) A tenant in a covered housing program may not be denied tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking if:
 - i) The criminal activity is engaged in by a member of the household of the tenant or any guest or other person under the control of the tenant, and
 - ii) The tenant or an affiliated individual of the tenant is the victim or threatened victim of such domestic violence, dating violence, sexual assault or stalking.
 - c) All leases or rental assistance contracts must include VAWA protections. Except for tenant-based rental assistance, this includes the right to break the lease without penalty if the tenant qualifies for an emergency transfer. See section below: Emergency Transfer for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

F) PERMANENT SUPPORTIVE HOUSING ASSISTANCE

- 1) Service participation is voluntary, unless otherwise required or authorized by program funders, including as part of an eviction prevention plan.
- 2) **Assessment:** A collaborative, housing-focused assessment is conducted to determine each household's situation within 72 hours following housing move-in, and at least annually to examine urgent and non-urgent service needs, preferences, and other information pertinent to assisting the household to achieve and maintain stable housing.
 - a) Resident assessments examine strengths and deficits relative to the skills needed for independent living and housing stability. This includes daily living skills, self-care, housekeeping, meal preparation and nutrition, accessing and acquiring goods and services in the community, and ability to adhere to lease requirements and resident rules.
 - b) Resident assessments also examine factors related to resident health and well-being, including general physical health, mental health, substance use/abuse, and other relevant issues impacting resident health.
 - c) Assessments are conducted by staff who are appropriately trained and qualified to complete the assessment used by the Program.
 - d) Following placement and established housing stability, households are further engaged in assessment to determine options for greater independence, including "move-on" and similar opportunities to transition from PSH to community-based housing and services.
- 3) **Housing-focused case management:** Participants are offered, but not required to participate in services that they may need to attain and stabilize in permanent housing except where required or authorized by program funders.

- a) Assistance is provided by program staff consistent evidence-based practices for PSH such as assertive engagement, motivational techniques, and other strategies to build rapport, trust, and an understanding of how best to support the participant remain stably housed and address other goals and service needs.
- b) Assistance is provided on a regular basis and the program routinely documents the content and outcome of case management meetings, including in HMIS.
- c) There is 24 hour per day, 7 days per week on-site and/or remote staffing availability from program service staff (may include on-call availability). Evening and weekend on-site coverage may be provided on an as-needed basis.
- d) Core housing-focused case management services include:**
 - i) Development of an individualized housing plan that accounts for participant preferences and abilities and addresses housing barriers related to income, credit, rental history, criminal history, and other conditions or circumstances presenting a barrier to housing, along with other immediate service needs and supports.
 - (1) The plan identifies the support and services the program and program service partners will provide to help keep permanent housing and address other critical and immediate service needs.
 - (2) Plans account for participant preferences/choices and include only goals created with and agreed to by the participant, with an emphasis on the following:
 - (a) Housing stability, including lease compliance and opportunities to move to more independent living;
 - (b) Physical and mental health well-being; and
 - (c) Economic well-being, including employment and mainstream benefits.
 - (3) Participant service plans are periodically reviewed by supervisory staff to ensure appropriateness relative to individual resident needs, available services and program goals.
 - ii) Assistance with the move-in process, including identifying resources for basic furnishings, accessibility modifications, or other expenses.
 - (1) The program seeks to help participants meet basic needs at move-in, such as securing basic furnishings for an apartment, including mattresses and basic kitchen items such as a pot for cooking and utensils.
 - iii) Ongoing engagement, service coordination, and assistance as needed and desired to support stable housing and other participant service needs and goals.
 - (1) New participants are provided an individualized orientation to the program, including an overview of available services, resident lease terms and rules, and nearby amenities within 14 days of move-in date.
 - (2) Program staff attempt to engage participants on a quarterly basis at a minimum, with a goal of a monthly engagement. Engagement regularity and intensity is dependent on tenant needs, barriers, and preferences to ensure tenants retain housing and receive services they want and need.
 - (a) Staff may conduct periodic apartment inspections consistent with the lease as a means to assess resident well-being, lease compliance, and remediation needs.
 - (3) Program staff explain to participants basic landlord-tenant rights and responsibilities and the requirements of their specific lease.
 - (4) Program staff work directly with the participant and the landlord or property management staff to resolve tenancy issues (e.g., failure to pay rent, unit damage, disturbing quiet enjoyment of others) when they occur to maintain the participant's tenancy.
 - (a) The program works quickly to identify a corrective course of action, and, without breaking a participant's confidentiality, keep the landlord and participant informed about the program's action to mitigate the situation.
 - (b) Program staff offer participants additional learning opportunities that can include instruction or guidance on basic landlord-tenant rights and responsibilities, requirements and prohibitions of a lease, and meeting minimum expectations for care of the housing unit, such as not causing damage, respecting the quiet enjoyment of neighbors, and managing minor maintenance needs.

- (c) The program facilitates access to other community resources that help participants resolve or navigate tenancy problems (e.g., assistance for tenant rental and utility arrears, legal aid, community mediation services).
 - (5) Program staff help participants review their budgets, including income and spending, to make decisions about reducing expenses and increasing income.
 - (a) Program participants are screened for and connected to other community and mainstream housing assistance, public benefits, services, and resources for which they qualify.
 - (6) Program staff work with participants to identify other appropriate community services that can assist in achieving participant goals, including information and referrals for community services and assist participants in accessing services.
 - (a) When appropriate and with participant consent, service staff seeks to coordinate services with other community service providers to ensure coordinated, efficient participant care and support.
 - (b) The program has clearly defined relationships with peer support, healthcare, employment/income programs that it can connect program participants to when appropriate.
 - (c) Participants are provided or made aware of transportation options and related assistance, including nearby public transportation and assistance with obtaining bus fare, if available.
 - e) Additional housing stabilization assistance is provided as needed and may include legal services for participants facing eviction, landlord mediation services, housing location and rehousing support, and referrals to code enforcement, public health or other agencies when housing conditions may be unhealthy or potentially unsafe. These services may be provided by the program or through referral to a partner program.
 - f) Except where dictated by a funder, program participants typically direct when, where, and how often case management meetings occur. Meetings occur in a participant's home and/or in a location of the participant's choosing whenever possible.
 - i) Staff respect a program participant's home and maintain ethical boundaries at all times, including scheduling appointments ahead of time, only entering when invited in, and respecting the program participant's personal property and wishes while in their home.
 - ii) The program has clearly defined relationships (e.g., via a written Memorandum of Understanding (MOU)) with healthcare, employment, income, and other mainstream and community programs and resources that it can connect program participants to when appropriate and desired.
 - g) Within practical limits, participants are provided with options for a variety of on-site and off-site social and leisure opportunities that promote well-being and enjoyment.
 - i) All activities are voluntary for participants.
 - h) Case review and conferencing is used to guide progressive assistance (i.e., ongoing adjustment to type, amount, duration of assistance based on needs relative to obtaining and maintaining housing and achieving housing stability).
 - i) In the case of households at risk of eviction, pro-active attempts are made to secure commitment from landlords not to pursue eviction/canceling of the lease after payment. Whenever possible, programs negotiate move-out terms and assist the person/household to quickly locate and move into another unit without an eviction in coordination with landlord partners.
 - j) Standard indicators of housing stability and crisis resolution are used to guide tenancy supports and that accounts for participant preferences, lease-compliance, ability to pay housing costs, other conditions or issues that may affect housing stability in the near-term, and the related need for further assistance.
- 4) **For scattered site PSH:**
- a) The program or the program's housing navigation/landlord engagement partner offers individualized housing navigation for participants needing to secure safe, stable housing.
 - b) Newly enrolled participants and participants who need to relocate are provided with the following assistance from program staff or partners:

- i) Individualized housing location and counseling services to identify the most appropriate housing placement, including connection with private and public owners and rental agencies willing to provide permanent housing to participants.
 - ii) Assistance exploring and facilitating *shared housing* opportunities in community-based housing and through master-leasing.
 - iii) Assistance with housing applications and appeals and negotiating rental agreements.
 - iv) Assistance with obtaining needed documentation, completing housing applications, appealing application rejections, and negotiating rental agreements.
 - v) Ongoing engagement and support to facilitate stabilization in current or new housing that is safe and stable.
- c) The program continually engages in the recruitment and retention of landlord partners and has methods of tracking landlord partners and unit vacancies, unit locations, characteristics, and costs.
 - d) The program has written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices.
 - e) The program offers a standard, basic level of support to all landlords who lease to program participants. This support is detailed in a written policy or other descriptive material distributed to landlords. Programs can negotiate additional supports, as needed, on a case-by-case basis.
 - f) At a minimum, program staff or service partner responds quickly (within one business day) to landlord calls about serious tenancy problems and offers support to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments.
- 5) **For single site PSH:**
- a) Each unit is furnished upon participant move-in with at least a bed/crib and appropriate linens/bedding for each participant; dresser, table, and chairs. Staff also seek to provide basic kitchen/bathroom supplies.
 - b) The roles and responsibilities of service and property management staff are clearly communicated to participants.
 - c) Service and property management staff communicate regularly regarding participant issues related to lease compliance and supportive service needs. This may include regularly scheduled meetings or ad hoc meetings, as needed.
 - d) Program staff are informed of concerns about participant lease compliance and involved in decisions concerning responses to participant lease compliance and remediation.

G) MEDICAL REMINDERS AND/OR MEDICATION ASSISTANCE

- 1) When requested and as appropriate, staff provides medical reminders and/or medication assistance to participants.
- 2) The program does not keep or administer participant medication, unless such services are an express option provided by the Program and are administered by an appropriately licensed professional.

H) LEASE AGREEMENTS

- 1) All PSH participants have a formal lease agreement that is consistent with federal, state, and local law and with a minimum term of 12 months. The lease / occupancy agreements must be terminable for cause and automatically renew upon expiration for at least 1 month, except on prior notice by either party.
- 2) The program does not charge program fees to participants. If participants are required to contribute towards rent, the lease must require the participant to pay their rent contribution directly to the landlord/lessor.
- 3) If a PSH-qualifying participant dies, is incarcerated, or is institutionalized for more than 90 days, the participant is exited from the program. Program-assisted housing ends at lease expiration for any surviving/remaining members of the household.

I) FAIR MARKET RENT AND RENT REASONABLENESS

- 1) PSH programs comply with HUD rent reasonableness and Fair Market Rent (FMR) requirements as applicable.

J) RENT AND UTILITY ASSISTANCE

- 1) The agency has written income determination and rental assistance policies and procedures to consistently and fairly determine updates to participant's income and establish the amount of monthly assistance to provide for rent and utilities and the expected tenant contribution to monthly rent and utility expenses.
 - a) The policy is easily explained and understood by participants and staff.
- 2) The agency that determines the participants' rent must assess household income initially and at least annually, using the household's most recent income documentation, to determine the tenant portion of the rent.
 - a) Participants are instructed to inform staff of any household income changes that take place during the year and how to report such changes.
 - b) Staff must make appropriate adjustments to the participant portion of the rent when notified of household income changes.
 - c) Participant rent and utility costs are reassessed and adjusted according to participant income at least annually or when a participant experiences a loss of income and as otherwise required by program funders.
- 3) The participant portion of rent and utilities does not exceed 30% of the monthly adjusted gross income, 10% of Annual Gross Income, or the portion of any public assistance designated for housing costs, whichever is greater.
- 4) For CoC Program-funded rental assistance units, rent cannot be paid with federal funds for units that are vacant more than 30 days or for units leased without an eligible tenant assigned.
- 5) Rental assistance agreements are required and used when using HUD funds to make rental assistance payments to a landlord.
 - a) The rental assistance agreement must provide that, during the term of the agreement, the owner must give the rehousing agency a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence an eviction action against the program participant. In such instances, program will respond to assist participants to avoid eviction and concurrently communicate with the landlord to address concerns.
 - b) The rental assistance agreement with the landlord must terminate and no further rental assistance payments under that agreement may be made if:
 - i) The program participant moves out of the housing unit for which the program participant has a lease;
 - ii) The lease terminates and is not renewed; or
 - iii) The program participant becomes ineligible to receive ESG rental assistance.
 - c) Each program participant receiving rental assistance must have a legally binding, written lease for the rental unit, unless the assistance is solely for rental arrears. The lease must be between the owner and the program participant.
 - i) Programs adhere to all other federal ESG Program and CoC Program requirements.

K) SINGLE SITE PSH FACILITIES

- 1) Single site PSH programs maintain adequate office and meeting space to support on-site staffing and services.
 - a) Office and other meeting spaces used by staff for the delivery of supportive services and/or for staff to meet with participants are clean, comfortable, trauma-informed, and well-maintained.
- 2) There are individual mailboxes for participants. Mailboxes accessible in common areas have individual locks.
- 3) The site is within one quarter mile walking distance of public transit or the program otherwise provides transportation assistance.
- 4) The site is accessible to social services, medical facilities, shopping, and places of employment.

- 5) Staff provides verbal and written information to participants regarding amenities that are provided in the building and in the surrounding area, including a map when requested.
- 6) **Community space:**
 - a) Community space, including lobbies, sitting areas, meeting rooms, mail rooms, laundry rooms, and trash collection areas, are easily accessible to all tenants.
 - b) All common rooms and public spaces, including any shared furnishings, are clean and in good repair.
 - c) Smoking is not permitted in common areas indoors and only in outdoor spaces no adjacent to building entry or egress points. Areas where smoking is and is not permitted are clearly defined and marked.
 - d) Building common space rules clearly describe acceptable use and behavior in common and public areas.
 - e) Participants are free to use common and public space twenty-four hours a day, seven days a week in a manner consistent with the tenant lease and building rules. Tenant lease and/or building rules may restrict access during certain hours to mitigate reasonable concerns related to safety and property theft.
- 7) **Parking:**
 - a) There is on-site, free parking for participants with automobiles or motorcycles or the program otherwise supports participants in securing free or low-cost parking.
 - b) There are accessible, on-site locations where participants may secure bicycles.
- 8) **Pets/service animals/animal care:**
 - a) The PSH program has a policy regarding whether pets are allowed in the facility, consistent with the lease and federal, state, and local law.
 - b) Per ADA requirements, the program makes reasonable accommodation for service animals. Additional information regarding ADA requirements for service animals from the U.S. Department of Justice is included in [ADA Requirements: Service Animals](#).
- 9) **Laundry**
 - a) A laundry facility with working washers and dryers is available for participants twenty-four hours a day, seven days a week in a manner consistent with the tenant lease and building rules or the program provide a means for participants to access free or low-cost laundry facilities.
 - i) The participant lease and/or building rules may restrict access during certain hours to mitigate reasonable concerns related to safety and property theft.

L) TRANSFERS BETWEEN PROGRAMS

- 1) Current PSH tenants are able to transfer to other PSH units within the Sacramento CoC when a documented tenant need presents and the tenant meets any other eligibility criteria or preferences for the housing program they transfer to and consistent with CAS policies and procedures.
 - a) Tenant transfers are at the discretion of the tenant and may include opportunities to be placed a more or less intensive or structured PSH environment based on tenant needs and choices.
 - b) Tenants retain their original homeless or chronically homeless status for the purposes of the transfer.
 - c) When accepting a transfer from another PSH Program, the receiving PSH program keeps records on file demonstrating that the tenant:
 - i) Is transferring from another PSH program;
 - ii) The reason for the transfer; and
 - iii) Met the eligibility requirements for PSH prior to entering the original PSH program.
 - iv) In the case of the elimination of a PSH program unit to reallocation of funds or other reasons, the PSH program or parent agency works with tenants to identify alternate placements or work on housing stability and exit plans that will help tenants prepare to exit by the PSH Program's closing.

d) PSH providers follow lease terms for tenant deposit refund upon tenant transfer.

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

- 1) In accordance with the Violence Against Women Act (VAWA), current PSH participants within CoC and other HUD programs who are victims of domestic violence, dating violence, sexual assault, or stalking are allowed to request an emergency transfer from the participant's current unit to another unit. A PSH participant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if:
 - a) The PSH participant reasonably believes that there is a threat of imminent harm from further violence if the PSH participant remains within the same unit.
 - b) The PSH participant is a victim of sexual assault, the PSH participant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.
 - c) The PSH participant expressly requests the transfer in accordance with the procedures described.
- 2) PSH participants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements.
- 3) The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.
- 4) PSH program ability to honor such request for PSH participants currently receiving assistance may depend upon:
 - a) A preliminary determination that the PSH participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and
 - b) On whether PSH has another dwelling unit that is available and is safe to offer the PSH participant for temporary or more permanent occupancy.
- 5) The PSH program has a detailed transfer procedure based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that HUD-funded PSH is in compliance with VAWA.

N) TEMPORARY RELOCATION

- 1) The program takes all reasonable steps to minimize the displacement of participants. Current participants within units managed by provider, who are required to move temporarily, are offered relocation assistance in accord with federal Uniform Relocation Act requirements, as applicable.
- 2) Participants required to relocate temporarily are offered a decent, safe, and sanitary unit in the same building or complex (single sites) or in a comparable unit in the same geographic area (scattered sites) with comparable supportive services.

O) PERMANENT DISPLACEMENT⁶

- 1) A "displaced person" is any person that moves permanently, as a direct result of acquisition, rehabilitation, or demolition of a housing Program. This includes any permanent involuntary move where the participant is not eligible to return to a housing Program through no fault of their own. For example: If the owner issues a notice to move permanently from the property, or refuses to renew an expiring lease.

⁶ Refer to 42 USC Ch. 61: Uniform Relocation Assistance and Real Property Acquisition Policies for Federal And Federally Assisted Programs.

- 2) The program takes all reasonable steps to minimize the displacement of participants. Current PSH participants who are required to permanently relocate are offered relocation assistance.
- 3) Participants permanently displaced are offered decent, safe, and sanitary comparable housing options and comparable supportive services. Any participant who has been temporarily relocated for a period beyond one year is treated as permanently displaced and offered relocation assistance.
- 4) A participant does not qualify as a “displaced person” if the person has been evicted for serious or repeated violation of the terms and conditions of the lease/occupancy agreement.

P) ABSENCES FROM UNITS AND PARTICIPANT TERMINATION

- 1) The program has a termination policy and practice of providing written plans for at-risk participants that includes strategies for intervention, prevention, or housing retention that help participants avoid losing housing.
- 2) The program has clear policies and procedures in place regarding absences from units and participant termination. Terminations from PSH follow eviction procedures consistent with federal, state, and local law, and CAS policies and procedures.
- 3) When a participant leaves a federal CoC Program-funded unit:
 - a) For a Rental Assistance unit only: if a unit is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person.
 - b) For a Leasing Assistance unit: the lease is between the PSH Provider and the owner of the property and the PSH Provider is required to make payments on a unit in compliance with the lease, regardless of whether the PSH Provider has housed a CAS referred participant in the unit or structure.
 - c) Brief periods of stay in institutions (such as jail, hospital, etc.), of less than 90 days are not considered vacancies. Participants continue to receive Rental Assistance during this time and are not terminated. Once a person resides at an institution for more than 90 days, they are no longer eligible for Rental Assistance.
- 4) The program maintains documentation of:
 - a) The date of unit vacancy.
 - b) Documentation of any participant intervention, prevention or housing retention utilized before termination.
 - c) Documentation of any participant hearings or appeals.
 - d) Documentation of institutional stays of less than 90 days.

Q) HOUSING QUALITY

- 1) PSH units have at least a living room, a kitchen area, a bathroom, and one bedroom or living/sleeping room for each two persons (except single room occupancy (SROs) units).
 - a) Children of the opposite sex, other than very young children, are not required to occupy the same bedroom or living/sleeping room.
- 2) Exterior doors and windows are lockable.
- 3) Each unit has a bathroom that affords privacy and is for the exclusive use of the occupants.
- 4) PSH units have suitable space and equipment to store, prepare, and serve food in a sanitary manner, including an oven and stove or range, a refrigerator, and a kitchen sink with hot and cold running water.
 - a) Hot plates are not acceptable substitutes for stoves or ranges (except SROs).
 - b) A microwave may be substituted for an oven and stove if the participant agrees and if microwaves are furnished to both subsidized and unsubsidized participants in the same premises.
- 5) For CoC Program-funded PSH: If the household composition changes, the program relocates the household to a more appropriately sized unit with continued access to appropriate supportive services.

- 6) Program housing units (scattered or single site) meet the following minimum HUD standards for safe, decent, and sanitary housing in good repair, including dwelling units, building exterior, building systems, and common areas. PSH Programs may have to adhere to additional building, health and safety codes per federal, state, and local law and funding requirements, including HUD Housing Quality Standards (HQS).
- a) **Site:**
 - i) The site components, such as fencing and retaining walls, grounds, lighting, mailboxes/Program signs, parking lots/driveways, play areas and equipment, refuse disposal, roads, storm drainage and walkways must be free of health and safety hazards and be in good repair.
 - ii) The site must not be subject to material adverse conditions, such as abandoned vehicles, dangerous walks or steps, poor drainage, septic tank back-ups, sewer hazards, excess accumulations of trash, vermin or rodent infestation or fire hazards.
 - b) **Building exterior:**
 - i) Each building on the site must be structurally sound, secure, habitable, and in good repair. Each building's doors, fire escapes, foundations, lighting, roofs, walls, and windows, where applicable, must be free of health and safety hazards, operable, and in good repair.
 - c) **Building systems:**
 - i) Each building's domestic water, electrical system, elevators, emergency power, fire protection, HVAC, and sanitary system must be free of health and safety hazards, functionally adequate, operable, and in good repair.
 - d) **Dwelling units:**
 - i) Each dwelling unit within a building must be structurally sound, habitable, and in good repair. All areas and aspects of the dwelling unit (for example, the unit's bathroom, call-for-aid (if applicable), ceiling, doors, electrical systems, floors, hot water heater, HVAC (where individual units are provided), kitchen, lighting, outlets/switches, patio/porch/balcony, smoke detectors, stairs, walls, and windows) must be free of health and safety hazards, functionally adequate, operable, and in good repair.
 - (1) Where applicable, the dwelling unit must have hot and cold running water, including an adequate source of potable water (note for example that single room occupancy units need not contain water facilities).
 - (2) If the dwelling unit includes its own sanitary facility, it must be in proper operating condition, usable in privacy, and adequate for personal hygiene and the disposal of human waste.
 - (3) The dwelling unit must include at least one battery-operated or hardwired smoke detector, in proper working condition, on each level of the unit.
 - e) **Common areas:**
 - i) The common areas must be structurally sound, secure, and functionally adequate for the purposes intended.
 - ii) The basement/garage/carport, restrooms, closets, utility, mechanical, community rooms, day care, halls/corridors, stairs, kitchens, laundry rooms, office, porch, patio, balcony, and trash collection areas, if applicable, must be free of health and safety hazards, operable, and in good repair.
 - iii) All common area ceilings, doors, floors, HVAC, lighting, outlets/switches, smoke detectors, stairs, walls, and windows, to the extent applicable, must be free of health and safety hazards, operable, and in good repair.
 - iv) These standards for common areas apply, to a varying extent, to all HUD housing, but will be particularly relevant to congregate housing, independent group homes/residences, and single room occupancy units, in which the individual dwelling units (sleeping areas) do not contain kitchen and/or bathroom facilities.
 - f) **Health and safety concerns:**
 - i) All areas and components of the housing must be free of health and safety hazards. These areas include, but are not limited to, air quality, electrical hazards, elevators, emergency/fire exits, flammable materials, garbage and debris, handrail hazards, infestation, and lead-based paint. For example, the buildings must have fire exits that are not blocked and have handrails that are undamaged and have no other observable deficiencies.
 - ii) The housing must have no evidence of infestation by rats, mice, or other vermin, or of garbage and debris.

- iii) The housing must have no evidence of electrical hazards, natural hazards, or fire hazards.
 - iv) The dwelling units and common areas must have proper ventilation and be free of mold, odor (e.g., propane, natural gas, methane gas), or other observable deficiencies.
 - v) The housing must comply with all requirements related to the evaluation and reduction of lead-based paint hazards.
- 7) Housing Inspections are conducted prior to unit occupancy and at least annually to ensure consistency with housing quality standards.
 - 8) Site-based PSH programs: the program has a housekeeping and maintenance plan. The plan is implemented routinely and staff documents when chores or routine maintenance tasks are completed.
 - 9) Site-based PSH programs with desk staff: the program ensures staff are responsible for monitoring the facility entrance and are aware of participants attempting to access the building.
 - a) There is a mechanism, such as security cameras, to allow staff to see who requests access to the building.

APPENDIX A: TERMINOLOGY

The following terms are used in this document.

Agency:

An organization that operates one or more program types identified in this document for individuals and families at-risk of or experiencing homelessness in Sacramento County, California.

Area Median Income (AMI):

The gross median household income for a specific Metropolitan Statistical Area, county or non-metropolitan area established annually by HUD. AMI is used in many federal programs to determine eligibility and make rent calculations.

Assertive Engagement:

The process whereby a worker uses their interpersonal skills and creativity effectively to make the environments and circumstances that their service users are encountered in more conducive to change than they might otherwise be, for at least the duration of the engagement.

Chronic Homelessness (HUD Definition):

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
 - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Continuum of Care (CoC) (HUD Definition):

The group organized to carry out the responsibilities required under this part [the CoC Program interim rule] and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate. The Sacramento CoC also includes the City of Sacramento, Sacramento County, other local municipalities within Sacramento County, the Sacramento Housing Redevelopment Authority (SHRA), and Sacramento Steps Forward, which serves as the CoC's "Collaborative Applicant" for federal CoC Program funding.

Coordinated Entry (CE), or alternatively, Coordinated Assessment System (CAS):

As defined by HUD, CE means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. CAS must include means to match people to shelter and housing

resources for which they are eligible, as well as prioritize people based on an assessment of their needs and vulnerabilities when shelter, housing, or other needed assistance is limited and unable to assist everyone who is eligible and seeking assistance. HUD requires every CoC operate a Coordinated Entry process which must at minimum allocate all CoC Program funded housing resources.

Disability (HUD Definition):

- A person shall be considered to have a disability if he or she has a disability that:
 - i. Is expected to be long-continuing or of indefinite duration;
 - ii. Substantially impedes the individual’s ability to live independently;
 - iii. Could be improved by the provision of more suitable housing conditions; and
 - iv. Is a physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury.
- A person will also be considered to have a disability if he or she has a developmental disability.
- A person will also be considered to have a disability if he or she has acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Fair Market Rent (FMR):

Fair Market Rent provides a standard for rent based on unit size for different geographic areas. These standards are often used as a limit for how much rent can be charged or supported in certain programs. FMRs are published in the Federal Register annually by HUD.

Harm Reduction:

“Harm-reduction” means a set of strategies, policies, and practices aimed at mitigating the negative social and physical consequences associated with various human behaviors, including, but not limited to, substance use, and that do not rely on punitive measures to gain program compliance.

Homeless (HUD Definition):

Category 1: Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, TH, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where he/she has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2: Imminent Risk of Homelessness

Individual or family who will imminently lose their primary nighttime residence, if:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Category 3: Homeless Under Other Federal Statutes⁹

Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more in the preceding 60 days; and
- Can be expected to continue in such status for an extended period due to special needs or barriers.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing.

Homeless Management Information System (HMIS):

A Homeless Management Information System (HMIS) is a web-based local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The operation of an HMIS and much of the data that is collected are federally mandated, but each community operates its own HMIS system.

Housing First:

According to California state law⁷: “Housing First” means the evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting homeless people to permanent housing as quickly as possible. Housing First providers offer services as needed and requested on a voluntary basis and that do not make housing contingent on participation in services.

“Core components of Housing First” means all of the following:

- (1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.
- (2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness.”
- (3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.
- (4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.
- (5) Participation in services or program compliance is not a condition of permanent housing tenancy.
- (6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes.
- (7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.

⁷ [California Code, Welfare and Institutions Code - WIC § 8255](#)

(8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than “first-come-first-serve,” including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents.

(9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.

(10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.

(11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

Housing Problem Solving:

A person-centered, housing-focused approach to explore creative, safe, and cost-effective solutions to quickly resolve a housing crisis — even if just temporarily — with limited or no financial support. Housing problem solving is not a one-time event and instead, problem-solving techniques can be used in many circumstances to support a more effective implementation of homelessness prevention, diversion, and rapid exit strategies.

Motivational Interviewing:

An evidence-based approach for working with individuals that focuses on allowing each person to direct the change rather than telling them what they need to do, beginning with an understanding of what stage of change an individual is in currently.

Program:

A service provided by a local social service, housing, healthcare, or other entity to meet the homelessness prevention or assistance needs of people in Sacramento County.

Program Participant, Client, and Resident:

The terms “program participant,” “client,” “resident” and like terms are all used to describe people who may qualify for and use the different program types included in this manual.

Rent Reasonableness:

A HUD standard to ensure that rents for units covered by a subsidy program are reasonable in relation to rents being charged for comparable unassisted units in the same market.

Trauma-Informed Care:

Trauma-informed care means a set of practices that promote safety, empowerment, and healing in recognition that program participants may have experienced trauma that informs their experiences and responses.

Victim Service Provider (VSP):

A Victim Service Provider is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Providers include rape crisis centers, domestic violence shelters and transitional housing programs, and other programs.