MIDDLESEX COUNTY HOUSING CONTINUUM OF CARE

GOVERNANCE CHARTER AND

POLICIES AND PROCEDURES

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1. Definitions

At risk of homelessness.

(1) An individual or family who:

(i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;

(ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the —Homeless definition in this section; and

(iii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;

(2) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

(3) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Chronically homeless means:

(1) A ‘‘homeless individual with a
disability,’’ as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously 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 in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) 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 in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Homeless means:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

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

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual‘s or family‘s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

2. HUD Mandated Activities

A. The Executive Committee

The Executive Committee shall set community priorities in keeping with the overall mission of the CoC established in the By Laws.

B. Performance Standards

In conjunction with Coming Home of Middlesex County, the CoC, through committees, shall set performance standards, including but not limited to HUD requirements and local standards, to be recommended to the CoC Executive Committee to be incorporated in contracts with all funded provider agencies. An annual Program Outcome plan will be part of the agreement. If the agency does not agree with the annual Program Outcome plan, it may appeal to the CoC Executive Committee. The CoC, through its non-conflicted Technical Review Committee, will monitor program performance. Coming Home will provide quarterly and annual data reports. Program performance standards will be reviewed annually by the CoC Executive Committee. Nothing in this document shall imply that the CoC supersedes the authority of the contractor.

C. Middlesex County HMIS Implementation:

Coming Home will operate and maintain the community's Homeless Management Information System (HMIS) in compliance with HUD standards and coordinate all related activities including training, maintenance, and technical assistance to agencies. Each participating agency will be expected to participate in the trainings and user groups, and maintain total quality management. All these activities will be in accordance with the CoC's HMIS Policies and Procedures Manual.

D. HUD Application Process: The Executive Committee shall appoint a Technical Review Committee to review all applications for new and renewal projects and make recommendations to the Executive Committee and the full CoC for comment prior to the final recommendation for funding. The full CoC will have the opportunity to comment on the recommendations electronically for a period of 1week prior to the final recommendation for funding. Once the comment period closes, the TRC will review the comments and provide the final recommendation for funding.

E. Point in Time Count: Consistent with HUD requirements and in conjunction with the New Jersey coordinating agency, an annual Point in Time count of both sheltered and unsheltered homeless persons will be conducted. Participation in the Point in Time Work Group will be open to all interested. The CoC Executive Committee will review the Point in Time Count plan annually and together with Coming Home, will lead coordination efforts to conduct the count.

F. **Meeting Support:** The County Division of Housing, Community Development and Supportive Services staff will provide meeting support for the CoC and the CoC Executive Committee by scheduling meetings, drafting agendas, issuing meeting materials, and posting all relevant documents.

1. CoC members and CoC Executive Committee members may suggest agenda items.
2. Agenda and meeting materials will be released one week prior to scheduled meetings.
3. The agenda will be reviewed and adopted at the start of the meeting; changes may be offered for consideration.
4. Meeting notes will be distributed by the date of the next meeting.
5. Materials will be distributed electronically or through mail to all CoC members.

Costs – Every effort will be made to keep process costs to the minimum necessary to achieve full funding.

G. **Training:** The CoC will provide training for all CoC member agencies on at least an annual basis on key best practice and policy topics including, but not limited to:
   - **a.** Best practices for serving survivors of domestic violence, sexual assault, human trafficking, and stalking;
   - **b.** CoC anti-discrimination policy
   - **c.** HUD Equal Access Rule and Gender Identity Final Rule

3. Continuum By Laws

ARTICLE 1: Mission Statement

The mission of the Middlesex County Housing Continuum of Care Committee is to stimulate community-wide planning and coordination of programs for individuals and families who are homeless; and unify and coordinate efforts to end homelessness in Middlesex County, New Jersey, so no one will experience homelessness and no one will be without a safe, stable place to call home.

ARTICLE 2: Name and Organization

1. **Name.** The name of this consortium shall be the Middlesex County Housing Continuum of Care Committee ("Continuum or CoC").

2. **Purposes.** The Continuum shall be a consortium of organizations and individuals dedicated towards the mission of preventing homelessness, rapidly re-housing those who become homeless and ultimately ending homelessness through system based, coordinated efforts as outlined in the County's Plan to End Homelessness.

3. **Service Area.** The Continuum enables homeless provider agencies to serve the homeless and those at imminent risk of homelessness in all municipalities of Middlesex County, NJ.

4. **Address.** The principal office of the Continuum shall be: c/o Middlesex County Division of Housing, Community Development and Social Services, 75 Bayard St, 2nd Floor, New Brunswick, New Jersey, 08901.

ARTICLE 3: Definitions

1. **Coming Home of Middlesex County, Inc. (Coming Home or CHM).** The nonprofit corporation founded following the establishment of the County's **Plan to End Homelessness.** Its leadership works closely with the Middlesex County Board of Chosen Freeholders, following a strategic plan to end homelessness and create affordable, accessible, supportive and permanent housing for persons and families in need. The members of CHM's Board include, without limitation, mayors of County municipalities, County personnel, social service providers, and private businesses, both for and not for profit.

2. **Middlesex County Division of Housing, Community Development and Social Services (MCDH)**. The Division of Housing, Community Development and Social Services is the County entity with expertise, among other things, in the administration of three programs funded by the U.S. Department of Housing and Urban Development (HUD): Section 8 Rental Assistance; Community Development Block Grant (CDBG); and HOME Investment Partnerships. All three programs are designed primarily to benefit lower income persons and households.

3. **Partnership.** The specific and concerted alliance between CHM and MCDH to coordinate all efforts, including those of the CoC, to end homelessness in Middlesex County.

4. **Plan to End Homelessness.** A plan adopted by Middlesex County in 2009 that was the culmination of a 2 year research and planning process to objectively assess the needs of County residents experiencing homelessness, which sets forth goals and objectives to address these identified needs.

ARTICLE 4: Composition

1. **Membership.** The CoC membership shall be comprised of constituent individuals and organizations willing to coordinate and collaborate in support of the CoC's mission, as governed by the Executive Committee.

2. **Types of Membership.** The CoC accepts both organizations and individuals as participating Members.

Membership is not limited to, but should include: homeless services and housing providers, housing developers, persons who are currently or have experienced homelessness, homeless advocates, local and state government representatives and funders.

3. **Eligibility.** An organization is eligible for Membership if it: is located in Middlesex County or provides services to County residents; ascribes to the mission and program standards of the CoC; and is committed to serving and working collaboratively towards mission and purpose of the Continuum. Each organization will be required to submit the name(s) of its official designee(s) who can represent the organization and vote on its behalf.
   An Individual is eligible for Membership if s/he: lives or works in Middlesex County; ascribes to the mission and program standards of the CoC; and is committed to serving and working collaboratively towards mission and purpose of the Continuum.

4. **Categories of Members.** The CoC should make best efforts to include members from each category below and to not have government representatives exceeding one third of the general membership.

   Category 1: Government Representatives:

   a. County Board of Social Services
   b. County Department of Community Services
   c. County Workforce Development
   d. Municipal Government Representatives
   e. Federal Veterans Administration, NJ Office
   f. VASH (Veterans Administration Supportive Housing) Service Staff
   g. State Department of Children and Families
   h. State Department of Human Services

   Category 2: Public Housing Authorities located in Middlesex County

   Category 3: Providers: non-profit or for profit entities directly providing housing and/or homeless services, or t providers who indirectly assist the CoC through regional planning and/or funding activities.

   Category 4: Community Stakeholders including, without limitation:

   a. Local Private Hospitals
   b. Federally Qualified Health Centers
   c. School districts
   d. Local businesses
   e. Other stakeholders

   Category 5: **Individual Members:** those representing homeless or formerly homeless individuals and families

5. **Approval and Removal of Members.** All organizations and individuals wishing to be considered for membership shall submit an application to the Membership Committee. Approval of a new member is by majority vote of the full Continuum. Members shall be considered active unless they have three consecutive, unexcused absences **or** fail to attend 50% of meetings in a 12- month period. Members who are deemed inactive for the above reasons may not vote on any matters before the Continuum, but can make request to the Membership Committee to be reinstated.

   Removal of a member shall be for good cause or for acting in a manner contradictory to CoC mission and purpose. Such a removal should be recommended by the Membership Committee and approved by a two-thirds majority vote of the active Continuum membership.

ARTICLE 5: Executive Committee

1. **Number and Representation.** The leadership and governance group of the CoC shall be known as the Executive Committee. It shall consist of not less than ten (10) and no more than fourteen (14) voting members. The CoC will make best efforts to have the Executive Committee comprised of the following representatives:

Category	Organizational Representative
(A)	Middlesex County Division of Housing, Community Development and Social Services, Manager
(A)	Coming Home of Middlesex County, Inc., Executive Director
(A)	Middlesex County Board of Social Services, Director
(B)	Public Housing Authority
(B)	Other Local Planning/Funding/Service entity
(B)	Middlesex County Superintendent's Office, or other Education representative
(B)	Hospital/FQHC representative
(C)	Two non-profit, homeless service providers
(C)	Up to two (2) homeless or formerly homeless persons; not fewer than one (1)
CoC Standing Committee Chairs (Non-Voting)	

   No more than one employee of any organization shall serve on the Executive Committee at any time in a voting capacity.

2. **Terms of Service.** Representatives in Category A will serve ex-officio indefinitely unless they are removed as a member of the Continuum pursuant to the terms set forth herein. Representatives in Category B will initially be elected for a 2 year term. The person in these positions will rotate, based on the recommendation of the Membership Committee, unless

another suitable candidate is not identified, in which case, the same representative may be re-elected. Representatives in Category C will initially be elected for a 2 year term and will rotate, based on the recommendation of the Membership Committee, unless another suitable candidate is not identified, in which case the same representative may be re-elected.

3. **New Executive Committee Member.** The Membership Committee will propose new Executive Committee participation bi-annually. The Membership Committee may receive recommendations for consideration from any member of the CoC, and may include their own recommendations. Any proposed Committee member must be a member of the CoC. Every other year, recommendations will be made at a full CoC meeting. The full CoC will vote on the Membership Committee recommendations at a full CoC meeting prior to the end of the calendar year with the new Executive Committee taking effect January 1 for the following two years.

4. **Purpose**. The purpose of the Executive Committee is to:
   a. Set priorities for the CoC activities, incorporating HUD mandates, subcommittee recommendations and local data;
   b. Review and recommend funding for the annual HUD allocation;
   c. Monitor effectiveness and outcomes of funded programs;
   d. Consult with, and provide opportunity for input from, full CoC membership on priorities, changes to policies and procedures and other pertinent matters relating to ending homelessness, and
   e. Other activities consistent with those designated by HUD and CoC written standards (refer to Middlesex CoC Policies & Procedures).

5. **Chairperson and Vice-chairperson.** The full CoC shall elect a Chairperson and a Vice-chairperson from among Executive Committee members at its September meeting every other year to take office effective January 1st. The Chairperson will preside over meetings of both the Executive Committee and the full CoC Committee. The Vice-chairperson will preside over meetings in the absence of the Chairperson.

6. **Meetings.** The Executive Committee shall meet at least six times annually. The Chairperson of the Committee will establish the date, time, and place. The notice of these meetings shall contain both a tentative agenda and minutes from the last meeting. The Executive Committee, as well as the CoC at large and its other committees, shall receive administrative support from the Middlesex County Division of Housing, Community Development and Social Services and/or an entity designated by the Executive Committee of the CoC.

7. **Quorum & Voting**. A quorum shall consist of a majority of current voting members. The meeting will be adjourned if no quorum is present, and no voting will occur in such case. Robert's Rules of Order will be followed and a simple majority voting is necessary for any resolution of the Committee to be passed.

8. **Minutes of Meetings**. Minutes shall be kept of every meeting and shall include, at a

minimum, the date, time and place of the meeting, a list of the attending members, the topic discussed, the decisions reached and actions taken, the list of roll call votes on all motions, any reports made, and other information as may be deemed necessary by the Chairperson.

ARTICLE 6: Responsibilities of the Continuum of Care

1. **Description of Services.** The Continuum coordinates a broad array of services which includes, but is not limited to:
   a. Outreach Assessments;
   b. Prevention of Homelessness;
   c. Emergency Shelter/Services;
   d. Rapid Re-housing;
   e. Transitional Housing;
   f. Case management/Support Services;
   g. Permanent Housing; and
   h. Education and Job Training Resources.

2. **Duties.** The CoC, with the leadership and administrative assistance of the Partnership, shall prepare the application for HUD Continuum of Care funding in consideration of identified needs and service providers' performance based upon the recommendations of the Technical Review Committee.

3. **Ongoing.** The Continuum, through its subcommittees and in conjunction with The Partnership, shall work to obtain the resources and organization necessary to provide services through the following activities: (i) Assist in the development, planning and coordinating of a housing & service system to match identified needs; (ii) Oversee HMIS implementation; (iii) Establish performance targets and monitor outcomes; (iv) Establish & operate centralized/coordinated intake; (v) Establish written standards for provision of assistance; (vi) Assist in the creation of affordable, permanent, supportive housing; and (vii) Other HUD mandated activities, as documented in the CoC Policies & Procedures.

ARTCLE 7: Meetings of the Continuum of Care

1. **Meetings.** The full CoC shall meet at minimum of six times per year, but may meet more frequently. The annual meeting schedule will be adopted at the January meeting (or first meeting of the calendar year.) For any changes to the meeting schedule, there shall be at least seven (7) days notice for regular meetings and at least 48 hours for emergency meetings. The notice shall contain a tentative agenda and minutes from the last meeting. September shall be designated as the Annual Meeting, at which time elections for the CoC Executive Committee will be held if required

2. **Attendance.** All members are expected to attend CoC meetings regularly. Any member receiving or applying for HUD funding through the CoC must attend 70% meetings annually.

3. **Quorum & Voting.** The presence of 51% of the CoC's Members at any meeting shall constitute a quorum. Each organizational member and each individual member is entitled to one vote on issues that come before the membership.

4. **Minutes of Meetings**. Minutes shall be kept of every meeting and shall include, at a minimum, the date, time and place of the meeting, a list of attending members, the topics discussed, the decisions reached and actions taken, recording of votes, any reports made, and other information as may be deemed necessary by the Chairperson.

5. **Conflicts of Interest**. It is the policy of the Continuum to avoid any conflict, or the appearance of a conflict, between the full, or subcommittee, of the Continuum and the organizations receiving grant awards. No member of the Continuum shall participate in discussion or vote on projects and/or matters in which they or their agency have a financial or potential financial interest. No member of any CoC Committee may participate in, or influence in any way, discussions or decisions concerning the award of a grant or other financial benefits to the organization that the member represents. Disclosure of a potential conflict should occur at the earliest possible time, and preferably, prior to the discussion of any such issue. Where a conflict or potential conflict is present, the member shall so identify the nature of the conflict or potential conflict, which will be included in the minutes of the meeting and abstain from all discussion and voting on the matter involved. An individual with a conflict, who is a committee chair, shall yield that position during discussion and abstain from voting on the item.

ARTICLE 8: Committees of the Continuum

1. **Committees of the Continuum.** Standing and Ad Hoc Committees of the Continuum are formed upon recommendation of a CoC member, and approved by a majority vote of the Executive Committee. Standing committees of Coming Home that serve the mission of the CoC, and are open to participation of CoC members, can be likewise considered committees of the CoC upon approval of the Executive Committee. Further procedures and requirements for the committees are described in the CoC Policies & Procedures.

2. **Standing Committees:** The following shall be standing committees of the CoC:
   a. Executive Committee;
   b. Technical Review Committee;
   c. Coordinated Assessment;
   d. Homeless Youth Task Force (shared oversight with HSAC)
   e. Accessibility Committee (CHM) and
   f. Sustainability Committee (CHM).

ARTICLE 9: Amendment

The CoC Bylaws shall be reviewed annually by the Executive Committee. These bylaws may be amended at a regular or special meeting or via digital vote of the CoC by a majority vote of the members present and voting. Amendments must be in written form and distributed to members of the Continuum at least 5 days prior to presentation and vote.

4. Committees of the Continuum

Standing Committees: There shall be standing committees of the CoC, to include the following:

1. Executive Committee
2. Technical Review Committee
3. Coordinated Assessment Committee
4. Accessibility Committee (CHM) and
5. Sustainability Committee (CHM).

With the advice and consent of the CoC, the Chairperson of each standing committee shall be appointed by the Executive Committee from the full membership at the Annual Meeting. Appointments as Chairperson to standing committees will be for the duration of two years, and there shall be no limit for re-appointment to the committee(s). Except as specifically set forth herein, Committee membership will be open to interested persons from the CoC membership. A Committee Chairperson may recommend for committee membership persons who are not CoC members. The Chairperson shall provide a list of all members to the Executive Committee, and update this list upon new appointments or resignations. CoC members may serve on more than one committee and the Executive Committee may serve the function of the other standing committees when necessary.

Meetings: Each standing committee shall exercise its discretion in designing the effective operation of its committee, including the appointment of subcommittees from its membership and frequency of meetings. A majority of each committee shall constitute a quorum for the transaction of business. Actions taken at a meeting of any such committee shall be kept in a record of its proceedings which shall be reported to the CoC at its next meeting following such committee meeting. Any decision by a subcommittee affecting the homeless population in the County will be a recommendation to the Executive Committee and presented for comment at the full CoC.

Ad Hoc Committees: The Executive Committee, in consultation with the CoC membership, may establish ad hoc committees as deemed appropriate and necessary. The CoC membership, by a

majority vote, may also recommend the establishment or dissolution of any ad hoc committee. The Executive Committee will appoint chairpersons for ad hoc committees from the CoC membership. Committee membership will be open to CoC members and the Committee Chairperson may appoint persons who are not members. Any actions of an ad hoc committee are subject to the review and approval of the Executive Committee and the full CoC.

Executive Committee

Purpose

The Executive Committee is the leadership and governance group of the Continuum of Care. It is responsible for setting priorities for CoC activities, reviewing and monitoring Committee recommendations and activities for effectiveness and outcomes, consulting with and receiving input from the full CoC and its committees, developing and instituting CoC Policies, and ensuring compliance with HUD mandates and regulations in support of the mission to end homelessness in Middlesex County.

Chairperson and Membership

The elected Chairperson of the full CoC Committee shall be the Chairperson of the Executive Committee. The Vice-Chair of the full CoC Committee will also be the Vice-Chair of the Executive Committee and will preside over Executive Committee meetings in the absence of the chairperson. Executive Committee members will be appointed bi-annually in accordance with the CoC Bylaws.

Meetings

The Executive Committee shall meet at least quarterly, with the Chairperson establishing the date, time and meeting place.

Duties

The duties of the Executive Committee are:

1. To receive and analyze demographic, program and HMIS data to set priorities, inform collaborative service efforts and recommendations for funding;
2. To review recommendations from the Technical Review Committee for the annual allocation from the U.S. Department of HUD, including recommendations for removal of HUD funding if necessary, and any proposed funding reallocations;
3. To identify additional funding sources that contribute to the community's ability to respond to homeless populations;
4. Review and incorporate feedback and recommendations from the CoC subcommittees on new projects, systems, and other relevant issues;
5. To monitor the effective functioning of the CoC, including review of attendance;
6. Designate a single HMIS for the CoC and a HMIS Lead Agency to ensure consistent participation and compliance with HUD requirements;
7. Review and recommend for approval by the CoC, the HMIS Policies & Procedures, privacy plan, security plan, and data quality plan;
8. Review, recommend, and approve changes to the CoC Bylaws and Policies and Procedures
9. Create additional CoC Policies and Procedures sections for subject matter not currently addressed that are either mandated by HUD or would improve CoC operations;

10. Review and approve annual performance standards and evaluation of outcomes for programs funded under ESG and CoC programs;
11. To ensure that programs receiving HUD funding are appropriately monitored and meet program performance standards;
12. Review and recommend CoC action on the HUD Collaborative Application including all relevant charts and tables;
13. Review and act on the annual Point in Time Count;
14. Review and act on the annual Housing Inventory Chart;
15. Review and act on any other HUD mandated activity;
16. Establish a centralized or coordinated assessment system for households in housing crisis;
17. Lead the planning and coordinating activities deemed necessary;
18. Lead in the planning and coordinating of any new activities or requirements mandated by HUD for new or existing programs by establishing Committees and delegating responsibilities.

Membership Committee (ad hoc)

Purpose

The Membership Committee is a committee of the Middlesex County Housing Continuum of Care Committee (CoC) and is charged with soliciting new members and also acting as a nominating committee by making recommendations for members to be appointed to the Executive Committee and the Technical Review Committee.

Chairperson and Membership

The Executive Committee will recommend a Chairperson for the Membership Committee to be voted on by the full CoC. The Membership Committee will consist of a minimum of three members and a maximum of six members. Efforts will be made to recruit a homeless or formerly homeless individual to serve on the Membership Committee. Prospective members must be current and active CoC members. The Executive Committee will solicit for members through an email announcement using the CoC listserv. If more than six individuals express interest in serving, then the Executive Committee will make recommendations of a maximum of six candidates (including the Chairperson) for approval by the full CoC at its next meeting.

Meetings

The Chairperson will convene meetings as necessary to accomplish the below stated duties.

Duties

The Membership Committee has the following duties:

- Develop application for CoC Membership appropriate for agencies and individuals;
- Submit applications of potential CoC members to the Executive Committee for review and provide names/background to the full CoC on a monthly basis for vote of approval;
- Make recommendations for members to be appointed to the Executive Committee based on required categories for membership outlined in the bylaws and to be voted on by the full CoC;

- Work with CoC staff to identify and notify members who are no longer considered active per membership requirements set forth in the bylaws;
- Receive reinstatement requests from inactive members to pass along to the full CoC for vote of approval;
- In consultation with the Executive Committee, make recommendations to the full CoC on removal of any member for good cause or for acting in a manner contradictory to the CoC mission and purpose (per the bylaws any removal must be approved by 2/3rds vote of full CoC active membership).

Performance and Evaluation Committee (ad hoc)

Purpose

The Performance and Evaluation Committee is a committee of the Middlesex County Housing Continuum of Care Committee (CoC) and is charged with creating the performance standards for all CoC funded programs and other homeless programs operating within the CoC.

Chairperson and Membership

The Executive Committee will recommend a Chairperson for the Performance and Evaluation Committee to be voted on by the full CoC. The Performance and Evaluation Committee will consist of a minimum of three members. Prospective members can be current CoC members or members outside of the CoC with special knowledge in the area of statistics and/or developing performance measurements and evaluating outcomes that align with federal standards and targets for ending homelessness as established in *Opening Doors*.

Meetings

The Chairperson will convene meetings as necessary to accomplish the below stated duties.

Duties

The Performance and Evaluation Committee has the following duties:

- Develop tools and mechanisms to determine baseline data for evaluating program improvements in the areas of prevention, housing availability & stability, outreach, and stabilization and assessment;
- Establish performance standards for CoC funded programs and programs serving the homeless or those at risk of homelessness funding by the county based on HUD and CoC standards;
- In conjunction with Coming Home, the county and the Executive Committee, assist in the development of a Program Outcome Plan for each funded program;
- Evaluate both program and system outcomes and provide recommendations to the Executive Committee on ways to improve performance and better target resources.

Permanent Housing Committee (ad hoc)

Purpose

The Permanent Housing Committee is a committee of the Middlesex County Housing Continuum of Care Committee (CoC) and is charged with the assisting the CoC meet its goals around the development of permanent and permanent, supportive housing opportunities for the homeless.

Chairperson and Membership

The Executive Committee will recommend a Chairperson for the Permanent Housing Committee to be voted on by the full CoC. The Permanent Housing Committee will consist of a minimum of three members. Prospective members can be current CoC members or members outside of the CoC appointed by Chairperson.

Meetings

The Chairperson will convene meetings as necessary to accomplish the below stated duties.

Duties

The Permanent Housing Committee has the following duties:

- Develop Housing First initiatives;
- Develop pilot permanent housing project models that would work in Middlesex;
- Educate and maintain relationships with local housing authorities, developers, and municipalities critical in the development process;
- Coordinate efforts with Coming Home on its housing initiatives;
- Develop an inventory of existing permanent and permanent supportive housing units.

Prevention Committee (ad hoc)

Purpose

The Prevention Committee is a committee of the Middlesex County Housing Continuum of Care Committee (CoC) and is charged with the creating effective strategies to prevent homelessness and divert households from shelter where possible.

Chairperson and Membership

The Executive Committee will recommend a Chairperson for the Prevention Committee to be voted on by the full CoC. The Prevention Committee will consist of a minimum of three members. Prospective members can be current CoC members, or members outside of the CoC appointed by Chairperson.

Meetings

The Chairperson will convene meetings as necessary to accomplish the below stated duties.

Duties

The Prevention Committee has the following duties:

- Coordinating prevention resources;
- Identifying priority populations & service needs for successful prevention/diversion;
- Evaluating the rate of households becoming homeless and developing strategies to reduce the number of households becoming homeless for the first time.

Technical Review Committee (TRC)

Purpose

The Technical Review Committee (TRC) is a standing committee of the Middlesex County Housing Continuum of Care Committee (CoC) and is charged with reviewing and ranking all projects submitted for consideration to HUD's homeless assistance funding application.

Membership

The TRC will consist of a minimum of four members and a maximum of eight members. Efforts will be made to recruit a homeless or formerly homeless individual to serve on the TRC. Prospective members can come from existing CoC members, participants in CoC Standing Committees or Task Forces, state or local government agencies, and private organizations, both non-profit and for profit. Individuals will be sought who have experience with grant application reviews, have knowledge of HUD's homeless CoC process and the Middlesex County homeless system, and/or the ability to learn these requirements. The Membership Committee will be responsible for soliciting potential TRC members and will present them to the full CoC for approval. Once appointed, the TRC will serve until the solicitations are issued by the CoC for new and renewing applications for CoC funding, which usually happens prior to the NOFA being issued.

In an effort to ensure an unbiased TRC with no conflicts of interest, TRC members may not be employed or affiliated with an agency submitting an application in the current competition, or be involved as a project sponsor. There are no term limits for how long an individual may serve on the TRC.

Meetings

The CoC staff will coordinate the first meeting of the TRC at a date mutually agreeable to most members. At this meeting, the TRC will elect a Chairperson from among members. The TRC will then set up any future meetings dates, including the meeting in which they will do the final ranking and funding recommendations.

Duties

- The TRC will review and rank all project applications for HUD's homeless assistance funding using the process outlined in the Application section of this document. The TRC will base their ranking on the information submitted by the applicant in the Notice of Intent application (new projects) and the Renewal Application (renewal projects); the most recent Annual Performance Report and current HMIS data relating to performance standards (for all renewing projects); and the results of other forms of monitoring including site visits, consumer participating surveys; documents showing agency capacity, including organizations charts, resumes of key personnel, audits, budgets and financial statements and reports prepared by CoC staff or HMIS Lead Entity concerning program compliance.
- The TRC will submit their ranking and funding recommendations to the CoC Chair so that the recommendations can be placed on the agenda of the next CoC meeting for public comment.

- TRC will present its ranking and funding recommendations to the full CoC and make sure at least one member of the TRC is present at that meeting.
- The TRC will communicate final funding decision to the CoC Chair who will disseminate the decision and notify both agencies that were recommended for funding and those who with rejected application.
- The TRC may request that the CoC Chair issue warnings to agencies that were recommended for funding, but had a low ranking, of the need to improve their performance and suggest areas of improvement in project performance and operation.
- The TRC may meet with CoC funded agencies that are not meeting established performance standards or have other capacity issues that may impact the success of their program. The TRC will document any such meetings and share their findings as part of the following review process.

Homeless Youth Task Force

Purpose

To create a future in which Middlesex County's youth, no matter what challenges they face, can live healthy AND productive lives and reach their true potential. To end youth homelessness requires everyone in the community to contribute ideas, time, resources and/or efforts to assist and acknowledge that the problem does exist and work together to listen to young people and obtain the services that are needed to support.

Duties

- Develop strategies to assist homeless youth who are not privy to any assistance and must rely on risky methods for survival, and are at the greatest risk.
- Improve data gathering on youth homelessness
- Increase public awareness of the needs of homeless youth

Accessibility Committee

The Accessibility Committee is a Coming Home Board Committee dedicated to the actual creation of affordable housing for persons who are homeless on which members of the CoC participate. Coming Home will report on Committee activity at the meetings of the full CoC.

Sustainability Committee

The Sustainability Committee is a Coming Home Board Committee dedicated to developing initiatives to ensure that formerly homeless tenants have the resources to sustain their newfound tenancy on which members of the CoC participate. Coming Home will report on Committee activity at the meetings of the full CoC.

Coordinated Assessment Committee

See below Written Standards for Coordinated Assessment for Committee structure.

5. Continuum of Care Annual Application Process and Monitoring

The CoC will prepare an annual application to HUD through its competitive homeless grant program and monitor successful applicants.

In anticipation to the Notice of Funding Available (NOFA) being issued, the CoC will take the following actions annually:

1. The Membership Committee will contact all current members of the Technical Review Committee (TRC) to ascertain their interest in continuing as a member and will also solicit potential new members. The Membership Committee will screen potential TRC members and present the names to be voted on by the full CoC committee at the next meeting. (Please see the Section on Technical Review Committee for information about member requirements).

2. The CoC will make available a Notice of Intent application for potential new projects and a Renewal Application for all projects due for renewal. The renewing agencies will be sent the Renewal Application directly through email. Availability of the Notice of Intent will be posted on the websites of both Middlesex County, in addition to being sent out on the CoC email listserv and the Human Services Advisory Council email listserv. The CoC will offer a technical assistance workshop for both new and renewing applicants, which will be publicized using the same outreach. (Please see attachments of Notice of Intent and Renewal Application).

3. To help facilitate review of applications, all renewal applicants will submit their latest Annual Performance Report (APR) as part of their application. Applicants may also be requested to provide more recent HMIS reports covering information on obtaining or maintaining permanent housing, length of stay in program, increasing employment income, increasing unearned income, access to mainstream benefits, and level of service. The HMIS Lead Entity may also be directed by the TRC to generate reports that will document an applicants' success in meeting HUD or CoC performance standards.

4. The TRC will receive both new and renewal applications for review, along with HMIS and other performance standards data. The TRC will set up one or more meetings to review and rank the applications. The TRC will decide if they would like representatives of any new or renewing applicants to appear in person prior to final rankings. The ranking process will use the CoC Rank and Review Tool, which scores new and renewal applicants on a point scale

based on local and federal priority homeless interventions and target populations. Both new and renewing applicants will receive a percentage score that will determine their rank. The TRC will decide what programs are recommended for funding in Tier 1, and at what funding level; if any programs are recommended for funding in Tier 2 and at what funding level; and whether any programs will be defunded. The TRC will make these recommendations in consideration of the latest NOFA requirements and priorities outlined by HUD in CPD-016-11on Prioritizing Persons Experiencing Chronic Homelessness, current CoC priorities, and the amount of funding available for projects. While the ranking will determine what projects are funded, the TRC is given discretion in deciding how to allocate the funding to the projects to best serve the CoC in ending homelessness. The TRC, at its discretion, can notify projects that were renewed, but were at the bottom of the rankings, that their future renewals are at risk of being reallocated if performance does not improve. Reallocation may be recommended due to:

a. Unexpended grant funds
b. Poor project performance
c. Lack of alignment with HUD and local project priorities
d. Changes in need for project services in the community

5. The TRC will present their recommendations at the next full CoC meeting for adoption by the full membership. The recommendation needs to be adopted by at least 51% of the members present. If the next full CoC meeting is more than 5 business days from the date of the TRC meeting in which recommendations are made, the CoC may inform applicant agencies of the TRC's recommendation prior to the full CoC meeting in order to maximize the amount of time for the successful applicants to work on their Exhibit 2 application in eSnaps (HUD's online application software program), with the final recommendation of funding to still be voted on by the full CoC. In rare situations where there is not a full CoC meeting scheduled between the date of the last TRC meeting and the CoC application deadline to HUD, the full CoC at a prior meeting may authorize the TRC to act on its behalf in making its ranking and recommendations binding for the full CoC.

6. All applicants, whether or not they are funded, will be informed by the CoC Chair through either mail or email. This notification will also outline the appeal process for any applicant not funded or funded at a level less than requested. The appeal process will allow applicants who did not receive all of their requested funding or did not receive any funding to present any new information for consideration. The following criteria may be grounds for appeal:
   - If information regarding project matching or leveraging funds was not immediately available at time of project denial, but becomes available subsequent to local application process;
   - Illegal activity has been conducted during the review, ranking, and award process;

- A party on the Technical Review Committee has a conflict of interest in funding decisions;
- Insufficient public notice of funding availability and funding priorities by the CoC,
- Insufficient opportunity given to the project/agency to participate in the application process.

This information must be submitted in writing to the CoC within 5 business days of notification. The CoC Executive Committee will appoint a Tribunal Review Committee to hear the appeal. The Tribunal Review Committee will consist of the Office of Human Services Director (or her designee) and two CoC agency or individual members who did not serve on the current Technical Review Committee, but otherwise meet the criteria for membership (i.e. no conflict of interest). The Tribunal Review Committee will review the submitted information and make a decision if the funding recommendation approved by the full CoC should be changed. They will notify both the CoC and the requesting agency of their decision.

7. All successful applicants must submit the Exhibit 2 applications through eSnaps. Applicants may be required by the CoC to attend technical assistance workshops. The CoC will inform applicants of deadline dates to submit information to the CoC and/or its consultant for review, prior to their final submission. During this time, the CoC will make available to the applicant guidance on completing their application, especially in the areas of budgeting and leveraging, and also share any information provided by HUD on the application process.

8. The CoC will submit its Exhibit 1 and all Exhibit 2's by the deadline date in eSnaps.

9. All projects will be expected to be in compliance with HUD requirements and meeting CoC standards. HMIS will be the primary tool for measuring compliance with these standards. The Performance and Evaluation Committee will assist the CoC in developing standards that are based on achieving or exceeding HUD standards or working to improve to HUD standards with benchmarks. The TRC may direct applicants to submit performance data reports on a quarterly basis, or the HMIS lead entity may generate reports using HMIS data not less than quarterly. Applicants that are not meeting standards or otherwise not providing the information in HMIS to document compliance with the standards will be notified by the CoC, through either the Chairperson or TRC, to take corrective action. Projects that are prohibited from entering information in HMIS may be asked to provide de-identified data from its comparable database for evaluation of progress toward meeting performance standards.

10. In addition to data review of CoC-funded agency, the CoC may conduct in person monitoring visits of funded agencies separately or as part of the Human Services Advisory Council (HSAC) agency monitoring review; request confidential Consumer Satisfaction surveys be completed by consumers and sent directly to CoC staff; and request program and agency financial information, including most recent budgets and audits for review of capacity and financial stability.

11. During the program year, the TRC may be called upon to meet with staff of CoC-funded programs that are not meeting CoC standards and have failed to take corrective action or have capacity issues (either personnel or financial) that could affect funded programs. The TRC will document these meetings and their findings will be included as part of supplemental information for consideration in the following application year by that year's TRC.

The TRC may make recommendations to amend the Notice of Intent, Renewal Application, Rank and Review Tool and required supporting documentation to reflect new or changed priorities of either HUD or the CoC, or to capture additional data to assist in their deliberations. The recommendations for amendments to any of the documents will go through the Executive Committee for approval.

6. Continuum of Care Program Standards

Eligible CoC Program Components

The Continuum of Care funds may be used to provide funding for the following project types:

Permanent Supportive Housing (PSH)

Permanent Supportive Housing is provided through the Continuum of Care as long term assistance through either rental assistance or leasing funds for individual permanent housing units in the community, or funding for a single permanent housing structure using operating funds. Projects may also apply for acquisition, rehabilitation, or new construction funds for creating new permanent housing within the County. PSH programs will be utilized for the hardest to serve population and for those with the most barriers to housing and highest level of need. All PSH projects funded through the Middlesex County Continuum of Care will make services available to all PSH participants. All services should be individualized and should relate directly to the household's specific level of need.

Middlesex County CoC has a Housing First focus, so it prioritizes projects that utilize a Housing First approach. The Housing First approach focuses on providing low barrier access to permanent

housing to the hardest to serve populations, without putting contingencies, such as service provision, on the ability of the household to remain in the permanent housing project.

Rapid Rehousing (RRH)

Continuum of Care funds may be used to provide Rapid Rehousing services to homeless individuals and families through the use of short or medium term rental assistance. Services related to the household's need, including employment and education services, are provided to the household during the time they are receiving the rental assistance. This project model allows households with moderate barriers or needs to obtain permanent housing and receive the services needed that will enable them to maintain housing after the monetary assistance has ended.

While the CoC is working to focus and prioritize the Continuum of Care funding on permanent solutions to ending homelessness, the following project types are still eligible to be funded under the Continuum of Care:

Transitional Housing (TH)

Transitional housing projects funded under the Continuum of Care will be structured to facilitate the movement of homeless individuals and families to permanent housing within 24 months of entering the project. Grant funds provided for transitional housing can be used for the operating or leasing costs associated with maintaining the structure or services provided to the participants of the project. Transitional Housing is geared towards populations that are harder to find permanent destinations for but that may not be at a high enough level to receive a permanent supportive housing voucher.

Supportive Service Only (SSO)

A Supportive Service Only project can be used to provide services to unsheltered and sheltered homeless persons, without the recipient providing housing or housing assistance. SSO funds may be available in the community for the Coordinated Assessment System for the CoC, which will assist sheltered and unsheltered households in finding appropriate housing placements based on their needs.

Homeless Management Information System (HMIS)

Since entering data into the Homeless Management Information System is a requirement of the Continuum of Care funding, the CoC does fund an HMIS dedicated grant to assist the HMIS Lead in operating the HMIS for the Continuum of Care.

Continuum of Care Planning Grant

To assist the CoC Lead Agency in completing all responsibilities associated with CoC funding, as outlined in HEARTH, the Continuum of Care applies for planning funds annually to supplement the funding already provided by the County for these activities.

All projects that receive funding for a project type listed above must utilize the fund ng for eligible activities and items as outlined in the CoC Guidelines in the HEARTH Act.

Eligible Applicants for CoC Funding

The following groups may apply for Continuum of Care funding:

- Nonprofit Organizations
- States
- Local Governments, and
- Instrumentalities of State or local governments

Under the current regulations, nonprofit organizations are prohibited from administering rental assistance projects. While this is true, HUD has made an adjustment that will began in FY2015, which allows nonprofits to administer rental assistance projects, and they are working to create a more permanent fix which will continue to allow this administration through nonprofits. As long as it is allowable as released by HUD, the CoC will allow nonprofit organizations to administer rental assistance projects.

As a note, prior to the implementation of the HEARTH Act, Public Housing Authorities were allowed to apply for and administer Continuum of Care projects. However, no new CoC projects will be awarded to Public Housing Authorities.

Determining and Prioritizing Needs

As part of the annual application to HUD for Homeless Assistance Grants, it is required that the Middlesex County CoC calculate the unmet need in the region. Unmet need reflects the difference between the Middlesex County CoC bed capacity and the number of homeless persons at one point in time. The Middlesex County CoC will use the data collected as a result of the Point in Time Count and the Housing Inventory Count to determine the housing and service needs of those experiencing homelessness. Standardized formulas set forth by HUD allow continuums to calculate their unmet need based on program type (emergency shelter, transitional housing, and permanent supportive housing).

Recognizing that all that is known about the homeless population is not indicated in that data, the Middlesex County CoC will rely on local experts to review the data and offer additional local information. Local experts should include homeless assistance providers, persons experiencing homelessness and/or formerly homeless individuals.

In order to develop strategies to address unmet needs, the Middlesex County CoC will determine and prioritize gaps. The Executive Committee will review the homeless count, housing inventories and other relevant data with particular attention paid to:

- Groups not yet served versus those with some housing resources in place

- Gaps in each major housing type (transitional, permanent supportive housing or permanent housing)
- Vulnerability and need among sub-populations (e.g. those with mental illness, substance abuse, unaccompanied youth, persons with HIV/AIDS and/or veteran populations)
- Growing needs
- Waiting lists
- High end users/ discharge
- Services which help move individuals/families into stable housing and greater self-sufficiency

The Executive Committee will vote to prioritize gaps; those that receive the most votes will be given the highest priority. Low priority does not indicate that there is not a need, rather, relative to other needs or gaps it is less of a priority. The results of the prioritization will be used to inform decisions regarding new and renewal projects for the annual application to HUD.

Eligible Project Participants and Prioritization

In late 2011, HUD released the final rule to define "homeless" under HEARTH. They established 4 categories of homeless:"

Category 1 – Literally Homeless

Category 1 includes an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

i. Has a primary nighttime residence that is a public or private place not meant for human habitation;

ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels or motels paid for by charitable organizations or federal, state and local government programs); or

iii. Is exiting an institution where she/he 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

Category 2 includes an individual or family, who will imminently lose their primary nighttime residence, provided that:

i. Residence will be lost within 14 days of the date of application for homeless assistance;

ii. No subsequent residence has been identified; and

iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing

Category 3 – Homeless under Other Federal Statutes

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

i. Are defined as homeless under the other listed federal statutes;

ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

iii. Have experience persistent instability as measured by two moves or more during the preceding 60 days; and

iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4 – Fleeing/Attempting to Flee Domestic Violence

Category 4 includes any individual or family who:

i. Is fleeing, or is attempting to flee, domestic violence;

ii. Has no other residence; and

iii. Lacks the resources or support networks to obtain other permanent housing

Chronically Homeless

Chronic homelessness shall be as defined in HUD Final Rule on Defining Chronic Homelessness: https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf

Chronically homeless means:

(1) A ‘‘homeless individual with a disability, as defined in section 401(9) of the McKinney- Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously 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 in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) 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 in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Prioritization

While HUD has defined the eligible populations for projects funded under the Continuum of Care, the Middlesex County CoC has placed a prioritization on households that fall under Category 1 of the homeless definition. In addition, the Executive Committee has put in place a further prioritization for households that have the highest level of need and have the greatest number of barriers to obtaining permanent housing . The implementation of this prioritization will follow HUD's Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Persons in Permanent Supportive Housing (Notice: CPD-16-11) and in a manner consistent with their current grant agreement. CoC Program-funded PSH projects must demonstrate how they will first serve the chronically homeless in accordance with this policy and must document chronic homelessness in accordance with Notice CPD-16-11.

Specific written standards for establishing eligibility and prioritization of clients will be documented and implemented by the Collaborative Applicant.

In order to assist projects with prioritization, the CoC has created a Coordinated Assessment system to establish prioritization in the Continuum and provide appropriate referrals and housing placements to households based on their service level identified. All projects funded through the Continuum of Care will adhere to the prioritization outlined through the Policies and Procedures for the Coordinated Assessment and will utilize the Coordinated Assessment system for referrals for project vacancies.

Finally, because projects are being funded through the Continuum of Care funding available for The Middlesex County CoC geographic area, the CoC expects all projects to place a priority on households that are homeless in Middlesex County.

Documentation

All projects must maintain documents detailing eligibility of households based on the homeless categories listed above. The documentation to be collected for Homeless Categories 1 – 4 is as follows:

Category 1 – Literally Homeless:

- Written observation by the outreach worker; or
- Written referral by another housing or service provider; or
- Certification by the individual or head of household seeking assistance stating that she/he was living on the streets or in shelter;
- For individuals exiting an institution-one of the forms of evidence above and:
- Discharge paperwork or written/oral referral, or
- Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

Category 2 – Imminent Risk of Homelessness:

- A court order resulting from an eviction action notifying the individual or family that they must leave; or
- For individual and families leaving a hotel or motel-evidence that they lack the financial resources to stay; or
- A documented and verified oral statement and
- Certification that no subsequent residence has been identified; and
- Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing

Category 3 – Homeless under Other Federal Statutes

- Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statue; and
- Certification of no permanent housing in the last 60 days; and
- Certification by the individual or head of household, and any available supporting documentation, that she/he has moved two or more times in the past 60 days; and
- Documentation of special needs or two or more barriers

Category 4 – Fleeing/Attempting to Flee Domestic Violence

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

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

For projects that are providing housing that is dedicated or prioritized for the chronically homeless population, the CoC requires that the projects follow the recordkeeping requirements as outlined in the HUD Notice CPD- 16-11 titled 'Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing'.

Permanent Supportive Housing (PSH)

Permanent supportive housing projects that provide rental assistance or leasing funds to pay for a portion of participant's rent can provide housing assistance for as long as the eligible household member remains a participant in the project. While this is true, it is the responsibility of the agency to complete an annual assessment of needs with the households to ensure all households receiving long-term permanent housing assistance are still in need of the assistance. If, after an assessment, it is determined that a household does not need the level of services provided in a permanent supportive housing project, the agency should work with and encourage the household to explore other permanent housing options in the community to provide turnover for households that are in greater need.

All participants receiving rental assistance through a permanent supportive housing project will pay 30% of their monthly income towards the rent of their apartment. All projects providing Leasing assistance for permanent supportive housing may either require households to pay 30% of their monthly income towards the rent of their apartment and use Leasing dollars to pay the remaining rent or pay 100% of the household rent and require the household pay 30% of their monthly income to the provider agency as program income. When calculating the percentage of household income that will be paid, all projects should adhere to the HEARTH regulations and should ensure that utilities are either included in the rent or that a utility allowance is calculated and included in the rent calculation to ensure the household has enough funding to cover the utilities and rent portion for the unit. A new rent calculation must be done at least annually for the household, or interim calculations may be completed if the household's income decreases before their next rent calculation is set to be evaluated.

Rapid Rehousing (RRH)

Based on the nature of Rapid Rehousing projects, participants receiving assistance through a rapid rehousing project will receive medium-term rental assistance and supportive services while participating in the project. For Middlesex County CoC Rapid Rehousing projects, case managers

will meet with households at least monthly to assist them in finding employment or education opportunities that will improve their ability to maintain their permanent housing unit after monetary assistance has ended. After three months, the agency will evaluate monthly, the household's need for continued rental assistance. No household will receive more than 24 months of rental assistance in a rapid rehousing project.

Because the goal of the rapid rehousing project is to work with clients to enable them to maintain their permanent housing after the rental assistance has ended, the CoC has decided that the amount of rent households pay will be determined on a case-by-case basis. This enables agencies to allow households to save their income for when they are not receiving rental assistance, or to pay less towards their rent based on the household's expenses. The amount a household pays toward rent should be based on the household's total income and total expenses required to maintain household. Case managers should work with the household to establish a budget and the amount of rent contributed by the household should be established and updated based on this budget. While the agencies have some discretion as to the amount households are contributing for rent, at no point should a household be paying more than 30% of their adjusted income towards rent while a participant in a rapid rehousing project.

When calculating a participant's rent, all agencies must remain in compliance with the HEARTH standards and should ensure the rent either includes utilities or that a utility allowance is included in the rent calculation and budget for the household.

Transitional Housing (TH)

Participants may remain in a transitional housing project for up to 24 months. While this is the case, it is the view of the CoC that all transitional housing projects should be working with households from when they enter into the project to establish a permanent housing plan and move households into permanent housing as quickly as possible.

Transitional housing projects have the ability to decide whether they will charge occupancy charges for participants to remain in their transitional housing project. If the agency does decide to enforce occupancy charges, the charge must be based on the household's income and cannot exceed 30% of the household's monthly income.

Any exception that needs to be made to these standards for PSH, RRH or TH must be submitted and approved by the Middlesex County Continuum of Care before implementation.

Termination of Assistance for Participants

All Continuum of Care projects must have a specific termination of service policy that is followed when assistance for a household will be ended. All households must be aware at project entry about this process and what factors could have an impact on their ability to remain in the project. Because the CoC is looking to ensure households are not being discharged due to restrictions put in place

by the project, it is expected that all Continuum of Care projects will have a low number of terminations due to non-compliance or disagreements with rules or staff in the project. All projects must also have a written policy for addressing consumer grievances and for ensuring that consumers are aware at project entry regarding this process and how to express any grievances they have regarding project policy. This aspect will be evaluated in the performance review and monitoring done by the CoC Selection Committee.

Responsibilities of Continuum of Care Funded Agencies

All projects funded through the Continuum of Care have responsibilities and requirements in order to continue to receive funding. All of these requirements are monitored through the Middlesex County CoC monitoring process for CoC projects.

Project Level Reporting Requirements

- Annual Performance Report (APR) – All projects funded through the Continuum of Care are required to submit an Annual Performance Report using the SAGE HMIS portal within 90 days of the end of the project's operating year. The APR is used to report information to HUD about the participants in the project, the amount of assistance that has been used from the project grant, as well as other services and funding that has been used throughout the operating year to supplement the HUD funding. The APR is also a way for the agency to demonstrate to HUD the effectiveness of the project. During annual project review, the CoC lead will provide the Executive Committee with a copy of the APRs for review. Members will summarize any concerns outlined in the report; grantees may be provided with any concerns in writing from the CoC lead. Grantees should plan to address areas of concern and submit a brief improvement plan to the Executive Committee via the CoC lead. The committee will monitor the project quarterly or until the improvement plan is completed/satisfied.
- Local CoC Application - As outlined in Article VIII - Annual Rating and Ranking of HUD Applications, all CoC-funded projects are required to participate in the Local Funding Selection Process of the Middlesex County Continuum of Care.
- HUD Project Application - In addition to adhering to the local application process for receiving Continuum of Care funding, all CoC projects must complete and submit their individual Project Application annually for continued funding under the CoC program. The submission of this application must be in accordance with the timeframe that is established by the CoC Lead to ensure all project applications are submitted in a timely manner for review before final submission to HUD.

CoC Level Reporting Requirements

- Point in Time Count – The Point in Time (PIT) count is an annual one-day count of the sheltered and unsheltered homeless throughout the Continuum of Care. The PIT is not only a HUD requirement, but also an essential tool for generating local data, specifically on the unsheltered homeless population in the community. As part of receiving Continuum of Care

funding, all projects that are applicable to participate in the Point in Time, must provide data through the appropriate means as defined by the CoC for that PIT year.

- Housing Inventory Chart - The Housing Inventory Chart (HIC) provides HUD with a complete list of the homeless projects, not only those funded through the Continuum of Care, for Middlesex County CoC. The HIC includes information about target populations, unit configuration, and number of persons served on the night of the PIT Count for all emergency shelter, transitional housing and permanent housing projects. As with the PIT, all projects that get CoC funding must provide the CoC lead with the information needed to complete the Housing Inventory Chart.
- Longitudinal System Analysis – Every year, HUD had required all Continuums of Care to submit an Annual Homeless Assessment Report (AHAR), and now requires submission of Longitudinal System Analysis (LSA) which provides information from HMIS participating emergency shelter, transitional housing and permanent housing projects about the population that was served over a year long time frame. While this information is pulled from HMIS, there are sometimes questions or data entry errors that need to be updated for accurate submission to HUD. All CoC and ESG-funded projects are required to answer questions and assist the Continuum in the completion and submission of the LSA.

Homeless Management Information System (HMIS) Participation

All projects funded under the HUD Continuum of Care process are required to participate in HMIS. Entering information into this system not only lets the agency use the system for its reporting requirements to HUD, but also allows the CoC to gather information about the populations being served throughout the community and to evaluate the performance and compliance with project specific standards and regulations for funding purposes. All agencies must adhere to the HMIS policies and procedures for the CoC.

The Middlesex County CoC will encourage all providers to include all of their homeless- dedicated beds in HMIS. The Middlesex County CoC will review and assess its HMIS bed coverage on a quarterly basis.

Applicants are strongly encouraged to participate in all data collection activities of the Middlesex County CoC.

If a CoC recipient or provider is a victim services provider (defined by VAWA) it is prohibited from entering client-level data into an HMIS. CoC and ESG funds may be used to establish and operate a comparable database that collects client-level data over time (i.e., longitudinal data) and generates unduplicated aggregate reports based on the data. It is up to the CoC to work with the HMIS lead to determine if a system is a comparable database. This means that it must be documented that the alternative system meets all HUD system requirements.

Participation in the Coordinated Assessment System

All projects that receive Continuum of Care and Emergency Solutions Grant funding must take part and accept referrals from the Coordinated Assessment System for the Middlesex County CoC.

Additionally, all local shelters and outreach providers are also urged to provide intensive housing placement and planning prior to discharging residents with a referral through coordinated assessment. The Coordinated Assessment System was created to assist households in a more efficient way and to ensure prioritization of the hardest to serve and most in need households. The full prioritization process and role of the agencies in the Coordinated Assessment System are outlined in the Coordinated Assessment System Policies and Procedures for the CoC.

Participation in Planning Meetings

The CoC works to achieve its goal of ending homelessness through the collaboration and effective homeless planning by the agencies throughout the County. This is especially important for projects that are receiving funding through the Continuum of Care. For this reason, all agencies that receive Continuum of Care funding are expected to attend full and subcommittee meetings of the Middlesex County CoC. It is through these meetings and discussions that the Continuum is able to fully understand and plan for the needs of the homeless throughout the community.

Recordkeeping Requirements

In order to ensure projects are in compliance with HUD regulations and CoC requirements, all Continuum of Care projects must maintain the following records for all project participants:

- Homeless eligibility documentation (as outlined above)
- Disability documentation (if applicable)
- Annual income
- Services provided to the participant
- HMIS Consent Form
- Termination documentation (when applicable)
- Documentation demonstrating compliance with Housing Quality Standards
- Backup documentation to substantiate drawdowns for all funds, including timesheets for administrative funding drawdowns

Commitment to Creating LGBTQ Inclusive Facilities and Programming

All agencies that receive Continuum of Care funding must comply with HUD's Equal Access Rule which states HUD supported housing programs remain open to all eligible individuals regardless of marital status and actual or perceived sexual orientation or gender identity. Due to the increased risk for homelessness among the lesbian, gay, bisexual and transgender and questioning (LGBTQ) community all CoC agencies must meet the following requirements to help ensure all agencies within the continuum provide LGBTQ inclusive facilities and programming:

Policy, Staff, and Residents

- All providers must publicly post information stating they are a HUD equal access program and information about their Fair housing and Anti-Discrimination policies. Such policies

must clearly state LGBTQ and gender non-conforming residents as a protected class under these policies.

- All providers must publicly post how a resident may seek redress under the Law Against Discrimination and to develop a system for reporting discrimination.
- All providers must use appropriate transgender and LGBTQ inclusive language in communications, publications, and training. This includes, but is not limited to, addressing residents by their appropriate name and pronoun.
- Policies and procedures relating to healthcare must not discriminate against transgender, non-conforming clients and must also incorporate information on local resources available for LGBTQ specific healthcare resources.
- All agencies must establish and enforce inclusive standards for staff and residents.
- Intake workers must provide clients seeking services with an overview of the protection of residents based on actual or perceived orientation, gender identity, and gender expression, as well as the opportunity to disclose whether an individual requires particular accommodations due to this.
- All programs must offer clients seeking services the opportunity to voluntarily disclose his or her sexual orientation, gender identity, or gender expression only after there is a discussion about the programs policies, accommodations for LGBTQ populations, and the ability to safeguard confidential information.

Confidentiality

Agency confidentiality policies and signed at birth on their list of confidential information.

Inclusive space/Facilities

All agencies that receive Continuum of Care funding that manage housing facilities, including emergency shelters, must to their best ability, adapt strategies that result in creating inclusive physical spaces, meeting resident privacy and safety needs. Agencies should ensure policies do not isolate or segregate residents based on actual or perceived gender identity.

Training

- Agency participation is required at annual LGBTQ cultural competency and HUD Equal Access training provided by the CoC. Furthermore, agencies are expected to provide on-going training, based on the CoC LGBTQ training or other HUD approved resources, to staff unable to attend this training.

Homeless Youth Education and Development

All CoC-funded agencies that service families or youth up to 24 years of age must designate a staff person as their agency's "Youth Advocate" to ensure that:

- All school-aged youth remain enrolled in school during periods of homelessness and/or during the transition into permanent housing.

- All Youth Advocates gather the names of homeless school-aged youth and report the names to Regional Educational Services Commission.
- All Youth Advocates inform homeless families of their children's educational rights under the McKinney-Vento Act and connect children with community services, including early childhood programs such as Head Start.
- All Youth Advocates connect homeless families to their LEA McKinney-Vento Homeless Liaison or other designated staff person identified by the LEA.

Housing Quality Standards

Housing leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable housing quality standards (HQS) under 24 CFS 982.401, except that 24 CFR 982.401(j) applied only to housing occupied by project participants receiving tenant-based rental assistance. For housing rehabilitated with funds under the CoC, the lead-based paint requirements in 24 CFR part 35, subparts A, B, J and R apply. For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. For residential property for which funds under the CoC are used for acquisition, leasing, services or operating costs, 24 CFR part 35, subparts A, B, K, and R apply. All projects must retain documentation of compliance with the housing standards in 578.75(b) as detailed above, including inspection reports.

Participation of Homeless Individuals

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

Match and Leveraging Requirements

All Continuum of Care projects must match all grant funds, except for leasing funds, with no less than 25% of funds or in- kind contributions from other sources.

In addition, the CoC encourages the project to provide some level of leveraging funds for all projects. Leveraging includes any cash or in-kind contributions to the project that exceed the 25% match requirement.

When calculating or documenting cash or in-kind contributions for match and leveraging, all projects must adhere to the regulations outlined in 578.73 of the HEARTH Act.

As a note, any services that would be provided by a third party, the recipient or subrecipient must have a signed memorandum of understanding (MOU) with the third party that specifies the

services, and monetary value of the services being provided by the third part in order to use third party services as documentation for match or leveraging.

This MOU should follow the specifics listed in 578.73 of the HEARTH Act.

Emergency Transfer Timing and Availability

The CoC-funded agency cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The CoC-funded agency will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The CoC-funded agency may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the agency has no safe and available units for which a tenant who needs an emergency is eligible, the agency will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the agency will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

For families living in units receiving project-based rental assistance (assisted units), if a program participant qualifies for an emergency transfer, but a safe unit is not immediately available for an internal emergency transfer, that program participant shall have priority over all other applicants for tenant-based rental assistance, utility assistance, and units for which project-based rental assistance is provided.

For families receiving tenant-based rental assistance, the non-transferring family member(s) will continue to receive tenant –based rental assistance through the end of the term of the lease, if the family separates in order to effect an emergency transfer and the non-transferring family members did not engage in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking. For families living in units that are otherwise assisted under this part (assisted units), the required policies must provide that for program participants who qualify for an emergency transfer but a safe unit is not immediately available for an internal emergency transfer, the individual or family shall have priority over all other applicants for rental assistance, transitional housing, and permanent supportive housing projects funded under this part, provided that: The individual or family meets all eligibility criteria required by Federal law or regulation or HUD NOFA; and the individual or family meets any additional criteria or preferences established in accordance with 24 578.93(b)(1), (4), (6), or (7). The individual or family shall not be required to meet any other eligibility criteria or preferences for the project.

The individual or family shall retain their original homeless or chronically homeless status for the purposes of the transfer.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who are or have been victims of domestic violence are encouraged to contact the local CoC victim service providers.

Performance Standards

The Performance and Evaluation Committee has established Performance Standards which will be used to measure the success of CoC and ESG-funded projects. These goals have been informed by HUD standards for performance as well as local CoC expectations for how projects are able to assist homeless households to attain and maintain housing stability, while also enabling projects which serve those with the greatest severity of service needs to not be penalized for doing so. The Performance Standards differ according to project component type, and can be found on the succeeding pages.

The data used for determining performance with regard to these Standards will be taken directly from HMIS for the determined time period. The reports utilized will include the CoC Full Annual Project Report fields as well as custom reporting tools as necessary.

In addition to being utilized for the purposes of monitoring, these Performance Standards will be used as part of the CoC's Annual Rank and Review process by the Technical Review Committee.

Permanent Supportive Housing Program:_____

Goals	Required Performance Standard		%	Points Awarded
1. Households residing in permanent housing will remain in this housing for a minimum of 1 year or exit to other permanent housing.	85% will remain housed for a least 12 months, exit to other permanent housing, or continue in permanent housing	≥85%=10 80%-84%= 8 65%-79%= 4 55%-64%= 1 ≤55%= 0		
2. Households exiting permanent housing will not return to homelessness (Including transitional housing)	<10% of those exiting permanent housing return to homelessness	≤10%= 10 11%-20%= 4 21%-30%= 3 31-45%= 1 ≥31%= 0		
3. Households will maintain or increase earned and unearned income (Includes wages and mainstream resources)	85% will maintain or increase income at exit or annually	≥85%= 10 75%-84%= 7 65%-74%= 5 50%-64%= 3 ≤49%= 0		
4. Adults will obtain or maintain employment while in the program and will exit the program employed.*	20% of adults who are not on SSI/D will be employed at program exit or annually	≥20%= 10 10%-19%= 6 5%-9%= 3 ≤5%= 0		
5. Households will maintain or obtain mainstream non-cash benefits	85% will maintain or obtain mainstream non-cash benefits at exit or annually	≥85%= 10 75%-84%= 7 65%-74%= 5 50%-64%= 3 ≤49%= 0		
6. Program operates at full capacity, with low vacancy rate, and quickly fills vacancies	>90% occupancy during reporting period	≥90%= 10 70%-89%= 7 51%-69%= 4 ≤50%= 0		
7. Program maintains adequate data quality in HMIS	See Data Quality Report	A - to A =10 B to B+ = 5 < B- = 0	N/A	
			Total:	

Of 70

*Projects serving 100% chronically homeless or SSI/SSD clients exempt from this measure

Transitional Housing Program: _____

Goals	Required Performance Standard		%	Points Awarded
1. Households residing in transitional housing will have low average lengths of stay among households	% of households whose length of stay in transitional housing does not exceed 18 months	≥45%= 10 31-45%= 7 21%-30%= 5 11%-20%= 3 ≤10%= 0		
2. Households exiting transitional housing programs will move directly to permanent housing.	75% will obtain permanent housing	≥75%= 10 60%-74% = 7 40%- 59%= 5 25%-39%= 3 ≤24%= 0		
3. Households will maintain or increase earned and unearned income. (Includes wages or mainstream resources)	54% will maintain or increase income	≥30%= 10 21%-29%= 7 11%-20%= 3 ≤10%= 0		
4. Adults will obtain or maintain employment while in the program and will exit the program employed.*	20% of adults who are not on SSI/D will be employed at program exit or annually	≥20%= 10 10%-19%= 6 5%-9%= 3 ≤5%= 0		
5. Households will maintain or obtain mainstream non-cash benefits between entry and exit.	25% will maintain or obtain mainstream non-cash benefits	≥25%= 10 21%-24%= 7 11%-20%= 3 ≤10%= 0		
6. Program operates at full capacity	>90% occupancy	≥90%= 10 70%-89%= 8 51%-69%= 5 ≤50%= 0		
7. Program maintains adequate data quality in HMIS	See Data Quality Report	A - to A =10 B to B+ = 5 < B- = 0	N/A	
			Total:	

Of 70

*Projects serving 100% chronically homeless or SSI/SSD clients exempt from this measure

Emergency Shelter Program: _____

Goals	Required Performance Standard		%	Points Awarded
1. Households exiting emergency shelter move directly to permanent housing	>30% move to permanent housing	≥30%= 15 25%-29%= 12 20-24%= 9 15%-19% = 6 10-14% =3 ≤9%= 0		
2. Very few households exiting emergency shelters remain homeless.	<20% remain homeless or exit to "unknown" location	≤20%= 5 21%-30%= 4 31%-40%= 3 41-51%= 1 ≥51%= 0		
3. Households residing in emergency shelter will have low average lengths of stay	Average length of stay is <60 days	<60 = 10 60-75 = 7 75-90 = 3 >90 = 0		
4. Households will maintain or increase earned and unearned income between entry and exit. (Includes wages or mainstream resources)	54% will maintain or increase income by program exit	≥20%= 10 15%-19%= 7 9%-14%= 3 ≤9%= 0		
5. Adults will obtain or maintain employment while in the program and will exit the program employed	18% of adults staying over 30 days will have employment income at program exit	≥20%= 10 10%-19%= 6 5%-9%= 3 ≤5%= 0		
6. Households will maintain or obtain mainstream non-cash benefits between entry and exit	56% will maintain or obtain mainstream non-cash benefits by program exit	≥20%= 10 15%-19%= 7 9%-14%= 3 ≤9%= 0		
7. Program maintains adequate data quality in HMIS	See Data Quality Report	A - to A =10 B to B+ = 5 < B- = 0	N/A	
			Total:	

Of 70

Supportive Services Only Program: _____

Goals	Required Performance Standard	Points	%	Points Awarded
1. Households exiting the program will move directly to permanent housing	>50% move to permanent housing	≥50%= 15 35%-49%= 12 25-34%= 9 15%-24% = 6 10-14% =3 ≤9%= 0		
2. Very few households exiting the program remain homeless.	<20% remain homeless or exit to "unknown" location	≤20%= 5 21%-30%= 4 31%-40%= 2 41-51%= 1 ≥51%= 0		
3. Households will maintain or increase earned and unearned income between entry and exit. (Includes wages or mainstream resources)	30% will increase or maintain income	≥30%= 10 21%-29%= 7 11%-20%= 3 ≤10%= 0		
4. Adults will obtain or maintain employment while in the program and will exit the program employed.	20% will have employment income at program exit or annually	≥20%= 10 10%-19%= 6 5%-9%= 3 ≤5%= 0		
5. Households will maintain or obtain mainstream non-cash benefits between entry and exit	30% will maintain or obtain mainstream non-cash benefits	≥30%= 10 21%-29%= 7 11%-20%= 3 ≤10%= 0		
6. Program operates at full capacity	>90% occupancy	≥90%= 10 70%-89%= 7 51%-69%= 4 ≤50%= 0		
7. Program maintains adequate data quality in HMIS	See Data Quality Report	A - to A =10 B to B+ = 5 < B- = 0	N/A	
			Total:	

Of 70

Rapid Rehousing Program: _____

Goals	Performance Standard	Points	%	Points Awarded
1. Households exiting Rapid Rehousing will remain in permanent housed for a minimum of 6 months or will exit to other permanent housing	85% will remain housed for a least 6 months or will exit to other permanent housing	≥85%=10 70%-84%= 8 50%-69%= 4 31%-49%= 1 ≤30%= 0		
2. Households exiting Rapid Rehousing housing will not return to homelessness (Including transitional housing)	<10% of those exiting rapid rehousing housing return to homelessness	≤10%= 10 11%-20%= 4 21%-30%= 3 31-45%= 1 ≥45%= 0		
3. Households will maintain or increase earned and unearned income (Includes wages and mainstream resources)	85% will maintain or increase income at exit or annually	≥85%= 10 75%-84%= 7 65%-74%= 5 50%-64%= 3 ≤49%= 0		
4. Adults who are not enrolled in SSI/D will obtain or maintain employment while in the program and will exit the program employed.	40% of adults who are not on SSI/D will be employed at program exit or annually	≥40%= 10 30%-39%= 6 20%-29%= 3 ≤20%= 0		
5. Program maintains adequate data quality in HMIS	See Data Quality Report	A - to A =10 B to B+ = 5 < B- = 0	N/A	
			Total:	

Of 50

7. Emergency Solutions Grant Program Standards

The Middlesex County "Urban County" is a recipient of Emergency Solution Grant (ESG) funding from HUD. Middlesex County has developed the following standards for providing assistance with Emergency Solutions Grants (ESG) funds as required by 24 CFR 576.400 (e).

Continuum of Care Consultation

The CoC will solicit proposals for the use the Emergency Solutions Grant (ESG) program funding for both the traditional emergency shelter eligible activities and homelessness prevention and rapid re-housing activities now eligible through HEARTH Act implementation. Each year the CoC will decide the amount of funding to allocate for each eligible activity, in accordance with established CoC priorities.

The CoC Review Committee will review proposals and make recommendations to the CoC based on ESG program requirements, level of collaboration and coordination with other homeless service program and mainstream resources, agency capacity to administer program activities and meet match requirements, and HMIS compliance. The CoC will review the recommendations at its meeting and vote on a funding proposal to be submitted to the Urban County for inclusion in the Annual Action Plan.

Coordination with Other Homeless Providers and Mainstream Resources

To the greatest extent possible, all ESG funded agencies will coordinate with emergency shelter and transitional housing providers, with other HUD funded homeless programs, with Veterans Administrations programs for the homeless (per diem, VASH, SSFV, etc.), with other homelessness prevention or rapid re-housing programs operating in the county such as the Homeless Prevention Program, CSBG funding programs, and the County VHAP program, and with agencies and organizations providing mainstream resources that will assist a family in obtaining or maintaining housing stability. All CoC and ESG-funded projects must have policies and practices consistent with, and that adhere to, laws related to (i) providing education services to individuals and families and (ii) informing individuals and families who become homeless of their eligibility for educational services at intake, and have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate.

This coordination will occur on both the consumer level and also on a broader system-wide level. On a consumer level, case managers will help provide connections for consumers to programs and resources that they may be eligible for. ESG funded agencies are expected to be in contact with providers of similar services for the basis of making and receiving referrals appropriate to the consumer's needs. On a system wide level, ESG funded agencies will participate in appropriate CoC committees such as Prevention Committee or Policy Review Committee.

Emergency Shelter Activity Standards

Agency Standards

Middlesex County anticipates entering into agreement with agencies to provide emergency shelter activities.

The shelter must be licensed by the NJ Department of Community Affairs as an emergency homeless shelter.

Priority will be given to an agency that can serve all populations, namely:

- Single men
- Single women
- Homeless Families

The organization shall provide as service to consumers, at a minimum:

- 2 meals
- Safe, secure, clean, warm atmosphere
- Drug and alcohol free
- Bed and clean bedding
- Case Management services, including:
    - Maintenance of consumer file
    - Establishment of a service plan for the consumer
    - Methodology for follow up
    - Linkage with support services
    - Termination policy
    - Permanent housing referral

The organization and its consumer services should be structured to help assist consumers with moving to permanent housing and minimizing the length of stay in shelter.

The organization must use HMIS and use the Middlesex County Barriers to Housing assessment tool at entry and every three months for all consumers.

The organization will be a member of the CoC and actively participate in one or more standing committees or task forces.

Emergency Shelter

Activities funds may be used for renovation of emergency shelter facilities and the operation of those facilities, as well as services for the residents (including case management, child care, education, employment assistance and job training, legal, mental health, substance abuse treatment, transportation, and services for special populations).

All ESG funding must provide a $1 to $1 match. Match can be provided from Federal, state, local, or private sources. Match may be cash or non-cash.

Participant Eligibility

Homeless consumers entering into the shelter system must meet the HUD criteria for homelessness as either literally homeless, at imminent risk of homelessness, homeless under another federal statute, or fleeing/attempting to flee domestic violence. Consumers will be prioritized within the emergency shelter system based on need, available resources and geographic area.

Homeless Prevention and Rapid Re-housing Activities

Agency Standards

Middlesex County anticipates entering into an agreement with 1-2 organizations to provide Homeless Prevention and/or Rapid Re-housing Activities.
Priority will be given to an organization that has experience with these activities and can serve all municipalities in the county.
The organization will be a member of the CoC and actively participate in one or more standing committees or task forces, including the Prevention Subcommittee.
The organization will coordinate with other service providers in the county offering homeless prevention or rapid re-housing programs.

Homelessness Prevention and Rapid Re-Housing

(HP/RR) funds can be used for housing relocation and stabilization services (including rental application fees, security deposits, utility deposits or payments, last month's rent and housing search and placement activities). Funds may also be used for short- or medium-term rental assistance for those who are at-risk of becoming homeless or transitioning to stable housing.

Basic Program Requirements for any proposed Homeless Prevention and Rapid Re-housing programs using ESG funds:

- Program participants will be prioritized for Rapid Re-Housing via Coordinated Assessment.
- Organization must use HMIS system
- For RRH activities, organization must set up procedure to accept referrals from the CoC's Coordinated Assessment system.
- Households being assisted in HP/RRH programs must have an annual income at or below 30% of area median income and lack sufficient resources and support networks to retain/obtain housing without ESG assistance
- Must use standards for calculating income established in 24 CFR 5.609
- Organization will determine amount and type of assistance necessary for household to regain stability in permanent housing.
- Organization must assist each program participant in obtaining needed mainstream and other resources.
- Organization must require program participants to meet with a case manager at least once a month (DV program participants may be exempted from the case management requirement) and develop a plan to assist the program participant in retaining permanent housing after ESG assistance ends.

- If ESG funds are used to help program participants remain in or move into permanent housing, that housing must meet habitability standards.
- HP and RRH rental assistance must be for units that are at or below Fair Market Rent for Middlesex County or the area being assisted and comply with rental reasonable standards (documentation required.)
- Any housing units assisted with HP or RRH funds must met housing quality standards
- Re-evaluations are required for program participants receiving HP assistance not less than every 3 months and RRH assistance not less than once a year.
- Written policy for termination from HP and RRH program must be established. This policy must allow program participants to present written or oral objections to third party, which is the Middlesex County Division of Housing, Community Development and Social Services.

All ESG funding must provide a $1 to $1 match. Match can be provided from Federal, state, local, or private sources. Match may be cash or non-cash.
Because of the limited funding, the ESG funds should be used when no other sources are available and receipt of the funds will either prevent homelessness or enable the household to exit emergency shelter/transitional housing or places not meant for human habitation.

Homeless Prevention Participants

All HP participants will reside in Middlesex County and provide proof of residency and meet one of the below risk factors and have household income at or below 30% of area median income.

For HP programs, please note the HUD definition of "at risk of homelessness" as being individuals or households at or below 30% of area median income and lacking sufficient resources and support network to retain housing. HUD includes several risk factors to help, as follows:

- Moved 2 or more times during the 60 days immediately preceding HP assistance
- Living in the home of another because of economic hardship
- Has been notified that their right to occupy their current housing or living situation will be terminated through court eviction proceeding (within 2 weeks for certain programs)
- Lives in a hotel or motel not paid for by federal, state or local government program
- Lives in severely over-crowded housing (SRO/efficiency with more than 2 persons or other housing with more than 1.5 persons per room.)
- Otherwise lives in housing that has characteristics associates with instability and an increased risk of homelessness as identified in the Consolidated Plan

"At risk of homelessness" can also include all families with children and youth defined as homeless under other federal statutes.

Homeless Prevention Limits of Assistance

For HP participants, the maximum time length of assistance will be six months, although assistance on back rent charges, including late fees, can only cover a maximum of three months.

HP participants receiving ongoing rental subsidy will contribute at least 30% of their income towards housing costs.

Rapid Re-Housing Participants

All RRH participants will be current Middlesex County residents, residing in an emergency shelter or transitional housing in Middlesex County, or whose last permanent residence was in Middlesex County.

Any consumer receiving rapid re-housing assistance must meet the HUD criteria for determining homelessness as either literally homeless, fleeing/attempting to flee domestic violence, or at Imminent Risk of Homelessness (ESG only) as defined below:

Category 1 – Literally homeless is an 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, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he 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 4 – Fleeing domestic violence includes 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

Category 2 (ESG only) – At imminent risk of Homelessness includes an individual or family who:

- Has an annual income below 30 percent of median family income for the area, as determined by HUD;
- Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the ‘‘Homeless’’ definition; and Meets one of the following conditions:
    - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
    - Is living in the home of another because of economic hardship;
    - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
    - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

    - Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
    - Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
    - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;
  - A child or youth who does not qualify as ''homeless'' under this section, but qualifies as ''homeless'' under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e–2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or
  - A child or youth who does not qualify as ''homeless'' under this section, but qualifies as ''homeless'' under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Rapid Re-Housing Limits of Assistance

Except in extenuating circumstances, all RRH participants will only receive a maximum of 12 months of assistance. RRH funds will general provide for full first month's rent and security deposit before requiring participant to contribute 30% of their income toward housing costs for any additional ongoing subsidy for future months. The length of assistance will be at the discretion of the case management staff and will take into account available funding and quarterly consumer assessment.

Monitoring Outcomes of ESG Participants

All ESG funded agencies must report on ESG recipients in the CoC's HMIS program. The Performance and Evaluation Committee will monitor performance standards for evaluating the different components of the ESG program. The ESG funded agencies will report on outcomes through HMIS reports to both the County (funding entity) and the CoC. The CoC Review Committee will use these outcome reports to evaluate program performance when reviewing the annual applications for funding, and also in making recommendations on how to allocate future funding, and in recommending program design changes.

8. Homeless Outreach Policies and Procedures

Infrastructure

The Homeless Outreach Team ("HOT") is comprised of:

A. Organizations conducting outreach. Presently they are:

- CCDOM PATH
- RUBHC PATH
- HEART at Elijah's Promise
- GOD'S ARMY MINISTRY (Drop-In Center) and

B. Coordinated Assessment Agency – Presently, Coming Home of Middlesex County, Inc. (Coming Home)

Coordinated assessment staff will coordinate the HOT's coverage for street outreach multiple times a week to the urban centers in New Brunswick and Perth Amboy, and on a rotating basis or "on call" in all other municipalities.

Homeless Outreach Policies

Purpose

The policies developed by the HOT provide for complete coverage throughout the County and the opportunity for all people experiencing a housing crisis, especially the most vulnerable, to have fair and equal access to the community's housing and homeless assistance resources. The purpose is to permit persons to be quickly identified, assessed, and connected to flexible housing and service options, including financial/rental assistance, voluntary supportive services, and other mainstream resources based on their self-identified needs, strengths, and goals.

Identified HOT Goals:

- To define the frequency or intensity of outreach for different geographic areas
- To outline a detailed plan for outreach that will be used throughout Middlesex County
- To identify the need for interorganizational improvements and offer solutions
- To identify the best communication techniques between outreach organizations
- To create a by-name list of all currently non-engaged persons and define how it will be maintained/updated

Expectations of Outreach Providers:

- Perform outreach to individuals on the streets, parks, and encampments, and any other place not meant for habitation;
- Locate and engage with high-priority individuals in any setting necessary, including streets, shelters, hospitals, jails, and encampments;
- Respond to calls from local police, other municipal officials, houses of worship, or other entities who may provide information regarding a homeless individual in a place not meant for habitation;
- Continually reach out to homeless individuals even if they have refused services, i.e. progressively make attempts at engagement;

- Complete the Coordinated Assessment for homeless individuals, and submit to Coming Home;
- Regularly and continually use inter-agency case conferencing to communicate coverage of specific individuals and areas in the community, identify hot spots and coordinate engagement with individuals who have refused services;
- Assist targeted individuals with obtaining identification and eligibility documents, entitlements, and other mainstream benefits;
- Ensure connection to medical, mental health, and substance abuse services as needed;
- Ensure a "warm handoff" between outreach provider and permanent housing provider.

Outreach and Coordinated Assessment

Outreach staff will complete and submit a Coordinated Assessment for all homeless individuals who have agreed to sign a release and complete the assessment. Coordinated Assessment will ensure that all people experiencing a housing crisis have fair and equal access and are quickly assessed for, referred and connected to, housing and assistance based on their strengths and needs, and will prioritize those most in need (see Written Standards for Coordinated Assessment).

Expectations for Coordinated Assessment as part of HOT:

- To prioritize homeless individuals for permanent supportive housing based on their length of homelessness and severity of needs;
- To communicate clearly with the HOT regarding available permanent housing openings and provide coordinated referrals;
- To assist with case conferencing, targeting of prioritized individuals for housing, identification of necessary documentation and coordination of outreach coverage;
- To assist in communication regarding new hotspots, referrals from the community, etc.;
- To ensure regular tracking and reporting of clients in MC HMIS.

Outreach and Case Conferencing

Inter-agency case conferencing will be used to ensure coordination of outreach coverage of Middlesex County, inclusion of clients on the By Name List (BNL), communication of homeless individuals who have refused services, identification of new homeless individuals in the community and those who no longer appear to be present (see Inactivity policy), targeting of prioritized individuals for upcoming permanent housing opportunities, and brainstorming ideas for continued attempts to engage those who have previously refused services. Case conferencing will be held monthly, either on site at a soup kitchen/drop in center, or virtually.

Coordination of coverage throughout the County is essential to ensure that resources are utilized efficiently, and there are no gaps in coverage.

The provider who completes the Coordinated Assessment will maintain contact and engagement with the client, but through case conferencing, clients can be transferred, based on the client's needs, provider's access to resources, staff capacity, etc.

Working with the Communities

Middlesex County has two urban centers, New Brunswick and Perth Amboy, where most homeless individuals in a place not meant for habitation can be found. Outreach will be conducted in the urban centers several days a week by all HOT providers. Elijah's Promise operates a soup kitchen in New Brunswick, which also serves as a drop-in center, and houses the HEART street outreach team. God's Army Ministry operates a drop-in center in Perth Amboy, serving two meals a day, providing showers, computer access, and case management to homeless individuals. Both PATH teams will have a presence at both sites in the urban centers, as well as conducting street outreach throughout the rest of the cities. In addition, all HOT agencies will conduct street outreach throughout the remaining municipalities monthly, on a rotating basis, visiting local soup kitchens, food pantries, libraries, etc., and importantly, will respond to calls/referrals from local law enforcement, hospitals, municipal officials, houses of worship, etc., which identify homeless individuals in these municipalities. Coordinated Assessment staff may assist in sending referrals from a municipality on a rotating basis to the HOT agencies.

When newly homeless individuals/families are located, they will be informed about the Homeless Hotline and the Coordinated Assessment system, as well as mainstream benefits, resources for basic needs, medical, mental health and addiction services. If homeless individuals are willing to complete an intake, they will be enrolled and assisted in the process. HOT agencies are able to do intakes in the field, or in an office or location in which the homeless person is comfortable.

For individuals who are willing to accept and engage in services, HOT staff will complete the Coordinated Assessment at the time of engagement, and will continue to work with the clients and connect them to resources.

If a Homeless Persons Refuses Services:

All homeless individuals, once identified, will be documented on the "non-engaged" list and monitored, until such time that they are willing to engage in services. HOT staff will continue to offer services and assistance regularly and complete required documentation of contacts. HOT agencies will communicate regarding these individuals in case conferencing, ensure the names are documented on the list, or remove the name if the individual is either no longer in need of services or is no longer present in the community.

Evaluations of Policy

The HOT will evaluate this policy at least annually. Any recommended changes will be sent to the Coordinated Assessment Leadership Team and the Continuum of Care Executive Committee for review.

9. Written Standards for Coordinated Assessment

Overview of Coordinated Assessment

Coordinated Assessment refers to the standardized process used by the CoC to assess the housing and service needs of homeless individuals and families for the purpose of enabling rapid, effective, and consistent referrals to the most appropriate housing assistance and supportive services available to assist in ending their homelessness.

Coordinated Assessment and Referral is required by HUD for communities receiving Emergency Solutions Grants and Continuum of Care funding in order to:

1. Re-orient service provision to be consumer-focused
2. Prioritize homeless individuals and families with the greatest need for housing assistance
3. Identify which strategies are best for each homeless household
4. Link households to the most appropriate intervention
5. Streamline and expedite referral process for households
6. Improve ease-of-access for anyone seeking homeless services

CoC Guiding Principles

In designing and operating its process, the CoC adopted the following Guiding Principles for its Coordinated Assessment and Referral System:

1. No matter where, when, why, or how homeless individuals or families attempt to access assistance, we will quickly assess their individual needs and inform them about their housing and service options.
2. The CoC is committed to transparency as an essential value of the homeless service system. The community will utilize local data to evaluate the changing needs of homeless persons and the effectiveness of solutions for housing them on an ongoing basis.
3. The CoC will adhere to consumer eligibility criteria set by program funders, but any other barriers to program entry will be minimized.
4. The CoC will inform all residents, agencies, and institutions which interface with homeless persons and services in the community about how homeless individuals and families can access housing or services.
5. The CoC will integrate all community partners that provide services that assist homeless persons to attain or maintain housing into the coordinated assessment and referral system.
6. The CoC will use data driven assessment to direct housing resources to helping those persons with the greatest vulnerability or most complex needs.

Coordinated Assessment Governance

The coordinated assessment process will be governed by the Coordinated Assessment Committee of the CoC. This group will be responsible for:

- providing general oversight and management of coordinated assessment;
- investigating and resolving consumer and provider grievances or concerns about the process, other than declined referrals (which will be addressed using the process described in these policies);
- providing information and feedback to the CoC, CoC Board, and the community at-large about coordinated assessment;
- evaluating the efficiency and effectiveness of the coordinated assessment process;
- reviewing performance data from the coordinated assessment process; and

- recommending changes or improvements to the process, based on performance data, to the CoC Board;
- ensuring that the coordinated assessment process is in compliance the CoC and HMIS policies.

Coordinated Assessment Committee Composition

This committee may include the following seats:

- An emergency shelter staff representative;
- A permanent supportive housing agency staff representative;
- A transitional housing agency staff representative;
- A rapid re-housing agency staff representative;
- A Coming Home of Middlesex County employee (HMIS Lead Agency);
- A victim of domestic violence service provider;
- A legal services provider;
- A funder representative;
- A health care provider representative;
- A Middlesex County employee (CoC Lead Agency) representative; and
- Coordinated Assessment Team staff.

Other seats that may be included in future iterations of the committee are faith-based organizations, substance use service providers, mental health service providers, school system representatives, municipal and county government elected officials, homeless or formerly homeless individuals, and assessment front-line staff. These seats may be part of an arrangement where each group rotates having a seat on the committee each year.

Committee Staffing

The Committee will be attended by the CoC Lead Agency. The CoC Lead will be responsible for:

- Putting together an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
- Serving as the point of contact for anyone seeking more information or having concerns about the coordinated assessment process; and
- Ensuring minutes are taken at each meeting of the committee.

The CoC Executive Committee may select a chair from within the Coordinated Assessment Committee.

Expectations of Members

To remain in good standing and be allowed to vote and participate as members of the Coordinated Assessment Committee, all members must attend at least 60 percent of meetings. The chair must attend 90 percent of meetings.

Term Length and Limits
Currently, there will be 2 year term limits for each members of the Committee and members may serve unlimited terms, unless further established by the CoC Executive Committee.

One month before a new term is set to begin, the chair will solicit nominations for each seat from the community and full MCHC3 committee, as well as determine which members are eligible for and wish to serve an additional term. The chair will provide a list of names to the CoC Board, which will then appoint someone to each seat (based on majority vote).

Meeting Schedule and Agenda
The committee will meet monthly at least until 120 days after the launch of the coordinated assessment process. After that point, the chair will determine if monthly meetings are still necessary. Certain items should be on the agenda on a regular basis, including the evaluation items listed in the Evaluation section below and relevant notes from the weekly coordinated assessment staff meetings.

Voting Procedures
Decisions in the Coordinated Assessment Committee will be made based on a majority vote of Committee members, as long as 50% of of Committee members are present. Any decisions that would lead to a modification of the coordinated assessment process, including changes to the assessment tool or policies and procedures, must be approved by majority vote of the Coordinated Assessment Committee AND approved by the CoC Executive Committee.

Conflicts of Interest
If at any point a provider or consumer wishes to address a complaint or grievance with a provider or agency that has a representative on the Coordinated Assessment Committee, that particular member must recuse him/herself from participating in those proceedings or voting on the outcome of that particular issue.

Review of Coordinated Assessment Committee Policies and Procedures
These policies and procedures governing the Coordinated Assessment Committee may be developed by the Coordinated Assessment Committee, but must be approved by the CoC Executive Committee. The CoC Executive Committee should review these bylaws bi-annually or at the request of the Coordinated Assessment Committee. A majority vote of the CoC Executive Committee is needed to modify the policies.

Coordinated Assessment Review and Revision Procedure

The CoC will have an annual discussion at the time of the CoC application process about which populations should be prioritized for services. Data from HMIS and the coordinated assessment prioritization lists will be utilized to determine gaps in housing and services for subpopulations, or important risk factors and barriers that warrant consideration. Assessment tools will be adjusted to reflect any changes to the priority group. The Coordinated Assessment Committee will be responsible for making changes to the coordinated assessment tool and re-distributing it to assessment staff.

The CoC's Coordinated Assessment Committee will also meet regularly (at least 6 times per year) to actively review the triage and coordinated assessment process. The Committee will solicit feedback from homeless and formerly homeless consumers assisted through the coordinated assessment process (at least quarterly), coordinated assessment staff, NJ 2-1-1, and agencies receiving referrals about any potential challenges, gaps, or strengths that can inform the process.

Agencies participating in coordinated assessment must submit all of their eligibility criteria to the Coordinated Assessment Committee before they can participate in the coordinated assessment process. Any agency that makes changes to a program's eligibility criteria or target population must immediately notfiy the Coordinated Assessment Committee to make sure referral protocol is updated accordingly. Criteria that agencies may have that are not bound to local law or strict funders' requirements will be reviewed by the Coordinated Assessment Committee along with data about people who have remained in emergency shelter for more than 45 days or are living on the street. If the Committee has a concern that a program's requirements may be contributing to "screening out" or excluding households from needed services, the Committee may request to meet with the provider to discuss their criteria. If the Committee can clearly show a link between underserved populations and a provider's eligibility criteria, and the provider is unwilling to modify the criteria, the Committee may recommend to the CoC Executive Committee and Technical Review Committee that the provider be de-prioritized for CoC or other sources of funding.

System Metrics

The Coordinated Assessment process will be evaluated and reviewed based on the following metrics:

- Number of triage and full assessments completed
- Percent of households receiving diversion assistance
- Number of households receiving diversion assistance
- Percent of declined referrals (provider)
- Number of declined referrals (provider)
- Percent of decline referrals (consumer)
- Number of declined referrals (consumer)
- Number of complaints filed with Coordinated Assessment Committee (provider)
- Number of complaints filed with Coordinated Assessment Committee (consumer)

The following outcome measures will be reviewed at least quarterly in order to track system performance in ending homelessness:

- Percent of households exiting from homelessness to permanent housing
- Number of households exiting from homelessness to permanent housing
- Percent of households diverted but requesting shelter placement within 12 months
- Number of households diverted but requesting shelter placement within 12 months
- Average length of episodes of homelessness
- Number of repeat entries into homelessness
- Number of new entries into homelessness

Key Components of Coordinated Assessment

System Access

The CoC will affirmatively market the Coordinated Assessment System through which housing and supportive services projects are available to eligible persons who are least likely to apply in the absence of special outreach. This is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. The CoC's marketing strategy will be evaluated annually by the Coordinated Assessment Committee to ensure that it is well-advertised and accessible to all persons, including those experiencing chronic homelessness, veterans, adults with children, youth, disabled persons, and survivors of domestic violence, regardless of the location or method by which they access the crisis response system. The CoC will ensure that access points will be equipped with appropriate accessible formats of communication to accommodate those with hearing or vision impairments and those with limited English proficiency.

The CoC has established a two-part Coordinated Assessment and Referral System. See system flowchart in Appendix A.

Phase 1 is a Housing Crisis Triage process which has 1 virtual and 1 physical access point:

- NJ 2-1-1 Homeless Hotline for Middlesex County ("NJ 2-1-1")
- Middlesex County Board of Social Services ("MCBOSS")

Any individual or family experiencing a housing crisis within the CoC's geographic area will be able to call NJ 2-1-1, or contact/go directly to MCBOSS to access assistance. NJ 2-1-1 will be available 24 hours a day, seven days a week for any household to seek housing assistance, and can direct households to MCBOSS. These points of access will be widely publicized and made known to all community partners and stakeholders that assist or interact with homeless persons. Any homeless individual or family that goes to, contacts, or engages another community agency, outreach team, or institution directly for homeless assistance will be referred to NJ 2-1-1 for initial triage. For those who call NJ 2-1-1, N J2-1-1 staff will then conduct the Triage Assessment Tool with all homeless callers. See the triage tool in Appendix B. However, if a homeless individual or family who is fleeing, or attempting to flee, domestic violence or human trafficking contacts any community agency for assistance, that agency may refer directly to Women Aware. Women Aware will assist survivor households to ensure equal access to be prioritized for any non-DV housing resources available through Coordinated Assessment.

If an individual or family who is at-risk of homelessness contacts an agency for homeless prevention assistance, no referral to NJ 2-1-1 will be necessary. In addition to referral to 2-1-1, case managers from other community agencies may also refer homeless consumers to outreach staff, and/or MCBOSS so the consumer may be able to access mainstream benefits that would assist them, if eligible.

Except for resources utilized for homelessness Prevention or direct MCBOSS referrals for set-aside beds, it is prohibited for any CoC or ESG-funded homelessness assistance program to admit or serve consumers without their having first gone through the coordinated assessment process and received a referral, or been placed on a prioritization list, for their agency.

Data Collection

Data will be collected on everyone that is assessed through the triage and coordinated assessment processes. This section, in addition to instructions embedded within the assessment tools, will detail when and how data about consumers going through triage and coordinated assessment will be collected.

Once a caller has been asked the initial domestic violence and safety screening questions and is deemed eligible to be further assessed, the NJ 2-1-1 staff will read the caller the HMIS data confidentiality statement. Staff will go over it with callers and explain what data will be requested, how it will be shared, whom it will be shared with, and what the caller's rights are regarding the use of the caller's data. Staff will be responsible for ensuring callers understand their rights as far as release of information and data confidentiality. Callers will also be informed that they can freely abstain from disclosing and sharing information without fear of denial of services resulting from the refusal, but that certain funders may require disclosure of certain pieces of information for purposes of establishing or documenting program eligibility. If they agree to the HMIS data confidentiality terms, the assessment staff member will begin the assessment process by collecting the caller's data in HMIS. If a caller does not agree to allow their data to be collected or shared, NJ 2-1-1 staff will collect basic information about demographics, household size, PATH/HEART case, length of homelessness, disability, and how to contact the consumer on a paper form and refer directly to Coordinated Assessment Team Staff so the consumer can be included in prioritization for shelter even without being entered into HMIS.

Some callers should never be entered into HMIS. These include:

- Callers who are in imminent danger and want domestic violence-specific services. The caller will be immediately referred to Women Aware. If the caller ends up being served by a domestic violence provider, that agency may enter their information into a HMIS-comparable database.
- Callers who do not agree to share their data through HMIS on the consumer release of information form should also never have their data entered into HMIS.

Once the triage assessment process has been completed, the assessment staff member will refer the consumer to the appropriate shelter and/or case management agency in HMIS (or via paper form). This way the program will have the consumer's information and can ensure they do not ask the same questions again, potentially re-traumatizing the consumer. Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request and the consumer may choose to revoke their consent to share data in the HMIS system at any time in accordance with CoC HMIS Policies and Procedures Manual.

All staff who receive initial training on the CoC's assessment protocols will be required to receive further training at least once annually.

Initial Triage Assessment, Diversion, and Emergency Shelter Referral

The triage assessment process is used both to divert consumers away from the homeless service system and to refer consumers to the appropriate community resources based on the individual needs and housing crisis of each household. All staff who administer the triage tool will receive training on using the script, completing the triage form, utilizing the Homeless Management Information System (HMIS), and proper referral and prioritization procedures. It is the responsibility of the CoC to ensure this training is available and to make sure it is offered on a regular basis (at least semi-annually).

If a consumer can be diverted (has a safe place to stay for the next 3 to 7 days per triage assessment) the assessor should stop the assessment without further referral, and inform the consumer that a case manager will call them back the next business day.

Based on the triage tool, if NJ 2-1-1 staff are unable to divert consumers to a stable living situation outside of the homeless service system, they will refer homeless or at-risk callers to available community resources, including MCBOSS, and enter all data for homeless callers into HMIS (see above on Data Collection). If a consumer is referred to MCBOSS, the consumer will not be placed on the shelter prioritization list in HMIS. If the consumer is then deemed ineligible for assistance by MCBOSS, the consumer will need to call NJ 2-1-1 back to be placed on the shelter prioritization list.

During the triage assessment process, NJ 2-1-1 staff will code each household entry in HMIS based on factors used to prioritize vulnerable individuals and families for shelter beds (see Figure 1). Shelters will use data generated from the triage tool on the referral list in HMIS to contact consumers in order of priority.

Therefore, the basis for referrals from the initial triage assessment will be:

- Results of the triage assessment tool process;
- Established system wide priority populations; and
- Program eligibility admission criteria, including populations served and services offered.

Shelters will also accept referrals based on each program's admissions eligibility criteria, including populations served. For example, shelter programs that serve only single adult men will only receive single adult men referrals from the prioritization list. However, The Continuum of Care supports the prohibition against involuntary family separation. In an effort to maintain family unity, for housing serving families with children, the age and gender of a child under age 18 must not be used as a basis for denying any family's admission to any housing or shelter receiving funding from either ESG or CoC (24 CFR 578.93(e)).

Additionally, recipients may not deny admission to any member of the family. The Continuum of Care requires that all family shelters accommodate any family composition.

Emergency Shelter Intake

Priority for receiving shelter beds will be given to persons who are:

- PATH or HEART Team consumers,
- individuals and families who have experienced the longest lengths of homelessness prior to entry,
- vulnerable due to a disabling condition, and
- unsheltered.

Figure 1 shows the shelter prioritization matrix that shelters will use to prioritize referrals by NJ 2-1-1. Shelters will pull from the HMIS referral list to place consumers in beds.

Figure 1. Shelter Prioritization Matrix

Priority Level	Code	PATH/HEART Consumer	Homeless > 30 Days	Disability in Household	Unsheltered
↓Low High↑	1	Yes	Yes	Yes	Yes
	2	Yes	Yes	Yes	No
	3	Yes	Yes	No	No
	4	No	Yes	Yes	Yes
	5	No	Yes	Yes	No
	6	No	Yes	No	No
	7	No	No	Yes	Yes
	8	No	No	Yes	No
	9	No	No	No	No

Every day, shelter staff will assess the number of open beds available for consumers, view the prioritized list of consumers who have been triaged in HMIS, and contact prioritized individuals and families to notify them that a space is available for them in a program. For PATH/HEART consumers, shelter intake staff will first case conference with outreach staff, either via call/email or notes in the consumer's HMIS profile, regarding consumer disposition to confirm whether the consumer has other housing options they should be informed of. Shelters will then accept consumer referrals through HMIS marking their placement in the HMIS system.

If any prioritized consumer cannot be reached by shelter intake staff within 4 hours, or an amount of time established by shelter staff discretion, shelter intake staff should attempt to make contact with the consumer one more time, or contact the consumer's PATH/HEART case manager, if applicable. If staff are still unable to reach the consumer, shelter intake staff will contact the next most highly prioritized individual or family on the priority list to offer the slot to them. If any prioritized consumer does not show up at the referred-to program within 2 hours (or the agreed

upon timeframe) of being placed in a shelter bed, the referred-to program should attempt to make contact with the consumer one more time, or contact the consumer's PATH/HEART case manager, if applicable. If the consumer cannot be located within 24 hours after being notified that a space was available in a program, shelter intake staff will contact the next most highly prioritized individual or family on the priority list to offer the slot to them.

Those consumers who are unable to be sheltered, or who do not wish to go to shelter, will still be referred to an Outreach Team or to Homeless Case Management with Coming Home of Middlesex County for continued engagement. The triage tool will also enable NJ 2-1-1 staff to refer any callers who are in imminent danger or are victims of domestic violence to police or to Women Aware as appropriate. If a homeless victim of domestic violence is referred to Women Aware, that agency may make a direct referral (without referring within HMIS) to the family shelter if a victim household cannot be placed in Women Aware's shelter or Transitional Housing in order to ensure the safety of the family and compliance with VAWA requirements.

For homeless individuals and families who self-refer, or are directed to MCBOSS, the intake staff and case workers will assess household eligibility for Board of Social Services programs which may provide sources of income, non-cash benefits, or Emergency Assistance providing placement in emergency shelter, temporary hotel or motel stay, transitional housing, or temporary rental assistance. If a consumer is ineligible for MCBOSS services or resources for any reason, they will be referred to NJ 2-1-1.

Post-Triage Referral Procedure

Once a consumer has entered a shelter or is diverted and is working with a case manager, the program staff will work with the consumer to create an individualized housing plan and, if still homeless after 10 days, a full standardized assessment will be conducted and updated as needed. If a full standardized assessment has been conducted with the consumer, both the case manager and consumer will receive updates from the Coordinated Assessment Team on where the consumer stands on the priority list if they are waiting for a longer-term intervention. The case manager will also be able to check the community priority list in HMIS.

Special Populations

There are many subpopulations of people coming through the coordinated assessment process that may have special needs or need to be directed to specific resources to have their needs met. While this document and the assessment tool cover many, case management staff who believe that a consumer is eligible for another specific resource (including, but not limited to: persons with HIV/AIDS, veterans, unaccompanied youth) not discussed in this document should go to the Coordinated Assessment Team for assistance in case conferencing with other community partners.

Assistance in Moving to Permanent Housing

Phase 2 of the Coordinated Assessment and Referral System is assisting homeless individuals and families to move from homelessness to permanent housing.

Following Phase 1, some individuals and families may be able to avoid entering the homeless service system through diversion measures implemented in the triage tool, or through successful referral to prevention resources. However, households that are unable to be diverted or prevented from becoming homeless, may be in any of the following situations following Phase 1 triage:

- In emergency shelter
- In temporary hotel/motel placement
- In transitional housing
- In a place not meant for human habitation with support of Homeless Case Management

Case Management and Linkage to Community Resources

For homeless households who are in a place not meant for human habitation, the first goal is to assist them in attaining shelter. However, those who are unable to be sheltered, or do not wish to go to shelter will still be offered case management services and be linked to community resources through MCBOSS, if eligible, and other community resources, as appropriate. Any homeless household that is unsheltered and living in a place not meant for human habitation will continue to receive outreach and case management services to the extent that they are able to be engaged.

Homeless households in emergency shelter or temporary hotel/motel placement will receive shelter-based case management services to assist them in identifying resources, networks, and supports, which may enable them to quickly and effectively end their homelessness. These services may include, but are not limited to:

- Short-term case management
- Diversion
- Conflict mediation
- Connection to mainstream benefits
- Housing search
- Security deposit assistance
- Short-term financial assistance
- Legal Services
- Outreach

Standardized Assessment

Regardless of the method by which a household accesses the crisis response system, or which subpopulation characteristics a household possesses, the criteria used to prioritize households for housing assistance will be applied uniformly in decision-making by the Coordinated Assessment Team.

The goal of all services provided to homeless households is to assist them in attaining permanent housing as rapidly and sustainably as possible. However, if these services are not successful in assisting a homeless household to attain permanent housing, within 10 days of entering the outreach, shelter, hotel/motel placement, or case management program, then shelter or homeless case management staff will assist consumers in completing a standardized assessment of needs in order to prioritize permanent housing resources for the most vulnerable. The only exception to the protocol of waiting 10 days to conduct a full standardized assessment with a homeless household will be if a consumer presents with immediate, severe, and evident high-level service needs to emergency shelter or case management staff. In this case, shelter or outreach staff could immediately assist the consumer in completing a full assessment.

The CoC's standardized assessment tool can be found in Appendix C.

Assessment refers to the process of determining which programs or services are most appropriate to meet consumers' needs in order to prioritize them for various housing and service interventions. A standardized set of assessment tools will be used to make these determinations. Staff conducting these assessments will be trained on administering and scoring these tools, as well as the order in which they should be administered and the average amount of time each assessment should take.

If an individual or household refuses to answer one or more of the assessment questions, Coordinated Assessment Team staff and referring agency staff will work together to attempt to gather necessary data to complete the assessment. If this cannot be attained, the Coordinated Assessment Team and referring agency will case conference regarding the individual or household and determine appropriate level of vulnerability to generate and assessment score. This process will be shared with the Coordinated Assessment Committee to ensure uniform process in implementing nonstandard referrals.

The Coordinated Assessment Team

The CoC's standardized assessment tool will be completed with consumers in HMIS, allowing for a system-wide prioritization list to be created for permanent housing. The assessment tool, developed by the CoC Coordinated Assessment Committee, will be administered by staff from shelters, transitional housing projects, outreach teams, and homeless case management projects.

All staff who administer assessments will receive training on the standardized assessment forms to be used, utilizing the Homeless Management Information System HMIS, and proper referral and

prioritization procedures. It is the responsibility of the CoC to ensure this training is available and to make sure it is offered on a regular basis (at least semi-annually).

In addition to agency staff approved to collect data for assessment purposes, one agency will be designated by the CoC to operate the Coordinated Assessment Team. The designated Coordinated Assessment Team agency is currently Coming Homing Home of Middlesex County, which is also the HMIS Lead Agency.

Permanent Supportive Housing Priority List Management

Priority list management and notification of referrals will be the responsibility of the Coordinated Assessment Team (Coming Home of Middlesex County). The Coordinated Assessment Team staff will be responsible for alerting prioritized individual consumers and their case managers when a slot has become available for them in a specific Permanent Supportive Housing project. When a permanent housing provider has an upcoming or current vacancy, Permanent Supportive Housing providers shall notify the Coordinated Assessment Team no more than 24 hours following the vacancy's becoming available (PSH projects dedicated to serving victims of domestic violence will notify Women Aware). The method of notification shall be an email to the Coordinated Assessment Team which includes:

- The size of the unit that can be covered by the voucher which has become available
- The required target population specified by voucher or service funding source including:
    - Household type
    - Household size
    - Disabling Condition Specifications
    - Subpopulation (e.g. Veterans)

In the case of a project with separate grantee and sponsor agencies, the agency responsible for HMIS data entry will be responsible for providing email notification to the Coordinated Assessment Team, and copying the grantee, when a vacancy occurs. Coordinated Assessment Team staff will check project availability at least once a day in HMIS to see if new spots are becoming available and contact the prioritized consumer and their case manager if a slot opens up for them. Coordinated Assessment Team staff will monitor the progress of the referral to the project, and if the consumer does not respond or show up to the intake appointment, or can not be found within 5 business days from the date the opening occurs, the Coordinated Assessment Team staff will move to the next name on the list. However, consumers who refuse initial placements, will not lose their place on the prioritization list. If a consumer can not be found, he/she will remain on the prioritization list, until the "inactive" threshold is met.

Prioritization Criteria

The CoC has adopted as a Guiding Principle that "The CoC will use data driven assessment to direct housing resources to helping those persons with the greatest vulnerability or most complex needs." Therefore, the standardized assessment tool adopted by the CoC is based on the prioritization hierarchy recommended in HUD Notice CPD 016-11 on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. As such,

the tool will prioritize those chronically homeless individuals and families who have the longest history of homelessness and greatest severity of service needs for permanent supportive housing. The CoC assessment tool is aligned with the abovementioned Notice, and therefore prioritizes housing resources on the basis of:

1. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
2. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;
3. the extent to which people, especially youth and children, are unsheltered;
4. vulnerability to illness or death;
5. risk of continued homelessness;
6. vulnerability to victimization, including physical assault, trafficking or sex work; or
7. other factors determined by the community that are based on severity of needs.

The CoC's assessment process will not use any factor to prioritize households if it would discriminate on the basis of race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required. In addition, the CoC will not discriminate based on actual or perceived sexual orientation, gender identity, or marital status.

If there are no chronically homeless households identified within the CoC's geographic area, the CoC assessment tool will allow the community to prioritize those homeless individuals and families who have the longest history of homelessness and greatest severity of service needs for permanent supportive housing. Figure 2 shows the permanent housing prioritization matrix.

Figure 2. Permanent Supportive Housing Prioritization Matrix

Priority Level	Household Type	Longest History of Homelessness	Most Severe Service Needs	From Street or Shelter	From Transitional Housing
1	Chronically Homeless	X	X	X	
2		X		X	
3			X	X	
4				X	
5	Literally Homeless		X	X	
6		X		X	
7				X	
8					X

Prioritizing Homeless Consumers for Housing Interventions

Homeless households with the highest prioritization scores according to the Middlesex County CoC Housing Prioritization Tool will be prioritized for permanent supportive housing. If two households

are equally prioritized for referral to the next available permanent housing placement, the household that first presented for assistance will be referred for placement.

Rapid Re-Housing projects will prioritize homeless consumers according to the following criteria:

- Consumers from Coordinated Assessment with the longest lengths of homelessness,
- Consumers from Coordinated Assessment who are in unsheltered situations,
- Consumers from Coordinated Assessment who are in emergency shelter,
- Other consumers from Coordinated Assessment,
- Consumers calling Catholic Charities for prevention/re-housing assistance.

After the assessment process is complete, the agency assessment staff will score the tool and determine which housing interventions it says the consumer is prioritized for, if any, by looking at the priority scoring matrix.

1. *If a consumer's prioritization score indicates a high priority for permanent supportive housing*, the Coordinated Assessment Team staff will contact the assessment agency (shelter, transitional housing, or homeless case manager) to advise as to the score and the consumer's prioritization ranking to advise about possible housing openings. The Coordinated Assessment staff member will provide information about the different housing intervention types the consumer is prioritized for, including general intervention attributes (e.g. length of services, type of housing, level of independence, privacy) and the size of the current priority lists. The consumer will be asked what choice they would prefer among the housing interventions they are prioritized for (if there are multiple available options).

2. *If a consumer is prioritized for housing interventions, but there is not currently an opening at an appropriate program within the interventions*, the Coordinated Assessment will explain that once a spot opens up for the consumer, that the consumer will be notified. The agency assessment staff member should also make a note in HMIS of what housing intervention the consumer prefers for the Coordinated Assessment Team's reference. The assessment process ends for the consumer at this point, however, they may be reassessed 90 days after their initial assessment, unless there are changes in the consumer's housing situation or income.

3. *If a consumer is prioritized for housing interventions, and the consumer and agency assessment staff are informed of an available housing unit or bed by the Coordinated Assessment Team*, the Coordinated Assessment Team and agency assessment staff member should offer their recommendation to the consumer of which intervention they think is best (if there is more than one available option). The agency assessment staff member will assist the consumer in gathering the required documentation, and with consumer consent, will upload the documentation in to the consumer's electronic record in HMIS. The Coordinated Assessment staff member should then describe how the referral process will work, and detail the process of gathering eligibility documentation. The Coordinated Assessment Team will then make a direct consumer referral to the provider agency via HMIS, and call the provider agency intake staff to inform them of the referral. Then assessment agency

staff, the Coordinated Assessment Team, and the provider agency receiving the consumer referral for the housing intervention will case conference and determine a work plan to gather the required documentation to expedite the consumer's admission into the provider agency's program (see below section on Documentation of Eligibility).

4. *If a consumer that is prioritized and referred to a housing intervention program disappears or cannot be found within5 business days by agency assessment staff, outreach staff, provider agency staff, or the Coordinated Assessment Team*, the Coordinated Assessment Team will contact the next most highly prioritized individual or family on the priority list to offer the slot to them.

5. *If a consumer is not currently prioritized for any housing interventions*, agency assessment staff should explain why and offer any other services that are available to the consumer (e.g. connection to mainstream resources, help connecting with family or friends, etc.). The consumer should be referred to continued case management and other services to help them exit to permanent housing. The assessment process ends for the consumer at this point, however, they may be reassessed 90 days after their initial assessment.

Coordinated Assessment generates a priority list based on vulnerability, need, and length of homelessness. The priority list does not work like a waiting list, and we cannot predict upcoming vacancies or potential matches for those vacancies. It is important that you manage this expectation for both yourself and the individuals you are serving.

Housing through this process is not guaranteed and individuals should continue exploring other possibilities, including working to increase income.

Master List Inactivity Policy

Background

Implementation of an Inactivity Policy is a critical component of maintaining a real-time, by-name master list, as well as a robust coordinated entry system. To ensure an efficient assessment and referral process, it is important to ensure that the Coordinated Entry System staff and Outreach teams have the ability to contact and connect with households as soon as a housing opportunity is available. The Coordinated Entry System can experience delays in its referral procedures if time is wasted searching for households in the community which have not been reachable despite multiple attempts to do so, often over the course of many months. Due to this loss of contact it is hard for the system to determine whether these households are still in need of housing. In some situations, these households may have resolved their own housing crisis and/or relocated to another area.

Policy

If a household has had no contact with our Coordinated Entry Access point(s), Homeless Service Providers (including Veterans) or other Partner Agencies, such as community mental health, County Board of Social Services, and/or Community Outreach (collectively, the "homeless system") for 90

days, AND they have had no services or shelter stays recorded in HMIS for the past 3 months, the household will be removed from the Active Homeless List and placed on the Inactive List.

If a household on the Inactive list makes contact with the homeless system, they are moved from the Inactive List to the Active List and can be referred to housing opportunities.

If a household has self-resolved their housing crisis (secured housing without intervention, moved to stay with friends or family) or relocated to another area, the household will also be moved to the Inactive list. The household will move to the Inactive list after 7 days of their resolution.

Consumer-Declined Referrals

Agency assessment staff, through the administration of the standardized assessment tool and the assessment process (which includes consumer input as described above), will attempt to do what they can to meet all consumer needs while also respecting community-wide prioritization standards. However, if the Coordinated Assessment Team informs agency assessment staff that a unit or bed is available for a prioritized consumer in a particular housing intervention project and the consumer declines referral to that project, the agency assessment staff will notify the Coordinated Assessment Team via call/email and will document the reason for refusal in the consumer's HMIS profile. If a consumer refuses more than 2 referrals to housing interventions for which (s)he is prioritized, the agency assessment staff and Coordinated Assessment Team staff will meet with the consumer to clarify why the consumer has refused previous referrals, what the consumer's expectations and concerns are, and to again explain the nature of housing intervention resources that may be available in the community. The consumer will not lose their spot on the prioritization list for refusing placements.

Provider-Declined Referrals

There may be rare instances where provider agency staff do not accept a referral from the Coordinated Assessment process. Refusals are acceptable only in certain situations, including:

- The consumer does not meet the project's eligibility criteria;
- The consumer would be a danger to others or themselves if allowed to stay at this particular project; and/or
- The consumer has previously caused serious conflicts within the project and was banned (e.g. was violent with another consumer or project staff).

If project staff determines a consumer is not eligible for their project after they have received the referral from Coordinated Assessment, a representative from the provider agency that refused them, the agency assessment staff, the Coordinated Assessment Team, and the person experiencing homelessness must meet within 2 business days to determine the best next step for the consumer. Any cases that are unable to be resolved to the consumer's satisfaction will be referred to the Coordinated Assessment Committee to be addressed as soon as possible. If a program is consistently refusing referrals (more than 1 out of every 4) they will need to meet with the Coordinated Assessment Committee to discuss the issue that is causing the refusals.

If a project has a vacancy, and the Coordinated Assessment Team cannot provide an eligible referral within 72 hours of being notified of the vacancy, the project agency will conference with the Coordinated Assessment Team in order to examine project eligibility criteria, possible alternative target populations, or the need to adjust unit eligibility.

Consumer Grievances

The agency assessment staff member should address any complaints by consumers as best as they can in the moment regarding the assessment and referral process. However, when administering the initial standardized assessment, the agency assessment staff must inform all consumers of the process for filing a complaint.

Complaints that should be addressed directly by the agency assessment staff and their supervisors include:

- complaints about how they were treated by assessment staff
- assessment location conditions.

Any other complaints, including those regarding:

- violation of data agreements,
- fraudulent activity,
- discrimination, or
- attempts to operate outside of the coordinated assessment process,

should be referred to the Coordinated Assessment Committee for resolution. Any complaints filed by a consumer should be sent to the chair of the Coordinated Assessment Committee:

Name:
Phone:
Email:

The complaint should include the grounds and nature of the consumer's grievance the name and contact information of the consumer so the Coordinated Assessment Committee can contact them and offer them the chance to appear before the committee.

Provider Grievances

Providers should bring any concerns about coordinated assessment to the Coordinated Assessment Committee, unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately with the appropriate authorities or other partner agencies. A summary of concerns should be provided via email to the chair of the Coordinated Assessment Committee. The chair should then schedule for that provider's representative to come to the next available Coordinated Assessment Committee so the issue can be resolved. If the issues need more immediate resolution, the chair will be in charge of determining the best course of action to resolve the issue and communicating with the other Coordinated Assessment Committee members.

Documentation of Eligibility

The CoC's standardized assessment tool will prioritize consumers for housing interventions based on their length of homelessness and severity of service needs, but all referrals will adhere to program eligibility requirements.

Any and all staff assisting consumers in gathering eligibility documentation for program admission will ensure that records gathered show evidence that the individual or family meets the program eligibility criteria established in the CoC Program Interim Rule at 24 CFR 578.37 (Subpart D—Program Components and Eligible Costs) based on the definitions at 24 CFR 578.3. This will also apply to documentation of consumer income as stipulated at 24 CFR 578.77. The CoC's order of priority for obtaining evidence of consumer eligibility will be:

1. third-party documentation,
2. intake worker observations, and
3. certification from the person seeking assistance.

Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made. Evidence of the following must be gathered in accordance with HUD's Notice CPD-16-011 *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*:

- chronically homeless status,
- homeless status,
- duration of the homelessness,
- evidence that the household experienced at least four separate homeless occasions over 3 years,
- evidence of diagnosis with one or more of the following conditions:
    - substance use disorder,
    - serious mental illness,
    - developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002),
    - post-traumatic stress disorder,
    - cognitive impairments resulting from brain injury, or
    - chronic physical illness or disability
- evidence of cumulative length of homeless occasions,
- evidence of severe service needs
- evidence that recipients are following the CoC's written standards for prioritizing assistance.

9. Middlesex County Homeless Management Information System (MC HMIS) Policies and Procedures

1. Introduction

The countywide implementation of a Homeless Management Information System (HMIS) is administered by Coming Home of Middlesex County, Inc. (Coming Home or CHM) and Bowman Systems, LLC (Bowman). Bowman administers the central server and CHM administers user and agency licensing, training and compliance. MC HMIS is an internet-based database that is used by homeless service organizations across Middlesex County to record and store Client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness.

MC HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps within the Continuum of Care (CoC). Information that is gathered from consumers via interviews conducted by service providers is analyzed for an unduplicated count, aggregated (void of any identifying Client level information) and made available to policy makers, service providers, advocates, and consumer representatives. Data aggregated from MC HMIS about the extent and nature of homelessness in the Middlesex County is used to inform public policy decisions aimed at addressing and ending homelessness at local, State and federal levels.

The CoC Executive Committee is committed to understanding the gaps in services to consumers of the human service delivery system in an attempt to end homelessness and, therefore, provides guidance, with direct feedback from MC HMIS end users, for the implementation of Middlesex County's HMIS.

This document provides the policies, procedures, guidelines and standards that govern MC HMIS operations, as well as the responsibilities for Bowman, the CoC Executive Committee, CHM and staff of agencies participating in MC HMIS (Partner Agency).

1.1 HMIS BENEFITS

Use of HMIS provides numerous benefits for service providers, homeless persons and Middlesex County.

Benefits for service providers:

- Provides online real-time information about Client needs and the services available for homeless persons.
- Assures confidentiality by providing information in a secured system.
- Decreases duplicative Client intakes and assessments.
- Tracks Client outcomes and provides a Client history.
- Generates data reports for local use and for state and federal reporting requirements.

- Facilitates the coordination of services within an organization and with other agencies and programs.
- Provides access to a statewide database of service providers, allowing agency staff to easily select a referral agency.

Benefits for homeless persons

- Intake information and needs assessments are maintained historically, reducing the number of times homeless persons must repeat their stories to multiple service providers.
- The opportunity to provide intake and life history one time demonstrates that service providers consider the homeless person's time to be valuable and restores some of the consumer's dignity.
- Multiple services can be easily coordinated and referrals streamlined

Benefits for Middlesex County

- Better able to define and understand the extent of homelessness throughout Middlesex County.
- Better able to focus staff and financial resources to the agencies and programs in geographical areas where services for homeless persons are needed the most.
- Better able to evaluate the effectiveness of specific interventions and specific programs and services provided.
- Better able to provide the County, State, and the federal government with data and information on the homeless population in Middlesex County.
- Better able to meet all local, State, and federal reporting requirements.

2. Requirements for Participation

2.1 REQUESTS FOR AGENCY ACCESS TO HMIS

Due to the open nature of our HMIS system, access to the HMIS system will be limited to applicants whose projects meet the following criteria:

1. Non-profit 501(c)(3) organization located in Middlesex County or providing services in Middlesex County to homeless population
2. Has all the appropriate state and local licensing for programs that they operate (i.e. shelter)
3. Operates a program type listed on the Housing Inventory Chart (Emergency, Transitional, Permanent Housing)
4. If not for a program listed on the HIC, then the agency operates a program that is required to be in HMIS by either federal, state or local funding source (such as PATH, Multi-Services, etc.)
5. If a program is a Support Services Only program, serves a population that is otherwise not already documented in HMIS, and has the ability to provide HMIS complete documentation for all required data fields, request for access will be considered.

Requests to participate in HMIS for agencies not on the HIC or required to participate by another federal, state or local funding source, should be submitted to the HMIS Administrator. The Administrator will evaluate the request in comparison to the access policy. If an agency is denied HMIS access by the HMIS Administrator, the agency can appeal to the CoC Executive Board.

2.1.1 HMIS ROLES AND RESPONSIBILITIES

CoC Executive Committee (in tandem with HMIS Lead Agency)

1. Implement and continuously improve Middlesex County's HMIS.
2. Ensure the HMIS scope aligns with the requirements of agencies, HUD and other stakeholder groups.
3. Address any issue that has major implications for the HMIS, such as policy mandates from HUD or performance problems with the HMIS vendor.
4. Reconcile differences in opinions and approaches, and resolve disputes arising from them.
5. Review, revise and approve HMIS policies developed by the System Administrator.
6. With Coming Home, develop and approve the HMIS Policies and Procedures as the governance charter.

Software Vendor (*Bowman Systems*)

1. Design the HMIS to meet HUD HMIS Data Standards.
2. Develop a codebook and provide other documentation of programs created.
3. Provide ongoing support to the HMIS System Administrator pertaining to needs of end-users to mine the database, generate reports and other end-user interface needs.
4. Administer the product servers including web and database servers.
5. Monitor access to HMIS through auditing.
6. Monitor functionality, speed and database backup procedures.
7. Provide backup and recovery of internal and external networks.
8. Maintain the system twenty-four hours a day, seven days a week.
9. Communicate any planned or unplanned interruption of service to the System Administrator.

System Administrator/ HMIS Lead Agency (*Coming Home of Middlesex County, Inc.*)

1. Monitor compliance with these Policies and Procedures and periodically review HMIS usage.
2. Communicate with participating organization leadership and other stakeholders regarding HMIS.
3. Authorize usage and access to HMIS for users who need access to the system for technical administration, data entry, editing of Client records, viewing of Client records, report writing, or administration of essential activities associated with carrying out HMIS responsibilities.
4. Develop reports.
5. Mine the database to respond to the information needs of participating organizations, community stakeholders and consumers.
6. Document work on the database and the development of reports/queries.

7. Provide technical assistance as needed with program sites.
8. Provide training and technical assistance to participating organizations on policies and procedures and system use.
9. Respond to questions from users.
10. Coordinate technical support for system software.
11. Communicate with participants' problems with data entry and support data quality.
12. Monitor agency participation including timeliness and completeness of entry.
13. Communicate any planned or unplanned interruption in service.
14. Serve, in conjunction with Middlesex County, as the applicant to HUD for any HMIS grants that will cover the Continuum of Care geographic area.
15. Complete an annual security review.
16. Assess HMIS capacity and make recommendations to each agency on how to improve their technology as it relates to HMIS.
17. Assess current agency reporting needs, and developing plans for improved performance for programs currently entering data into HMIS.
18. Expand the use of HMIS to programs that currently are not tracking their data in HMIS.

Agency Administrator

1. Edit and update agency information in HMIS.
2. Ensure that the Partner Agency obtains a unique user license for each user at the agency.
3. Establish the standard report for each specific program created.
4. Ensure a minimum standard of data quality by answering all the HUD Universal Data Elements for every individual entered into HMIS by the agency.
5. Maintain the HUD required elements for each program.
6. Train new staff persons on HMIS, including reviewing the policies and procedures and any agency policies which impact the security and integrity of Client information.
7. Ensure that HMIS access is granted only to staff members that have received training and are authorized to use HMIS.
8. Grant technical access to HMIS for persons authorized by the System Administrator by creating usernames and passwords.
9. Notify all users at their agency of interruptions in service.
10. Provide a single point of communication between users and Coming Home.
11. Administer and monitor data security policies and standards, including:
    - User access control
    - The back- up and recovery of data
    - Detecting and responding to violations of the policies and procedures or agency policies

Users

1. Take appropriate measures to prevent unauthorized data disclosure.
2. Report any security violations.
3. Comply with relevant policies and procedures.
4. Input required data fields in a current and timely manner.
5. Inform Clients about the agency's use of HMIS.
6. Take responsibility for any actions undertaken with their usernames and passwords.

2.2 AGENCY ADMINISTRATION REQUIREMENTS

Participation Agreement Documents
Partner Agencies must complete the following documents:

1. **Coming Home Participating Agreement** must be signed by each Partner Agency's Executive Director. Coming Home will retain the original document. The Agreement includes the agency's commitment to adhere to the policies and procedures for effective use of MC HMIS.
2. **Coming Home HMIS User License Agreement,** the form of which is an Exhibit to the Participation Agreement, must be signed by each authorized user.

User Access to the System
The Agency Administrator of the Partner Agency will determine user access for Case Managers and support staff to the specific program data within the Agency. The Agency Administrator will generate username and passwords within the administrative function of the software.

The Agency Administrator and all users must receive training before access to the system is granted.

Users who are also Clients Listed in HMIS
In order to prevent users from editing their own file or files of immediate family members, all users will agree to a conflict of interest statement. Users must disclose any potential conflict of interest to their Agency Administrator. Users will be prohibited from making changes to the information in their own file or the files of their immediate family members. If a user is suspected of violating this agreement, the System Administrator will run the audit trail report to determine if there was an infraction.

Passwords

- Creation: Passwords are automatically generated from the system when a user is created. The Agency Administrator will communicate the system-generated password to the user.
- Use: The user will be required to change the password the first time they log onto the system. The password must be at least 8 characters and alphanumeric. Passwords should not be able to be easily guessed or found in a dictionary. Passwords are the individual's responsibility and users cannot share passwords. Users may not keep written copies of their password in a publicly accessible location.
- Storage: Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.
- Expiration: Passwords expire every 45 days. Users may not use the same password consecutively. Passwords cannot be re-used until 2 password selections have expired.
- Unsuccessful logon: If a user unsuccessfully attempts to log-on 3 times, the User ID will be

"locked out," and access permission will be revoked rendering the user unable to gain access until his/her password is reset in the manner stated above.

Inputting Data
Agencies participating in the HMIS must meet the minimum data entry requirements established by the HUD Data & Technical Standards (see https://www.hudexchange.info/programs/hmis/hmis-data-and-technical-standards/).

Tracking of Unauthorized Access
Any suspicion of unauthorized activity should be reported to the System Administrator for MC HMIS.

Agency Administrator
Partner Agencies must designate one person to be the Agency Administrator.

The Agency Administrator will be responsible for creating usernames and passwords, and monitoring MC HMIS access by users at their agency. This person will also be responsible for training new agency staff persons on how to use HMIS.

The Agency Administrator must identify the assessments and requirements for each program, and properly set up each program in HMIS.

Client Consent (Release of Information) Forms
Partner Agencies shall require Clients to sign a Client consent form (MC HMIS – Client Acknowledgement of Electronic Data Collection). The form requires Clients to authorize the electronic sharing of their personal information with other agencies that participate in HMIS when data sharing is appropriate for Client service.

Data Protocols
Partner Agencies must identify which data elements they wish to collect in addition to the minimally required data elements established in accordance with HUD's Data & Technical Standards and CoC required data.

2.4 HMIS USER LEVELS

Resource Specialist I
Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. A Resource Specialist I cannot modify or delete data, and does not have access to Client or service records or other modules and screens.

Resource Specialist II
Users may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. At this level, the user does not have access to Client or service records or other modules and screens. A Resource Specialist II is an agency-level "Information & Referral (I&R) specialist" who may update their own agency and program information.

Resource Specialist III
Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs and view the agency or program detail screens. A Resource Specialist III may add or remove resource groups, including Global (which they get by default). Access to Client or service records and other modules and screens is not given. A Resource Specialist III may edit the system-wide news feature.

Volunteer
Users may access ResourcePoint, and have limited access to ClientPoint and service records. A volunteer may view or edit basic demographic information about Clients (the profile screen), but is restricted from all other screens in ClientPoint. A volunteer may also enter new Clients, make referrals, and check-in/out Clients from a shelter. A volunteer does not have access to the "Services Provided" tab. This access level is designed to allow a volunteer to perform basic intake steps with a new Client and then refer the Client to an agency staff member or case manager.

Agency Staff
Users may access ResourcePoint, have full access to service records, and limited access to ClientPoint. Agency staff may access most functions in ServicePoint, however, they may only access basic demographic data on Clients (profile screen). All other screens are restricted including Reports. Agency Staff can add news items to the newswire feature.

Case Manager I
Users may access all screens and modules except "Administration." A Case Manager I may access all screens within ClientPoint, except the medical screen for confidentiality reasons. Users may access Reports.

Case Manager II
Users may access all screens and modules except "Administration." A Case Manager II may access all screens within ClientPoint, including the medical screen. Users may access Reports.

Table 1: HMIS User Roles

	Resource Specialist I	Resource Specialist II	Resource Specialist III	Volunteer	Agency Staff	Case Managers I & II	Case Manager III	Agency	Executive Director	System Operators	System	System
Client Point												
Profile				X	X	X	X	X	X		X	X
Assessments						X	X	X	X		X	X
Case Notes						X	X	X	X		X	X
Case Plans						X	X	X	X		X	X
Service Records				X	X	X	X	X	X		X	X
Service Point												
Referrals				X	X	X	X	X	X		X	X
Services Provided					X	X	X	X	X		X	X
Resource Point	X	X	X	X	X	X	X	X	X	X	X	X
Shelter Point				X	X	X	X	X	X		X	X
Administration												
Add/Edit Users								X	X	X	X	X
Reset Passwords								X	X	X	X	X
Add Provider			X							X	X	X
Edit Provider		#	X					#	#			
Delete Provider		%	X					%	%			
Agency News		X	X		X	X	X	X	X	X	X	X
System Wide News			X							X	X	X
Provider												X
Picklist Data										X	X	X
Licenses										X	X	X
Assessment Admin										X	X	X
Shadow Mode												X
System Preferences												X

X: Users have access to this section of ServicePoint.

%: Users can neither delete the provider to which they belong, nor any of their parent providers.

#: Users cannot edit their parent provider; they may only edit their provider or child providers.

Case Manager III
This role has the same actions available as the Case Manager II with the added ability to see data down their provider's tree like an Agency Administrator.

Agency Administrator
Users may access all ServicePoint screens and modules. Agency Administrators may add/remove users and edit agency and program data for their agencies.

Executive Director
Users have the same access rights as Agency Administrator, but ranks above the Agency Administrator.

System Operator
Users may only access Administration screens. System operators can setup new agencies, add new users, reset passwords, and access other system-level options. Users may order additional user licenses and modify the allocation of licenses. They maintain the system, but may not access any Client or service records.

System Administrator I
Users have the same access rights to Client information as Agency Administrators, but for all agencies in the system. System Administrators also have full access to administrative functions.

System Administrator II
There are no system restrictions on users. They have full HMIS access.

2.5 HMIS VENDOR REQUIREMENTS

Physical Security
Access to areas containing HMIS equipment, data and software will be secured.

Firewall Protection
The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication
Users may only access HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security
HMIS users will be assigned a system access level that restricts their access to appropriate data.

Database Security
Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal number of points; as with production servers, production databases do not share a master password database.

Technical Support
The vendor will assist CH to resolve software problems, make necessary modifications for special programming, and will explain system functionality to CH.

Technical Performance
The vendor maintains the system, including data backup, data retrieval and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal
Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.

2.6 MINIMUM TECHNICAL STANDARDS

<u>Minimum Workstation Requirements</u>
System Requirements

- Intel-compatible 2GHz+ processor
- Minimum of 40 GB Hard Drive
- Minimum of 2 GB RAM
- Network card
- LAN or always-on high Speed Internet Connection (Cable, DSL, Fiber-Optic)
- Recent version of Internet Explorer, Google Chrome, or Mozilla Firefox with proper browser settings for use with SSL based websites
- One of the following operating systems:
    - Windows 10, both 32 bit and 64 bit
    - Windows 8, 8.1, both 32 bit and 64 bit
        - NOTE: Mouse and Keyboard supported only. Touchscreen is not officially supported.
    - Windows 7, both 32 bit and 64 bit, up to Service Pack 1.
    - Windows Vista, 32 bit and 64 bit, up to Service Pack 1
    - Windows XP, 32 bit and 64 bit, up to Service Pack 3
    - Macintosh operating systems are not officially supported but work with ServicePoint. They do not work with ART as SAP Business Objects does not support Mac/iOS.

2.7 HMIS LICENSE FEES

Agencies may purchase licenses at any time. Agency agrees to pay an annual participation fee to Coming Home to receive access to, and participate in, the MC HMIS. The annual fee will be invoiced by, and payable to, Coming Home, in accordance with the annual fee schedule based on Bowman's charges. The annual fee is subject to change, in the sole discretion of Coming Home, based upon consideration of HUD awards for MC HMIS, and MC CoC recommendations concerning equitable Agency participation fees, based upon number of users.

3. Privacy

The importance of the integrity and security of MC HMIS cannot be overstated. Given this importance, HMIS must be administered and operated under high standards of data quality and security. Coming Home and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the MC HMIS privacy, security and confidentiality policies and procedures. When a privacy or security standard conflicts with other Federal, State and local laws to which the partner agency must adhere, the partner agency must contact Coming Home to collaboratively update the applicable policies for the Partner Agency to accurately reflect the additional protections.

3.1 DATA SHARING AND ACCESS

All MC HMIS data will be handled according to the following major classifications: Shared or Closed Data. CH will assess all data, and implement appropriate controls to ensure that data classified as shared or closed is handled according to the following procedures.

3.1.1 Definitions

Shared Data
Shared data is unrestricted information that has been entered by one provider and is visible to other providers using HMIS. Middlesex County's HMIS is designed as an open system that defaults to allow shared data.

Closed Data
Information entered by one provider that is not visible to other providers using MC HMIS. The System Administrator will establish the visibility settings for certain information as closed (e.g. HIV/AIDS status, other health and mental health information). Individual Client records can be closed by the provider at the Client's request.

De-identified Data

Data that has specific Client demographic information removed, allowing use of the data ***without identifying*** a specific Client; also referred to as "non-identifying" information.

Identified Data
Data that can be used to identify a specific Client; also referred to as "Confidential" data or information.

Procedures for transmission and storage of data

- De-identified Data: May be discussed and released without a Client's consent.
- Identified Data: Each Partner Agency shall develop rules governing the access of identified data in MC HMIS to ensure that those staff needing such access will have access, and access is otherwise restricted. The agency rules shall also cover the destruction of paper and electronic data in a manner that will ensure that privacy is maintained and that proper controls are in place for any hard copy and electronic data that is based on MC HMIS data.

Whenever identified data is accessed:

- Hard copies shall be shredded when disposal is appropriate. Hard copies shall be stored in a secure environment that is inaccessible to the general public or staff not requiring access.
- Hard copies shall not be left out in the open or unattended.
- Electronic copies shall be stored only where the employee can access the data.
- Electronic copies shall be stored where a password is required to access the data if on shared server space.

3.2 DATA REPORTING PARAMETERES AND GUIDELINES

3.2.1 Definitions

Public Data
Any data that is included in any form, application, report, or any other submission to a public entity.

Principles for Release of Data

- Only de-identified aggregated data will be released except as specified below.
- No Identified Data may be released without informed consent unless otherwise specified by State and federal confidentiality laws. All requests for such information must be addressed to the owner/participating agency where the data was collected.
- Once deemed Public, data can be released without security controls.
- There will be full access to aggregate data included in published reports.
- Reports of aggregate data may be made directly available to the public.
- The parameters of the aggregated data, that is, where the data comes from and what it includes will be presented with each report.
- Data will be mined for agencies requesting reports on a case-by-case basis.
- Requests must be written with a description of specific data to be included and for what duration of time. Requests are to be submitted 30 days prior to the date the report is

needed. Exceptions to the 30-day notice may be made.
- CH reserves the right to deny any request for aggregated data.

3.3 RELEASE OF DATA FOR GRANT FUNDERS

Entities providing funding to agencies or programs required to use HMIS will not have automatic access to HMIS. Access to HMIS will only be granted by CH when there is a voluntary written agreement in place between the funding entity and the agency or program.

3.4 BASELINE PRIVACY POLICY

Collection of Personal Information
Personal information will be collected for HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a Client is receiving services, or when it is required by law. Personal information may be collected for these purposes:

- To provide or coordinate services for Clients.
- To find programs that may provide additional Client assistance.
- To comply with government and grant reporting obligations.
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources.

Only lawful and fair means are used to collect personal information.

Personal information is collected with the knowledge and consent of Clients. It is assumed that Clients consent to the collection of their personal information as described in this notice when they seek assistance from an agency using HMIS and provide the agency with their personal information.

If an agency reasonably believes that a Client is a victim of abuse, neglect or domestic violence, or if a Client reports that he/she is a victim of abuse, neglect or domestic violence, explicit permission is required to enter and share the Client's information in HMIS.

Your personal information may also be collected from:

- Additional individuals seeking services with a Client.
- Other private organizations that provide services and participate in HMIS.

Clients must be able to access the Use and Disclosure of Personal Information policy found below.

Use and Disclosure of Personal Information
These policies explain why an agency collects personal information from Clients. Personal information may be used or disclosed for activities described in this part of the Policy. Client consent to the use or disclosure of personal information for the purposes described in this section, and for reasons that are compatible with purposes described in this section but not listed, is assumed. Clients must give consent before their personal information is used or disclosed for any purpose not described here.

Personal information may be used or disclosed for the following purposes:

- To provide or coordinate services to individuals. Client records are shared with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information. If Clients access services at one of these other organizations, they will be notified of the agency's privacy and sharing policy.
- To carry out administrative functions such as legal audits, personnel, oversight, and management functions.
- For research and statistical purposes. Personal information released for research and statistical purposes will be anonymous.
- For academic research conducted by an individual or institution that has a formal relationship with Middlesex County and/or Coming Home. The research must be conducted by an individual employed by or affiliated with the organization or institution. All research projects must be conducted under a written research agreement approved in writing by the designated agency administrator or executive director. The written research agreement must:
    1. Establish the rules and limitations for processing personal information and providing security for personal information in the course of the research.
    2. Provide for the return or proper disposal of all personal information at the conclusion of the research.
    3. Restrict additional use or disclosure of personal information, except where required by law.
    4. Require that the recipient of the personal information formally agree to comply with all terms and conditions of the written research agreement, and
    5. Cannot be a substitute for approval of the research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution if appropriate.

- When required by law, Identified Information will be released to the extent that use or disclosure complies with the requirements of the law.
- To avert a serious threat to health or safety if:
    1. the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
    2. the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

- To report to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence, information about an individual reasonably believed to be a victim of abuse, neglect or domestic violence. When the personal information of a victim of abuse, neglect or domestic violence is disclosed, the individual whose information has been released will promptly be informed, except if:
    1. it is believed that informing the individual would place the individual at risk of serious harm, or

2. a personal representative (such as a family member or friend) who is responsible for the abuse, neglect or other injury is the individual who would be informed, and it is believed that informing the personal representative would not be in the best interest of the individual as determined in the exercise of professional judgment.

- For a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
  1. In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena, if the court ordered disclosure goes through the State.
  2. If the law enforcement official makes a written request for personal information. The written request must meet the following requirements:
     i. Is signed by a supervisory official of the law enforcement agency seeking the personal information.
     ii. States that the information is relevant and material to a legitimate law enforcement investigation.
     iii. Identifies the personal information sought.
     iv. Is specific and limited in scope to the purpose for which the information is sought, and
     v. Is approved for release by the State legal counsel after a review period of seven to fourteen days.
  3. If it is believed that the personal information constitutes evidence of criminal conduct that occurred at the agency where the Client receives services.
  4. If the official is an authorized federal official seeking personal information for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to a foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

- For law enforcement or another public official authorized to receive a Client's Identified Information, to conduct an immediate enforcement activity that depends upon the disclosure. Identified Information may be disclosed when a Client is incapacitated and unable to agree to the disclosure if waiting until the individual is able to agree to the disclosure would materially and adversely affect the enforcement activity. In this case, the disclosure will only be made if it is not intended to be used against the individual.
- To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Inspection and Correction of Personal Information

Clients may inspect and receive a copy of their personal information maintained in MC HMIS. The agency where the Client receives services will offer to explain any information that a Client may not understand.

If the information listed in MC HMIS is believed to be inaccurate or incomplete, a Client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted, or marked as inaccurate or incomplete and supplemented with additional information.
A request to inspect or copy one's personal information may be denied if:

- The information was compiled in reasonable anticipation of litigation or comparable proceedings
- The information was obtained under a promise or confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a request for inspection access or personal information correction is denied, the agency where the Client receives services will explain the reason for the denial. The Client's request and the reason for the denial will be included in the Client's record.

Requests for inspection access or personal information correction may be denied if they are made in a repeated and/or harassing manner.

Data Quality
Only personal information relevant for the purpose(s) for which it will be used will be collected. Personal information must be accurate and complete.

Client files not used in seven years may be made inactive in MC HMIS. CH will check with agencies before making Client files inactive. Personal information may be retained for a longer period if required by statute, regulation, contract or another obligation.

Complaints and Accountability
Questions or complaints about the privacy and security policies and practices may be submitted to the agency where the Client receives services. Complaints specific to HMIS should be submitted to the Agency Administrator and program director. If no resolution can be found, the complaint will be forwarded to the System Administrator (Coming Home) and the Agency's Executive Director. If there is no resolution, the MC HMIS Policy Review Committee will oversee final arbitration. All other complaints will follow the agency's grievance procedure as outlined in the agency's handbook.

All MC HMIS users (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Users must receive and acknowledge receipt of a copy of this privacy notice.

3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS

Victim service providers, private nonprofit agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, must not directly enter or provide data into HMIS if they are legally prohibited from participating in HMIS. Victim service providers that are recipients of funds requiring participation in HMIS, but are prohibited from entering data in HMIS, must use a comparable database to enter Client information. A comparable database is a database that can be used to collect Client-level data over time and generate unduplicated aggregated reports based on the Client information entered into the database. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by HMIS.

3.6 USER CONFLICT OF INTEREST

Users who are also clients with files in MC HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All licensed End Users agree to this limitation and to report any potential conflict of interest to their Agency Administrator. The System Administrator may run the audit trail report to determine if there has been a violation of the conflict of interest agreement.

4. SECURITY

4.1 USER SECURITY

Agency Administrators will provide unique user names and initial passwords to each Partner Agency user. User names will be unique for each user and will not be exchanged or shared with other users. The MC HMIS System Administrator will have access to the list of user names for the MC HMIS and will track user name distribution and use. Only CH will be authorized to purchase or grant additional user licenses to an Agency that has utilized all current licenses.

Agency Administrators will provide unique user names and initial passwords to each user upon completion of training and MC HMIS Policies and Procedures. The sharing of user names will be considered a breach of these policies. Agency Administrators are responsible for distributing user names and initial passwords to agency users as well as for providing current users with a new password if he/she requires one.

4.2 USER CHANGES

The Partner Agency Administrator will make any necessary changes to the Partner Agency user accounts. This includes issuance of new passwords, revoking authorization for staff that is no longer with the agency, and managing access levels, etc. The Agency Administrator has the ability to change user names and redistribute user licenses to accommodate the Partner Agency organization. Changes in Agency Administrators must be reported to the MC HMIS System Administrator. The Agency Administrator is required to revoke the user license of a terminated employee immediately

upon termination of employment. For employees with user access otherwise leaving the agency, the user license should be revoked at the end of business on the person's last day of employment.

4.3 PASSWORDS

Users will have access to the MC HMIS via a user name and password. Passwords must be changed a minimum of once every 45 days. Users will keep passwords confidential. Under no circumstances shall a licensed user share a password nor shall they post their password in an unsecured location. These methods of access are unique to each user and confidential. Users are responsible for keeping their passwords confidential.

The Agency Administrator will issue a user name and temporary password to each new user who has completed training. Upon sign in with the user name and temporary password, the user will be required by the software to select a unique password that will be known only to him/her. Every 45 days, passwords are reset automatically by the MC HMIS software. See Section B.1 for additional detail on password security.

4.4 PASSWORD RECOVERY

The Agency Administrator will reset a user's password in the event the password is lost or forgotten. The Agency Administrator will reset the user password, and issue a temporary password to allow the user to login and choose a new password. The new password will be valid from that time forward, until the next 45-day forced change. Agency Administrators must validate the authenticity of the request if the request is not made in person. In other words, neither Agency Administrators nor the MC HMIS System Administrator shall issue a new password without ensuring that the person requesting it is, in fact, the person with the authorization to use it.

4.5 EXTRACTED DATA

MC HMIS users will maintain the security of any Client data extracted from the database and stored locally, including all data used in custom reporting. MC HMIS users will not electronically transmit any unencrypted Client data across a public network.

The custom report-writer function of ServicePoint allows Client data to be downloaded to an encrypted file on the local computer. Once that file is unencrypted by the user, confidential Client data is left vulnerable on the local computer, unless additional measures are taken. Such measures include restricting access to the file by adding password. For security reasons, unencrypted data may not be sent over a network that is open to the public. Unencrypted data may not be sent via email. HMIS users should apply the same standards of security to local files containing Client data as to the HMIS database itself. Data extracted from the database and stored locally will be stored in a secure location (not on floppy disks/CDs or other temporary storage mechanisms like flash drives or on unprotected laptop computers, for example) and will not be transmitted outside of the private local area network unless it is properly protected via encryption or by adding a file-level

password. The MC HMIS System Administrator will provide help in determining the appropriate handling of electronic files. All security questions will be addressed to the MC HMIS System Administrator. Breach of this security policy will be considered a violation of the user agreement, which may result in personnel action and/or agency sanctions.

4.6 DATA ACCESS COMPUTER REQUIREMENTS

Users will ensure the confidentiality of Client data, following all security policies in the MC HMIS Policies and Procedures and adhering to the standards of ethical data use, regardless of the location of the connecting computer. All Policies and Procedures and security standards will be enforced regardless of the location of the connecting computer.

Because ServicePoint is web-enabled software, users could conceivably connect to the database from locations other than the Partner Agency itself, using computers other than agency-owned computers. Connecting from a non-agency location may introduce additional threats to data security, such as the ability for non- ServicePoint users to view Client data on the computer screen or the introduction of a virus. If such a connection is made, the highest levels of security must be applied, and Client confidentiality must still be maintained. This includes only accessing the MC HMIS via a computer that has virus protection software installed and updated
Each Partner Agency and Agency Administrator is responsible for:

- Physical Space: Partner Agencies must take reasonable steps to ensure Client confidentiality when licensed users are accessing the MC HMIS. Licensed users are required to conduct data entry in a protected physical space to prevent unauthorized access to the computer monitor while confidential Client information is accessible.
- Use of a non-agency computer located in a public space (i.e. internet café, public library) to connect to HMIS is prohibited.
- Time-Out Routines: Each Agency Administrator will be required to enable time-out (login/logout) routines on every computer to shut down access to the MC HMIS when a computer is unattended. Time-out routines will be engaged at a minimum after 10 minutes of inactivity or at other intervals as CH determines.
- Each computer that accesses MC HMIS must have current virus software that updates automatically installed.
- If the MC HMIS is accessed over a network, the network must be protected by a hardware or software Firewall at the Server. A stand-alone machine that accesses HMIS must also have a hardware or software Firewall installed and active. This may be the Firewall protection included as part of the operating system or the virus protection software installed on the computer.

4.7 SECURITY PROCEDURE TRAINING FOR USERS

All users must receive security training prior to being given access to MC HMIS. Security training will be covered during the new user training for all new users. All users must receive on-going annual training on security procedures from their Agency Administrators and/or Coming Home.

4.8 VIOLATION OF SECURITY PROCEDURES

All potential violations of any security protocols will be investigated and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

If possible, all confirmed security violations will be communicated in writing to the affected Client within 14 days, unless the Client cannot be located. If the Client cannot be located, a written description of the violation and efforts to locate the Client will be prepared by CH and placed in the Client's file at the Agency that originated the Client's record.

Any agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked. All sanctions are imposed by Coming Home. All sanctions may be appealed to Coming Home's Executive Director.

4.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS

Users and Agency Administrators should report all unlawful access of MC HMIS and unlawful attempted access of HMIS. This includes theft of usernames and passwords. Security incidents should be reported to the System Administrator. The System Administrator will use the HMIS user audit trail report to determine the extent of the breach of security.

4.10 DISASTER RECOVERY PLAN

Middlesex County's HMIS is covered under Bowman Systems Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Bowman Systems provides the following disaster recovery plan. Plan highlights include:

- Database tape backups occur nightly.
- Tape backups are stored offsite.
- Seven day backup history is stored locally on instantly accessible Raid 10 storage.
- One month backup history is stored off site.
- Access to Bowman Systems emergency line to provide assistance related to "outages" or "downtime" 24 hours a day.
- Data is backed up locally on instantly-accessible disk storage every 24 hours.
- The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.

- Backups of the application site are near-instantaneous (no files older than 5 minutes).
- The database is replicated nightly at an offsite location in case of a primary data center failure.
- Priority level response (ensures downtime will not exceed 4 hours).

Standard Data Recovery

Middlesex County's HMIS database is stored online, and is readily accessible for approximately 24 hours a day. Tape backups of the database are kept for approximately one month. Upon recognition of a system failure, MC HMIS can be copied to a standby server. The database can be restored, and the site recreated within three to four hours if online backups are accessible. As a rule, a tape restoration can be made within six to eight hours. On-site backups are made once daily. A restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that are connected in turn to electrical circuits, which are connected to a building generator.

All Client data is backed-up online and stored on a central file server repository for 24 hours. Each night a tape backup is made of the Client database and secured in a bank vault.

Historical data can be restored from tape as long as the data requested is newer than 30 days old. As a rule, the data can be restored to a standby server within four hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, MC HMIS is backed up via APC battery back-up units, which are connected via generator-backed up electrical circuits. For a system crash, a system restore will take four hours. There is potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a tape restore is necessary. If the failure is not hard drive related, the data restore time will possibly be shorter as the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Bowman Systems support staff helps manage communication or messaging to the System Administrator as progress is made to address the service outage.

5. Data Quality Requirements

5.1 DATA COLLECTION PROTOCOL

Partner Agencies are responsible for asking all Clients a minimum set of questions for use in aggregate analysis. These questions are included in custom assessments that are created by the System Administrator, in conjunction with the CoC, and meet the requirements set forth by HUD in the HUD Data & Technical Standards. The required data elements depend on the project type. The mandatory data elements in each assessment will require that an answer be entered before you can progress to the next data element. Data entry must be completed within 5 days of receiving the data from the client.

In addition to the HUD required data elements, all Partner Agencies may be required by the CoC to complete additional data elements.

Programs that do not adhere to the minimum data entry standards will be notified of their deficiencies and given appropriate training on how to correctly enter data. Programs that do not meet minimum data entry standards will have MC HMIS access suspended until such time that CH believes the program could begin to correctly enter information. After the two initial warnings from CH, a program still not adhering to the minimum data entry requirements will be made permanently inactive, and licenses will be revoked until the agency can demonstrate to CH that it is capable of maintaining minimum data requirements.

CH will submit a report to the CoC annually that identifies the degree to which each all agencies within the CoC are meeting the minimum data entry standards.

The Agency Administrator must identify the assessments and requirements for each program, and properly set up each program in MC HMIS.

5.2 DATA INTEGRITY AND RELIABILITY

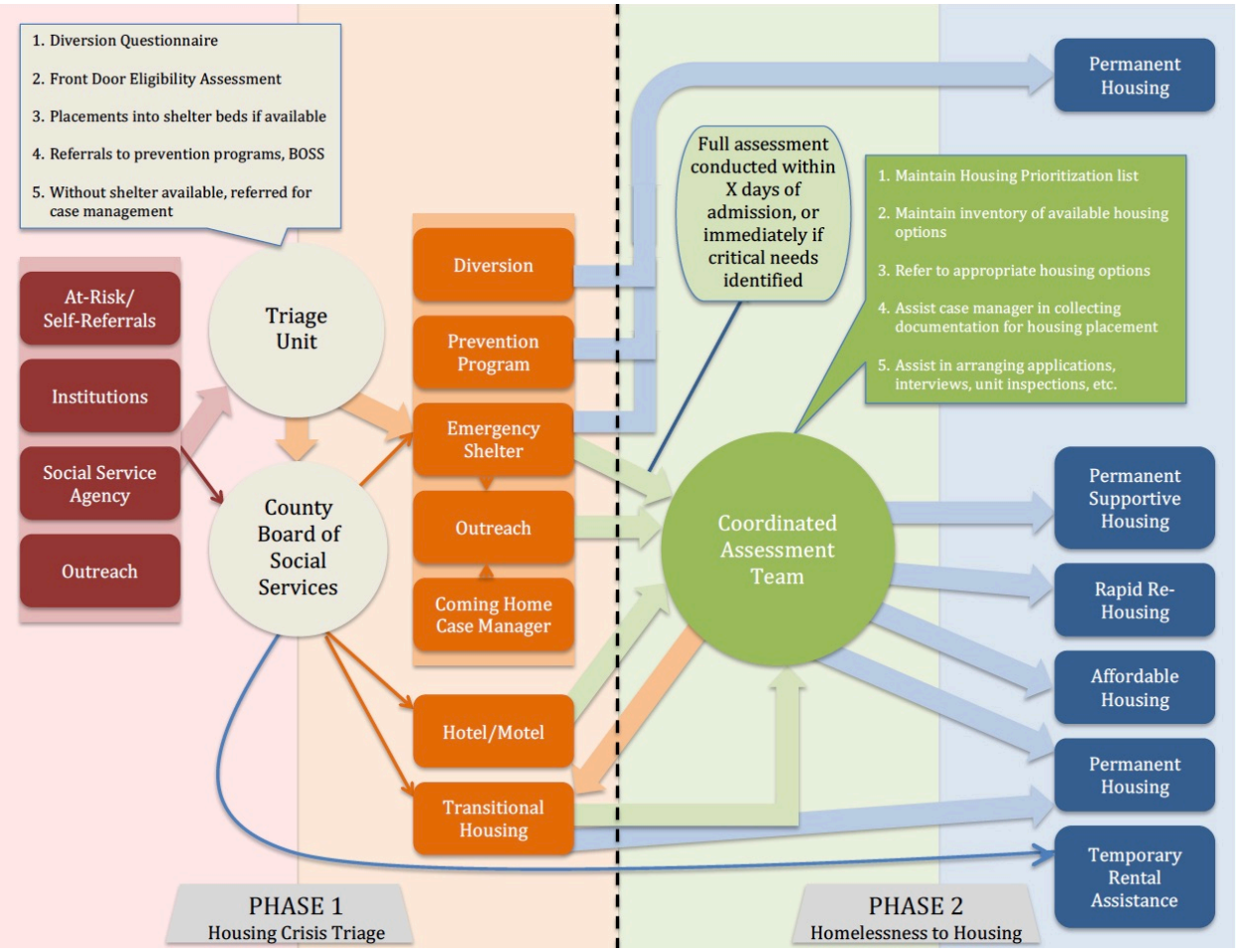
Partner Agencies are responsible for the overall quality, accuracy and completeness of data entered by their staff for their Clients. CH will monitor data collection for random variables and hold Partner Agencies accountable for not entering required data.

5.3 DATA OWNERSHIP

The MC HMIS, and any and all data stored in the MC HMIS, is the property of Coming Home. CH has authority over the creation, maintenance, and security of the MC HMIS. Violations of the MC HMIS Agency Agreement, the Policies and Procedures, privacy policies developed at the agency level, or other applicable laws may subject the Partner Agency to discipline and/or termination of access to the MC HMIS and/or to termination of other contracts.

The Participating Agency Agreement includes terms regarding the maintenance of the confidentiality of Client information, provisions regarding the duration of access, an acknowledgement of receipt of the Policies and Procedures, and an agreement to abide by all policies and procedures related to the MC HMIS including all security provisions contained therein. Because programs participating in the MC HMIS are funded through different streams with different requirements (HUD, State, County, and other), CH shall maintain ownership of the database in its entirety in order that these funders cannot access data to which they are not legally entitled.

9. Appendix A


1. Diversion Questionnaire
2. Front Door Eligibility Assessment
3. Placements into shelter beds if available
4. Referrals to prevention programs, BOSS
5. Without shelter available, referred for case management
At-Risk/ Self-Referrals
Institutions
Social Service Agency
Outreach
Triage Unit
County Board of Social Services
Diversion
Prevention Program
Emergency Shelter
Outreach
Coming Home Case Manager
Hotel/Motel
Transitional Housing
Full assessment conducted within X days of admission, or immediately if critical needs identified
1. Maintain Housing Prioritization list
2. Maintain inventory of available housing options
3. Refer to appropriate housing options
4. Assist case manager in collecting documentation for housing placement
5. Assist in arranging applications, interviews, unit inspections, etc.
Coordinated Assessment Team
Permanent Housing
Permanent Supportive Housing
Rapid Re-Housing
Affordable Housing
Permanent Housing
Temporary Rental Assistance
PHASE 1
Housing Crisis Triage
PHASE 2
Homelessness to Housing

10. Appendix B

Entry/Exit Data

Note: If you change the provider selected it may cause the Assessments to adjust for the new Pro vider's Entry/Exit Assessment defaults. An y information saved to the p still be attached to that Assessment record for the Client.

Provider *	MC Coordinated Assessment - Access & Prioritization (98)
Type *	HUD

Household Members Associated with this Entry / Exit

Name	Head of Household	Entry Date	Exit Date	Interims	Follow Ups	Reason for Leaving	Destination
	Yes	01/28/2016	01/29/2016			Completed program	Staying or living with family, temporary tenure (e.g. apartment or house)(HUD)
	No	01/28/2016	01/29/2016			Completed program	Staying or living with family, temporary tenure (e.g. apartment or house)(HUD)
	No	01/28/2016	01/29/2016			Completed program	Staying or living with family, temporary tenure (e.g. apartment or house)(HUD)
	No	01/28/2016	01/29/2016			Completed program	Staying or living with family, temporary tenure (e.g. apartment or house)(HUD)

Showing 1-4 of 4

Entry Assessment | Exit Assessment

Select an Assessment

Additional Profile Information | HPRP | Children- Guardianship, ChildCare, Education, Health | APR Entry

Follow Up Review | APR Exit | MC Barriers to Housing | WRONG ENTRY TYI

Coordinated Entry - 211 Triage | Coordinated Entry - Hotline | HUD CoC and ESG Exit (2015) | Prioritization Asse

Household Members

Coordinated Entry - 211 Triage Entry Date: 01/28/20

Date of Birth *	09/16/1978
Date of Birth Type *	Full DOB Reported (HUD)
Primary Race *	White (HUD)
Secondary Race	
Ethnicity *	Non-Hispanic/Non-Latino (HUD)
Gender *	Female
If Other Gender, specify	
Relationship to Head of Household *	Head of household's spouse or partner
If Other, please specify	
Housing Status *	Category 1 - Homeless (HUD)
Income from Any Source *	Yes (HUD)
List Source(s) of Income and Amount for each Source here (type "No Income" if needed) *	$1780 SSD monthly for mental health - includes check for kids, plus client's che

PREVENTION - Housing Status is NOT Homeless

If you are not yet homeless, I would like to provide you with referrals to prevention resources (if funds are available) that may be able to assist.

Do you have an eviction notice, and if yes, what stage are you in?

If Yes for any income EXCEPT TANF, GA or SSI, Refer to Catholic Charities Multi-Services program 732-826-6278 for rental and u

and Central Jersey Legal Services at 732-297-7600 or Housing Coalition 732-249–9700 for landlord tenant and eviction info

(Prevention) If client has recently applied for TANF, GA or SSI, and has no income OR client is currently receiving TANF, GA, o r SS questions:

(Prevention) Have you been denied or sanctioned by the Board of Social Services for benefits, or have you been told that you have exhausted your lifetime benefits, including emergency

housing benefits?	
If yes, enter the reason of denial or sanction and offer referral for Coming Home for case management	

If no, refer to MCBSS for financial assistance. Recommend client go first thing in the morning and state that they are at risk of hon to apply for Emergency Assistance

If client accepts prevention referrals or MCBSS, and is facing imminent displacement, referral can also be offered to Coming Home management

STOP here for Imminent/At Risk Clients

HOMELESS

Substance Use

Are you presently under the influence of alcohol or drugs?	No

If yes, I can provide you with a referral to HEART for Outreach services (732-545-9002 x119) and, if eligible, to MBC placement and SAI (Substance Abuse Initiative) pro gram for treatment

If no, or if client declines referrals for treatment, ask the following:

Do you have a history of substance or alcohol abuse?	No (HUD)

State the following: I just want to let you know that if anyone shows up to a shelter after using alcohol or drugs, the s determination about whether or not you are able to safely stay for the night.

Residence Prior to Project Entry	Hotel or motel paid for without emergency shelter v oucher (HUD)
If Other Type of Residence, specify	
Length of Stay in Previous Place	One year or longer (HUD)
How much longer are you able to stay at this location, if at all?	Unable to pay out of pocket for motel; cannot afford. They were paying with the they were going to use as a security deposit when they found an apartment.
Where else might you be able to stay?	In the car
Zip Code of Last Permanent Address	08854
Zip data quality	Full or Partial Zip Code Reported (HUD)
For households with children, ask: What town or district do the children attend school?	
Client entering from the streets, ES or SH	Yes (HUD)
If Yes for "Client entering from streets, ES or SH" Approximate date started: [Date Field]	01/28/2016
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today	One time (HUD)
Total number of months homeless on the street, in ES or SH in the past three years	One month (this time is the first month) (HUD)
Are you connected with a PATH (Catholic Charities or UBHC) or HEART (Elijah's Promise) Outreach worker?	No (HUD)
If Yes, what is your Outreach worker's name?	

DIVERSION QUESTIONS

How much money do you have access to right now?	17
Recent Application for Public Assistance?	No

(Homeless) If client has recently applied for TANF, GA or SSI, and has no income OR client is currently receiving TANF, GA, or SS. questions:

(Homeless) Have you been denied or sanctioned by the Board of Social Services for benefits, or have you been told that you have exhausted your lifetime benefits, including emergency housing benefits?	No (HUD)
If yes, enter reason for denial or sanction and continue with screening for shelter. Offer referral to Coming Home for case management.	

If no, refer to MCBSS, and continue with screening. Recommend client go first thing in the morning to MCB SS and state that they

have immediate need.

If there is no shelter available for the night, where will you stay?	In the car
Who do you usually call when you need help?	No one
Can you contact him or her?	No (HUD)
Do you belong to a church, another faith-based organization, AA or other recovery group?	No (HUD)
If yes, is there a member there that would be willing to help you?	
Would there be anyone else you could possibly stay with for at least the next 3-7 days, either locally or out of the area?	No (HUD)

If yes, also offer referral to Coming Home for case management

Has client been able to be Diverted?	No

If unable to be diverted, complete the following Shelter Screening. Tell the client:

I am going to ask you some questions now to determine eligibility for shelter.

It is important that you answer these questions as honestly as possible so I can make the most appropriate shelter ref

If you arrive at the shelter and it's evident that any of your answers were not accurate, it is possible you may not be a understand?

Are you willing to go to shelter when a bed is available?	Yes

If yes, continue with screening. If no, offer referral for case management, and stop screening. If there are minor children in the ho they will stay. If there's no plan for the kids, offer referral to DCP&P.

SHELTER SCREENING

English Speaking Skills *	Excellent
Marital Status *	Cohabitating
Does the client have a disabling condition? *	Yes (HUD)
Does anyone in your household have a disabling condtion?	No (HUD)
If yes for any disabilities, ask: Would anyone have any difficulty in sleeping in a top bunk or residing in a communal living situation, like a shelter?	No (HUD)
Are you, or is anyone in your household, pregnant?	No (HUD)
If yes, how far along are you (or is she)?	
Description/comment, if needed	

The following are questions that will help decide the best place to refer you.

Everything is confidential, and will only be shared with the shelters and case management agency to ensure the best p

Are you now, or have you ever been, a registered sex offender?	No (HUD)
Are you now, or have you ever been, subject to community notification?	No (HUD)
If Yes, what is your current classification? (Choose one, if client doesn't know, read options)	

If the answer is anything other than Tier 1, the client is ineligible for shelter and should be referred for case management on ly

Do you have a restraining order in place against anyone, or is one in place against you?	No (HUD)
If yes, please explain briefly	

SHELTER REFERRAL

Based on your answers, it appears that you may be eligible for shelter. Would you like me to make a referral for shelter for you?	Yes

If No, offer referral for case management. If there are minor children, ask where the children will stay the night. If there's no plan fo to DCP&P.

If yes, state: I have made a referral to the shelters for you. One of the shelters will call you when a room is available. If anything your housing situation or contact information, please call us back so we can update the referral.

I can also offer you a referral to a case management agency in addition to shelter referral. Would you like that referral as well?

State the following: I want to go over a few general shelter rules so that you are prepared when they call.

There is a limit on the number of bags that you can bring in to shelter. Usually, it is 1 bag for an individual, and up to 4 depending on family size

Bags will be checked for sharp objects, weapons, and drug paraphenalia prior to being admitted. If you appear to be u of drugs or alcohol, you may be tested and/or turned away from the shelter when you arrive.

Do you have bed bugs, or were there bed bugs where you were staying?	No (HUD)
If yes, how long ago were you there, and have you done anything rid them from your belongings?	

When the shelter calls, you will be responsible for getting to the shelter within a few hours from the time they call.

Thank the client for calling and double check on any additional referrals they may want. Remind the client to call back in their situation.

11. Appendix C

Middlesex County CoC Housing Prioritization Tool (rev. 6/17)

Date: _____

Client Name:_____ _____

Case Manager Name & Contact Information (phone & email):_____
_____ _____

Client DOB: _____

Additional Household Members (name, gender, date of birth):
_____

_____

_____

_____

_____

_____

Instructions:

1) **We will be basing this information off what is true for the client at this time. You must answer the questions based on the client's current situation. All information should be able to be verified in HMIS or through paper documentation (if client is in MC HMIS, it should be accurate in the system).**
2) **For #5, no matter where client is today, how many times has he/she been on the street, in ES or SH in last 3 years, including today.**
3) **For #6, IF the client has been on the streets or in shelter in the last 3 years, how many total months did the client spend in these situations**
4) **For #7, document all sources of income and amounts that client currently receives.**
5) **For the disabilities questions, please indicate the relationship to the head of household, if other than self in the appropriate sections. Document all disabilities.**
6) **You must ask the client Questions 9-11 directly and record his/her answers.**
7) **Submit completed assessment to Bobbin Paskell, bobbin.paskell@co.middlesex.nj.us or fax to 732-626-6200**

Middlesex County CoC Housing Prioritization Tool

1. **Living Situation –** ***Where did you sleep last night? (TO BE COMPLETED BY non-HMIS providers only)***			
If Answer #1, score 3; If #2, or #3 score 1; Otherwise, score 0			
	#	***Living Situation***	***Score***
HOMELESS SITUATION			
	1	Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"	
	2	Emergency shelter including hotel/motel paid w/emergency shelter voucher	
	3	Safe Haven	
	4	Interim Housing	
INSTITUTIONAL SITUATION			
	5	Foster care home or foster care group home	
	6	Hospital or other residential non-psychiatric medical facility	
	7	Jail, prison, or juvenile detention facility	
	8	Long-term care facility or nursing home	
	9	Psychiatric hospital or other psychiatric facility	
	10	Substance abuse treatment facility or detox center	
TRANSITIONAL & PERMANENT HOUSING SITUATION			
	11	Hotel or motel paid for without emergency shelter voucher	
	12	Owned by client, no ongoing housing subsidy	
	13	Owned by client, with ongoing housing subsidy	
	14	Permanent housing for formerly homeless persons	
	15	Rental by client, no ongoing housing subsidy	
	16	Rental by client with VASH housing subsidy	
	17	Rental by client with GPD TIP subsidy	
	18	Rental by client with other ongoing housing subsidy	
	19	Residential project of halfway house with no homeless criteria	
	20	Staying or living in a family member's room, apartment, or house	
	21	Staying or living in a friend's room, apartment, or house	
	22	Transitional housing for homeless persons (including homeless youth)	
	23	Client Doesn't Know	
	24	Client Refused	
	25	Data Not Collected	
	26	Subsidized Housing	
	27	Other	

2. How long have you been staying there?			
If Answer to Question #1 (above) was Answer #1, #2, or #3: If Answer #6, score 3; If #5 score 1; Otherwise, score 0			
	#	***Length of Stay***	***Score***
	1	One night or less	
	2	Two to 6 nights	
	3	One week or more, but less than one month	
	4	One month or more, but less than 90 days	
	5	90 days or more, but less than one year	
	6	One year or longer	
	7	Client Doesn't Know	
	8	Client Refused	
	9	Data Not Collected	

3. Residence Prior to Current Location (Residence Prior in HMIS)			
If Answer #1, score 3; If #2, or #3 score 1; Otherwise, score 0			
	#	***Living Situation***	***Score***
HOMELESS SITUATION			
	1	Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"	
	2	Emergency shelter including hotel/motel paid w/emergency shelter voucher	
	3	Safe Haven	
	4	Interim Housing	
INSTITUTIONAL SITUATION			
	5	Foster care home or foster care group home	
	6	Hospital or other residential non-psychiatric medical facility	
	7	Jail, prison, or juvenile detention facility	
	8	Long-term care facility or nursing home	
	9	Psychiatric hospital or other psychiatric facility	
	10	Substance abuse treatment facility or detox center	
TRANSITIONAL & PERMANENT HOUSING SITUATION			
	11	Hotel or motel paid for without emergency shelter voucher	
	12	Owned by client, no ongoing housing subsidy	
	13	Owned by client, with ongoing housing subsidy	
	14	Permanent housing for formerly homeless persons	
	15	Rental by client, no ongoing housing subsidy	
	16	Rental by client with VASH housing subsidy	
	17	Rental by client with GPD TIP subsidy	
	18	Rental by client with other ongoing housing subsidy	
	19	Residential project of halfway house with no homeless criteria	
	20	Staying or living in a family member's room, apartment, or house	
	21	Staying or living in a friend's room, apartment, or house	

	22	Transitional housing for homeless persons (including homeless youth)	
	23	Client Doesn't Know	
	24	Client Refused	
	25	Data Not Collected	
	26	Subsidized Housing	
	27	Other	

4. Approximate date homelessness started (current episode): ___/___/_____

5. Regardless of where they stayed last night - Number of Times Client has been on the Street, in Emergency Shelter or Safe Haven in the past 3 years, including this episode:

If Answer #5, score 5; If #3, #4, score 3; Otherwise, score 0

	#	***Episodes of Homelessness***	***Score***
	1	0	
	2	1	
	3	2	
	4	3	
	5	4 or more times	
	6	Client doesn't know	
	7	Client refused	
	8	Data not collected	

6. Total Number of Months Client has been homeless on the street, in Emergency Shelter or Safe Haven in the past 3 years, including this episode:

If Answer #12, score 5; If #6, #7, #8, #9, #10, #11, score 3; Otherwise, score 0

	#	***Months of Homelessness***	***Score***
	1	1 (this time is the first month)	
	2	2	
	3	3	
	4	4	
	5	5	
	6	6	
	7	7	
	8	8	
	9	9	
	10	10	
	11	11	
	12	12 or more months	
	13	Client doesn't know	
	14	Client refused	
	15	Data not collected	

7. Monthly Income (Check if client receives income source and write amount received)					
*If Answer Includes #3, #4, #5, #6, or #17, score 3 under **Score 1**; Otherwise, score 0* *If Total of all Monthly Amounts ≤ $800, score 3 under **Score 2;** Otherwise, score 0*					
	#	***Source of Income***	***Monthly Amount***	***Score 1***	***Score 2***
	1	Earned income			
	2	Unemployment			
	3	Supplemental Security income (SSI)			
	4	Social Security Disability Insurance (SSDI)			
	5	VA Service-Connected Disability Compensation			
	6	VA Non-Service-Connected Disability Pension			
	7	Private Disability Insurance			
	8	Worker's Compensation			
	9	Temporary Aid for Needy Families (TANF)			
	10	General Assistance (GA)			
	11	Retirement Income from Social Security			
	12	Pension or retirement income from a former job			
	13	Child Support			
	14	Alimony or other spousal support			
	15	Other Source (Specify below)			
	16	If Other (above), please specify:			
	17	No Source of Income	N/A		
		Total Monthly Income:			

8. Do you, or anyone in your household, have any disabilities?			
If Answer #1, score 3; Otherwise, score 0			
	#	***Household Member with Disabilities***	***Score***
	1	Yes	
	2	No	

9. If Yes, complete the following for each applicable household member. **Disabilities (Write Y (Yes), N (No), DK (Client Doesn't Know), R (Client Refused), and if Yes, answer additional questions in following columns)**						
*If Answer 'Y' in both Columns **B** and **C** for any one of #1, #2, or #5 **AND** either #3 or #6 **AND** #7 for any household member, score 5* *If Answer 'Y' in both Columns **B** and **C** for any one of #1, #2, or #5 **AND** #7 for any household member, score 3; **OR** Otherwise, score 0*						
	A	***B***	***C***	***D***	***E***	
#	***Disability***	***Y/N/DK/R***	***If yes, expected to be of long duration & substantially impair ability to live independently? Y/N/DK/R***	***If yes, Documentation of disability & severity on file? Y/N***	***If yes, is client currently receiving treatment for this disability? Y/N/DK/R***	***Score***
1	Alcohol Abuse					
2	Both Alcohol & Drug Abuse					
3	Chronic Health Condition					
4	Developmental					
5	Drug Abuse					
6	HIV/AIDS					
7	Mental Health					
8	Physical					

*If Mental Health, please write in diagnosis here (helps to determine eligibility for specific providers):

_____

10. Have you (or any member of your household) **been a victim/survivor of domestic violence?**		
If Answer #1, Continue to Question #11, Otherwise continue to Question #12		
	#	***Domestic Violence Experience***
	1	Yes
	2	No
	3	Client doesn't know
	4	Client refused
	5	Data Not Collected

11. When did domestic violence experience occur?			
If Answer #1, score 3; If #2, score 2 If #3, score 1 Otherwise, score 0			
	#	***When Experience Occurred***	***Score***
	1	Within the past 3 months	
	2	3 to 6 months	
	3	From 6 to 12 months ago	
	4	More than a year ago	
	5	Client doesn't know	
	6	Client refused	
	7	Data not collected	

12. How many times have you (or any member of your household) **had an interaction with police, or been incarcerated or arrested in the past year?**			
If Answer #5, score 5; If #3 or #4, score 3 Otherwise, score 0			
	#	***Interactions***	***Score***
	1	0	
	2	1	
	3	2	
	4	3	
	5	4 or more	
	6	Client doesn't know	
	7	Client refused	

13. How many times have you (or any member of your household) **been to the emergency room or been hospitalized in the past year?**			
If Answer #5, score 5; If #3 or #4, score 3 Otherwise, score 0			
	#	***Emergency Room or Hospital Visits***	***Score***
	1	0	
	2	1	
	3	2	
	4	3	
	5	4 or more	
	6	Client doesn't know	
	7	Client refused	

14. How many times have you (or any member of your household) **been to an inpatient psychiatric hospital or mental health facility in the past year?**			
If Answer #3, score 5; If #2, score 3 Otherwise, score 0			
	#	***Institutionalizations***	***Score***
	1	0	
	2	1	
	3	2 or more	
	4	Client doesn't know	
	5	Client refused	

To be Answered by Coordinated Assessment Team only

15. Does the household meet the definition of chronically homeless?			
If Answer #1, score 5 Otherwise, score 0			
	#	***Chronically Homeless***	***Score***
	1	Yes	
	2	No	

Total Score	***Score***

If any two prioritized clients are given the same prioritization score, priority will be given to the client with the longest current length of homelessness (per Question 2). If still the same, priority will be given to the client with the larger number of homeless episodes in the past 3 years (per Question 3). If still the same, priority will be given to the client whose subtotal score for Questions 7, 9, 10, and 11 is the highest.

Maximum Score: 61
Base score for eligibility for Permanent Supportive Housing for chronically homeless: 24
Base score for eligibility for Permanent Supportive Housing: 9