



## CONTRA COSTA COUNTY CONTINUUM OF CARE

### SYSTEMWIDE WRITTEN STANDARDS FOR PROVIDING HOUSING AND SUPPORTIVE ASSISTANCE IN CONTRA COSTA COUNTY

*Adopted by the Contra Costa Council on Homelessness – May 4, 2023*

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## INTRODUCTION

### PURPOSE

The HEARTH Act requires the Contra Costa County Continuum of Care to have written standards that govern the provision of assistance to individuals and families. While agencies that receive Emergency Solutions Grant (ESG) or Continuum of Care (CoC) funding are required to abide by these written standards per the terms of their funding, Contra Costa requires that all CoC participating providers also adhere to these requirements as applicable by project type to ensure a high and equitable standard of care throughout the Continuum of Care. Agency and program procedures should reflect the policies and procedures described in this document. The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain services and housing. Programs that receive ESG or CoC funding or other funding administered by Contra Costa Health Services, the CoC lead agency, will be monitored for compliance with these written standards, unless otherwise specified in a contract agreement. Programs that do not receive either of these sources of funding will be monitored for compliance to these standards as well. Recipients and sub-recipients of CoC Program, ESG, and other funds may develop additional standards for administering program assistance, but these additional standards may not be in conflict with those established in the CoC and ESG Standards.

The CoC and ESG Standards are not intended to be in lieu of or in place of the [CoC Program Interim Rule](#), which focuses on regulatory implementation of the CoC Program, but are intended to clarify local decisions regarding program administration. All Department of Housing and Urban Development (HUD)-funded providers must follow the regulations found in the CoC Program Interim Rule in their entirety.

As the CoC Lead Agency, Contra Costa Health Services - Health, Housing and Homeless Services Division (H3) is responsible for ensuring these standards remain up to date and aligned with federal, state, and local regulations and best practices, and the interests of the CoC. The CoC's governing body, the Council on Homelessness, will review and approve all written standards before implementation and enforcement.

### PROGRAM OVERVIEW: EMERGENCY SOLUTIONS GRANTS AND CONTINUUM OF CARE

**Emergency Solutions Grants (ESG) Program:** This federal program provides funds for a variety of activities to address homelessness as authorized under the HEARTH Act and State program requirements. The [ESG program](#) provides grant funding to 1) engage homeless individuals and families living on the street; 2) rapidly re-house homeless individuals and families; 3) help operate and provide essential services in emergency shelters for homeless individuals and families; and 4) prevent individuals and families from becoming homeless. The California Department of Housing and Community Development administers the program with funding from the U.S Department of Housing and Urban Development (HUD).

**Continuum of Care (CoC) Program:** This program is funded by HUD and is designed to promote communitywide commitment to the goal of ending homelessness. The CoC Program also funds efforts by nonprofit providers and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promotes access to and effective utilization of mainstream programs by homeless individuals and families; and optimizes self-sufficiency among individuals and families experiencing homelessness. In Contra Costa County, the CoC Program funds are currently used to support various

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Permanent Supportive Housing and Rapid Rehousing projects, as well as system infrastructure initiatives such as planning, Coordinated Entry, and Homeless Management Information Systems.

**CONTRA COSTA COC VALUES AND PRINCIPLES**

The Contra Costa CoC believes everyone should have a home. We are committed to ending homelessness for all persons experiencing homelessness today in our community and are proactively working to ensure that any future housing crisis is uncommon, brief, and nonrecurring. The Contra Costa CoC has three principles that guide the work of the CoC: Equity, Transparency and Data Informed Decision Making.

- **Equity** - The CoC is constantly engaging in the cyclical process of learning, implementing, evaluating, and improving our practices, policies, procedures, communications, valuations, decision making, and engagement to ensure an individual’s racial, ethnic or other identity markers do not determine how they fare in our system. Systems and practices must also be designed in a way that respects, affirms, and responds to the cultural beliefs, practices, and needs of diverse participants.
- **Transparency** - The CoC values transparency and works to regularly communicate information about activities, funding and data across multiple platforms to all stakeholders.
- **Data Informed Decision Making** - The CoC establishes a data culture to ensure the CoC is committed to high data quality throughout the entire system of care to make sure there is reliable data to use in decision making. Data will be used to make decisions about the CoC.

**HOW POLICIES WERE DEVELOPED**

The Contra Costa CoC and ESG Written Standards were developed in partnership with H3, Homebase, the Council on Homelessness, and community stakeholders. The goal is to update this document on an annual basis. Updates will be tracked in the chart below.

**Revision History**

Date	Description
06/06/2019	Adoption of first modern written standards with deep involvement from the Oversight Committee
05/04/2023	Adoption of written standards to reflect: <ul style="list-style-type: none"><li>• CoC newly approved Program Models and Performance Standards</li><li>• CoC newly approved Complaint Policy</li><li>• Updates to CoC Transfer Policy</li><li>• Updates to include current language changes regarding terms used for people with lived experience of homelessness and equity</li></ul>
XX/XX/2024	Adoption of Written Standards to reflect: <ul style="list-style-type: none"><li>• Updates to CoC Transfer Policy</li><li>• Updates to Category 4 definition of homelessness</li><li>• Compensation policy for people with lived experience of homelessness</li><li>• 2022 VAWA Reauthorization</li></ul>

## HOW TO USE THIS DOCUMENT

The Contra Costa CoC and ESG Written Standards are the main guiding document for the CoC. They should be used with other CoC Policies and Procedures including, but not limited to, the following:

- [CoC Program Models and Performance Standards](#)
- [HMIS Governance Charter and HMIS Policies and Procedures](#)
- [Coordinated Entry Policies and Procedures](#)
- [CoC Complaint Process](#)
- [Housing Security Fund Policies and Procedures](#)

All of these documents can be used as a reference to understand requirements, best practices, values and expectations of the Contra Costa CoC.

The document is divided into the following sections: 1) Key Terms, Roles & Definitions; 2) Program Models; 3) System Level CoC Standards and Requirements; 4) Agency Level: Policies & Procedures; and 5) Other Applicable Laws. Key Terms, Roles & Definitions section defines important terms and identifies the key entities in the CoC and defines the roles and expectations for each entity. Program Models outlines the various intervention models utilized within the CoC. System Level Standards and Requirements include values and requirements the CoC, as a system, is responsible for ensuring. Agency Level Policies and Procedures describe best practices, requirements, and expectations for agencies participating in the CoC. Finally, Other Applicable Laws describe various laws CoC participating agencies must comply with.

Providers must ensure programs conform to applicable eligibility and other requirements established by federal and state rules. Those requirements may include, but are not limited to: the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (42 USC 11302); the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program Interim Rule, 24 CFR Part 578; CoC Final Rule Defining “Homeless”; CoC Final Rule Defining “Chronically Homeless”; federal ESG regulations and definitions, including CFR 576.1 et seq., 24 CFR 576.400 et. seq; Notice on Coordinated Entry, CPD 17-01; Notice on Order of Priority in CoC Program-Funded Permanent Supportive Housing Beds, CPD 16-11; [Final Rule: Violence Against Women Reauthorization Act of 2022](#) – ((34 U.S.C. § 12491 – 12496). Final Rule on Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs (24 CFR Part 5), and other regulations set forth governing eligible use of CoC and ESG funds. Where not specifically set forth below, those regulations are incorporated by reference into these written standards.

## KEY TERMS, ROLES AND DEFINITIONS

### KEY TERMS AND DEFINITIONS

The following are key terms contained in this document. A list of acronyms can be found in Appendix 7.

- A. **At Risk of Homelessness:** According to [HUD](#), an individual or family who:
- a. Has an annual income below 30% of median family income for the area; AND
  - b. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND
  - c. Meets one of the following conditions:

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- i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
- ii. Is living in the home of another because of economic hardship; OR
- iii. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
- iv. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
- v. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
- vi. Is exiting a publicly funded institution or system of care; OR  
Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the Contra Costa Consortium Consolidated Plan (Con Plan).

**B. Chronically Homeless:**

- a. Lives in a place not meant for human habitation, a safe haven<sup>1</sup>, or in an emergency shelter; and
- b. Has been homeless and living as described in (i) continuously for at least 12 months or on at least four 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 (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 an institutional care facility;

**C. Continuum of Care (CoC):** The Contra Costa County Continuum of Care carries out the responsibilities required under HUD regulations, set forth at [24 CFR Part 578 – Continuum of Care Program](#). The CoC is comprised of a broad group of stakeholders dedicated to ending and preventing homelessness in Contra Costa County. CoC membership is open to all interested parties and includes representatives from organizations within Contra Costa County. The over-arching CoC responsibility is to ensure community-wide implementation of efforts to end homelessness and ensuring programmatic and systemic effectiveness of the local Continuum of Care program.

**D. Continuum of Care (CoC) Program:** Program that provides funding for the following program types: Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, Supportive Services Only (including Coordinated Entry), HMIS, and Planning. There are four categories of participant eligibility: (1) Literally Homeless, (2) Imminent Risk of Homelessness, (3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence. The Contra Costa County

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<sup>1</sup> HUD will not fund any new safe haven projects under the CoC Program. However, HUD will continue to renew funding for an existing safe haven project as long as they meet certain requirements highlighted in this fact sheet: [https://files.hudexchange.info/resources/documents/SafeHavenFactSheet\\_CoCProgram.pdf](https://files.hudexchange.info/resources/documents/SafeHavenFactSheet_CoCProgram.pdf)

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Continuum of Care elects to serve categories 1, 2, and 4 due to the shortage of resources for those priority populations and excessive demand.

E. **Coordinated Entry System (CES):** The centralized and coordinated process to ensure that homeless individuals and families in Contra Costa County, and those at risk of homelessness, receive the best services to meet their housing needs. CES includes a coordinated process where participants can easily access housing or services through a standardized intake, assessment, prioritization, and referral and matching process.

F. **Disability:**

Having one or more of the following:

- a. Physical, mental or emotional impairment including impairment caused by alcohol or drug use, post-traumatic stress disorder, brain injury or a chronic physical illness that:
  - i. Is expected to be long-continuing or of indefinite duration; and
  - ii. Substantially impedes the person's ability to live independently; and
  - iii. Could be improved by more suitable housing.
- b. Developmental disability
  - i. Defined in Section 102 of the [Developmental Disability Assistance and Bill of Rights Act](#) of 2000.
- c. HIV/AIDS

G. **Emergency Solutions Grant (ESG) Program:** Program that provides funding for Rapid Rehousing, Homeless Prevention, Street Outreach, HMIS, and Emergency Shelter. To receive ESG Rapid Rehousing (ESG-RRH) assistance, an individual or family must demonstrate at initial evaluation that they are Literally Homeless (aka Category 1). To receive ESG Homeless Prevention (ESG-HP) assistance, an individual or family must demonstrate at initial evaluation that they meet the criteria under the "[at risk of homelessness](#)" definition C.F.R. § 576.2, or meet the criteria for one of the following categories: (2) Imminent Risk of Homelessness, (3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence; AND have an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help a participant regain stability in the participant's current permanent housing or move into other permanent housing and achieve stability in that housing. In order to gain access to ESG Emergency Shelter (ESG-ES) services, individuals or families must meet the HUD definition of homeless under Category 1, 2, or 4.

H. **Homeless Management Information System (HMIS):** A local information system designated by the Continuum of Care to collect, track, and report uniform information on participant needs and services and enhance community-wide service planning and delivery. HMIS is administered by H3 and its operations and use is governed by [Contra Costa's HMIS Governance Charter and HMIS Policies & Procedures](#).

I. **Homelessness:**



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- a. **Category 1: Literally Homeless-** 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 and motels paid for by charitable organizations or by federal, state and local government programs); or
  - iii. Is exiting an institution where the individual 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.
  
- b. **Category 2: Imminent Risk of Homelessness-** 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.
  
- c. **Category 3: Homeless under other Federal statutes:** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition but who:
  - 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 experienced persistent instability as measured by two moves or more during in 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.
  
- d. **Category 4: Fleeing/Attempting to Flee DV:** 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~~
  
  - i. Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized.
  - ii. Has no other safe residence; and
  - iii. Lacks the resources to obtain other safe, permanent housing.

J. **Housing First:** An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.<sup>2</sup>

K. **Survivor of Domestic Violence:** ~~Anyone who has experienced, or is fleeing, domestic violence, dating violence, sexual assault, stalking, or human trafficking.~~

Any individual or family who:

(i) ~~is experiencing trauma or lack of safety related to, or fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized;~~

(ii) ~~Has no other safe residence; and~~

(iii) ~~Lacks the resources to obtain other safe permanent housing.~~

L. **Victim Service Provider:** A private nonprofit organization or tribal organization or rape crisis center, including a State or tribal coalition, that assists or advocates for victims of domestic violence, dating violence, sexual assault, or stalking victims, including domestic violence shelters, faith-based organizations, and other organizations with a documented history of effective work concerning domestic violence, dating violence, sexual assault, or stalking. This term includes permanent housing providers (including rapid re-housing programs), domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs.

**ROLES**

The following chart identifies the key entities in the CoC and defines the roles and expectations for each entity.

Entity	Definition
CoC Lead	H3 as the CoC Lead is responsible for working with the Council on Homelessness, providers and stakeholders to ensure the system is continuing to operate to prevent and end homelessness.

<sup>2</sup> U.S. Department of Housing and Urban Development. Housing First in Permanent Supportive Housing. Retrieved from: <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

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<b>HMIS Lead</b>	H3 as the HMIS Lead is responsible for operating and maintaining the Contra Costa HMIS. Additional information on the role of the HMIS Lead can be found in the <a href="#">HMIS Policies and Procedures</a> .
<b>Collaborative Applicant and Administrative Entity</b>	H3 is designated as the Collaborative Applicant and Administrative Entity for the Contra Costa CoC. The responsibilities of H3 as the Collaborative Applicant and Administrative Entity includes: <ul style="list-style-type: none"> <li>• Apply for and administer program funds for the CoC;</li> <li>• Apply for HUD CoC planning funds on behalf of the CoC;</li> <li>• Submit the consolidated application for HUD CoC funds;</li> <li>• Develop a governance charter with the CoC; and</li> <li>• Is designated by the Council on Homelessness to assist the Council and CoC to comply with State and Federal CoC program regulations.</li> </ul>
<b>Council on Homelessness</b>	The governing body of the Contra Costa Continuum of Care, serving as an Advisory Body to the Contra Costa County Board of Supervisors.
<b>Participating Agencies</b>	Providers or other organizations providing housing and services within the Contra Costa County homeless system of care and participating in CoC activities like monthly Council on Homelessness meetings, Point-In-Time Count canvassing, and CoC trainings.
<b>Other Service Providers Named as Formal Partners of the CoC</b>	There are other services providers offering housing and supportive services to people experiencing or at risk of homelessness in the Contra Costa homeless system of care. These providers may receive funding from sources other than HUD. To the extent that these programs participate in the CoC's HMIS, those programs may offer a wide variety of project types for individuals or families who are: Literally Homeless, Imminent Risk of Homelessness, and Literally Homeless or at Imminent Risk and Fleeing/Attempting to Flee Domestic Violence. Providers who are partners of the CoC and are not participating in HMIS or receive funding through ESG, CoC or from H3 are strongly encouraged to abide by these written standards to ensure consistency and equity across all providers in the Contra Costa system of care. These standards will be taken into consideration when a provider would like to partner with the Contra Costa CoC.
<b>Participant</b>	Individual or household that is enrolled in a CoC- or ESG-funded program captured in HMIS or program otherwise formally identified as a CoC service provider partner.
<b>Persons with Lived Experience (or Expertise) of Homelessness</b>	Individuals who are currently experiencing or have previously experienced homelessness.

## PROGRAM MODELS

### PURPOSE

The purpose of defining and publishing standardized program models is to enable the CoC and H3 to:

- Create consistent parameters for contracting scopes
- Establish clear performance expectations, measures, and benchmarks
- Improve consistency, clarity, and coordination in service delivery within and between models
- Improve the quality of service and outcomes for people experiencing or at-risk of homelessness
- Increase accountability and transparency within the homelessness response system

The following seven intervention models were adopted by the Council on Homelessness in 2022 after several months of community engagement, including a public comment period, a survey of stakeholders, and multiple public meetings with contractors and community members to collect feedback and answer questions. The descriptions below include only the intervention model purpose.

The [Program Models](#) include eligible population, prioritization, required elements, best practices, access, operating hours, and other guidance.

### PERMANENT SUPPORTIVE HOUSING

**Purpose:** Permanently house the Continuum of Care’s most vulnerable individuals and families with long histories of homelessness by providing permanently subsidized housing and trauma-informed supportive services to ensure housing retention and improved quality of life for participants.

### RAPID REHOUSING

**Purpose:** Permanently house vulnerable individuals and families who are unsheltered, with long histories of homelessness and severe service needs by providing housing location and move-in assistance, medium-term subsidy of rents that taper down over time, and trauma-informed supportive services in the mold of Critical Time Intervention, which seeks to connect participants with community supports that will help sustain their housing after the program ends its support.

### RAPID EXIT

**Purpose:** To assist those who are literally homeless to exit the homeless services system to temporary or permanent housing (can be independent or with family/friends), using Housing Problem Solving and one-time financial assistance if needed.

### EMERGENCY SHELTER

**Purpose:** To provide trauma-informed, safe interim housing for people experiencing literal homelessness while supporting their access to permanent housing opportunities through Housing Problem Solving, which includes assisting residents to secure benefits and income and obtain the documents needed for ESG or CoC permanent housing program enrollment. Documents may include verification of homelessness, and if applicable, chronic homelessness and/or disability, as well as those likely to be required by a landlord (i.e., government issued photo ID and proof of income).

### CARE CENTERS

**Purpose:** To serve as a Coordinated Entry access point for people experiencing unsheltered homelessness by providing a safe, accessible place for people to access basic needs such as showers, laundry, mail, meals, hygiene kits, information, and referral, and for a limited subset of participants, housing-focused case management. As a CE access point, CARE Centers and CARE Center Case Management also conduct intakes and enrollments into the CES program, implement triage tools and the Housing Needs Assessment (VI-SPDAT) and make referrals to the Community Queue.

### OUTREACH

**Purpose:** To serve as a Coordinated Entry access point to connect people experiencing unsheltered homelessness to the system of care, address their immediate health and safety needs, and assist them to move indoors. CORE teams are mobile and go where participants are, providing food, hygiene kits, blankets, rain gear and information and referrals. As a CE access point, CORE outreach also conducts intakes and enrollments into the CES program, implements triage tools and the Housing Needs Assessment (VI-SPDAT), and makes referrals to the Community Queue.

### PREVENTION/DIVERSION

**Purpose:** To keep people from experiencing literal homelessness for the first time or returning to it after being permanently housed.

## SYSTEM LEVEL COC STANDARDS & REQUIREMENTS

This section outlines the system-wide requirements and expectations for participating agencies, providers, partners, CoC leadership and participants of the CoC. The CoC will provide resources and support to CoC participating agencies to support their compliance with these system-level requirements.

### COORDINATED ENTRY SYSTEM (CES)

The Contra Costa Coordinated Entry System (CES) was created to centralize and coordinate the homeless services provided by the County and community-based organizations. Coordinated Entry is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry system covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. The purpose of a Coordinated Entry System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. **Fair and equal access also means working to address underlying causes of inequity including structural racism.** It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized. Implementing Coordinated Entry is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). Specific requirements for the Coordinated Entry System can be found in the [Contra Costa Coordinated Entry System Policies and Procedures](#).

### HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

The purpose and mission of the Homeless Management Information System of the Contra Costa County Continuum of Care is to serve as a central database to collect, track, analyze and report uniform

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participant and activity data regarding the provision of shelter, housing, and services to individuals and families experiencing homelessness and at risk of homelessness within the Contra Costa CoC region. The long-term vision of HMIS is to enhance Partner Agencies' collaboration, service delivery, and data collection capabilities. Accurate information will put the CoC in a better position to request funding from various sources and improve planning efforts for future needs for the Contra Costa homeless system of care through evidence-based decision making. A fundamental goal of Contra Costa County HMIS is to understand the trajectory of how participants are moving through the homeless system of care from access and enrollment to referral and housing. Data regarding participants' trajectory through the system can help identify patterns in utilization of services, effectiveness of services, and inform any gaps or process improvement points in the system. In addition, HMIS also documents the demographics of homelessness in Contra Costa County according to the U.S. Department of Housing and Urban Development (HUD) HMIS Standards. Demographic data is important in identifying the trends in the population of individuals and families experiencing homelessness to ensure individuals of different racial and ethnic backgrounds, age, gender, household size, and other subpopulations have access to and receive services within the CoC in a fair and equitable manner. Data that is gathered in HMIS will be used to complete required local, state, and federal reporting requirements, including HUD Annual Progress Reports. HMIS data may also be analyzed to provide unduplicated counts and anonymous aggregate data to funders, policy makers, service providers, advocates, and participants and the public upon request.

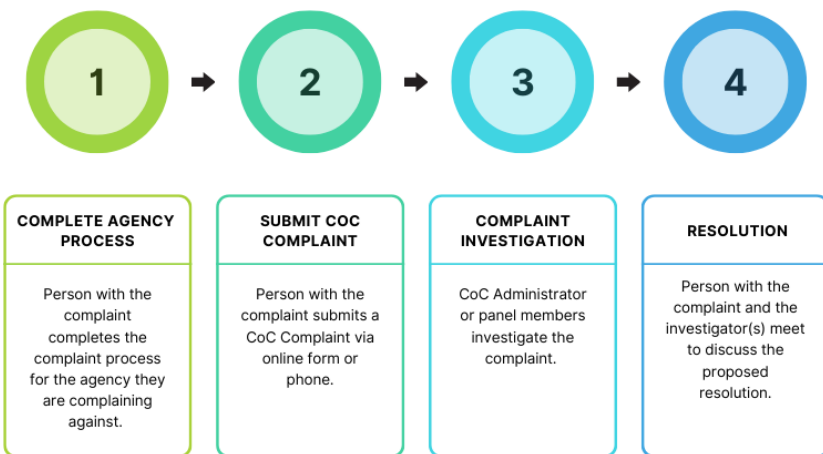
HMIS utilizes a web-enabled application residing on a central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project and only to authorized staff members who meet the necessary training and security requirements. Additional information on the requirements of the Contra Costa CoC HMIS can be found in the [Contra Costa CoC HMIS Policies and Procedures](#).

### CO C COMPLAINT PROCESS

#### Overview

The Contra Costa Continuum of Care (CoC) has a process in place for handling complaints made by individuals against participating CoC-funded programs, the Coordinated Entry System (CES) or the Homeless Management Information System (HMIS). Complaints may be filed against the following entities and their staff: CoC-funded programs providing housing or services to individuals experiencing homelessness; CES; or HMIS. A complaint is defined as a formally expressed dissatisfaction, legal violation (including discrimination), or instance of gross misconduct or negligence within the CoC, including all CoC-funded programs, CES, or HMIS. A complainant can be a participant or their representative.

## Contra Costa CoC Complaint Review Process



The [CoC Complaint Process](#) outlines the internal agency complaint policy and procedure requirements, recordkeeping and accountability, and retaliation policy. A complaint can be filed by submitting the [CoC Complaint Form](#).

### PRACTICES FOR SERVING COC PARTICIPANTS

#### REPRESENTATION: PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS

The CoC Program interim rule states that each recipient and subrecipient must have at least one person with lived experience on the board of directors or equivalent policymaking entity and must involve such individuals through employment. Specifically, at 24 CFR 578.75(g):

(g) Participation of homeless individuals.

(1) Each recipient and subrecipient 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 subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient 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.

(2) Each recipient and subrecipient of assistance under this part must, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

## HOUSING FIRST

The Contra Costa County Continuum of Care has adopted a Housing First approach to be implemented and used in all participating programs, including in CoC and ESG programs. Housing First is an approach where persons experiencing homelessness are provided immediate access to housing and then offered the supportive services needed to foster long-term stability and prevent a return to homelessness. This approach removes unnecessary barriers and assumes that supportive services are more effective in addressing needs when the individual or family is housed. The Housing First approach is characterized by the following practices:

1. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
2. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
3. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
4. Participant choice in the services and housing that meets their needs, within practical and funding limitations;
5. Connecting participants to appropriate support and services available in the community that foster long-term housing stability;
6. Offering financial assistance and supportive services in a manner which offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis by either ending homelessness, or avoiding an immediate return to literal homelessness or the imminent risk of literal homelessness. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing; and
7. Any other practices promoted or required by HUD.

## EQUITY

Equity is a Contra Costa CoC system principle. Addressing equity in homelessness requires an ongoing commitment to identify and address disproportionate needs, outcomes, and causes, including structural racism, and increase equitable access to housing and services. The end goal is for full and equal access to opportunities, power, and resources so that all people in Contra Costa County may achieve their full potential.

## NON-DISCRIMINATION

All programs must comply with the California Fair Employment and Housing Act (FEHA), (Government Code, Title 2, Division 3, Part 2.8), which prohibits housing and employment discrimination based on certain characteristics, including race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, veteran or military status, or genetic information. provides legal protection based on sexual orientation, gender identify and gender expression, marital status, medical condition, ancestry, source of income, age, genetic information, arbitrary discrimination.

All CoC- and ESG-funded programs must also comply with applicable civil rights laws, including the nondiscrimination and equal opportunity requirements in the [Fair Housing Act](#) (42 U.S.C. §§ 3601-3619), [Title VI of the Civil Rights Act of 1964](#) (42 U.S.C. § 2000d-1), [Section 504 of the Rehabilitation Act of 1973](#) (29 U.S.C. § 794), and [Title II of the Americans with Disabilities Act](#) (42 U.S.C. §§ 12131 – 12165). Further, in providing services and outreach activities related to such services, all programs within the CoC will not discriminate against a program participant or prospective program participant on the basis of race, color,



#### CONTRA COSTA WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

citizenship, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, status as a survivor of domestic violence, or other reasons prohibited by law.

#### AFFIRMATIVELY FURTHERING FAIR HOUSING OUTREACH

- A. All programs will practice outreach to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability as detailed in 24 CFR 578.93(c) and employ additional efforts to establish effective communication with persons with disabilities and persons with limited English proficiency, working cooperatively with the Coordinated Entry System Manager.
- B. This outreach will consist of affirmative marketing of the program's housing opportunities and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities.
- C. If programs encounter a condition or action that impedes fair housing choice for current or prospective program participants, programs will provide such information to the CoC Board. Programs will also provide participants with information on rights and remedies available under applicable federal, state and local fair housing and civil rights laws.

#### EQUAL ACCESS

All CoC- and ESG-funded programs must provide equal access to housing, services, and accommodations in accordance with [24 CFR 5.105\(a\)](#). A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by HUD shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

CoC programs may exclude families without minor children if the project was funded solely to serve families with children. However, the project must serve all types of families with children that are otherwise eligible for assistance, including families with children headed by a single adult or consisting of multiple adults (with at least one child) who reside together.

CoC Programs may serve a single sex only if the project: 1) serves adults only (no minors), and 2) has a physical configuration such that privacy is a concern, specifically shared bathing areas or shared sleeping areas. Agency program policies and procedures must be updated to reflect these policies. Equal Access policies must be shared with program participants at intake.

#### REASONABLE ACCOMMODATION

The Fair Housing Act requires owners of housing facilities to provide reasonable accommodations to persons with disabilities. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, or procedure that allow a person with a disability to have equal enjoyment of the housing program. There must be an identifiable relationship between the requested accommodation and the person's disability. Reasonable accommodations need not be provided if they would constitute an undue financial and/or administrative burden, or if they would be a fundamental alteration of the provider's program. When a person with a disability believes that they have been subjected to a discriminatory housing practice, including a provider's wrongful denial of a request for reasonable

accommodation, they may file a complaint with the CoC or [HUD's Office of Fair Housing and Equal Opportunity](#).<sup>3</sup>

## SYSTEM REQUIREMENTS

The information provided in this section describes requirements by the Contra Costa CoC that all CoC participating providers are expected to follow.

### ONBOARDING

Agencies who become a CoC participating provider are required to follow the CoC Onboarding process outlined below.

- A. **Introduction and Orientation** – The agency with the new project will be referred to the CoC Lead. The CoC lead will facilitate an introduction and orientation to the Contra Costa CoC.
- B. **Project Onboarding Meeting** – CoC Lead, CE, HMIS Lead staff and staff from the agency will meet to discuss the project and identify appropriate next steps. If it is determined this project needs to be set up with Coordinated Entry and in HMIS, the agency will be required to complete the HMIS application which will be reviewed internally by the HMIS Lead, CoC Lead and CE staff.
- C. **Project Set Up and Workflow with CE & HMIS** – A new project will work with HMIS Lead staff and CE staff to identify details for the project set up in HMIS. The agency will be required to complete a [New Project Set-Up Form](#) to complete this process. Staff will review the document with the provider to identify and clarify the project structure, components, and connection to CE. The CoC will coordinate this process and facilitate as needed.
  - a. HMIS lead will coordinate with the provider and CES team to finalize the HMIS project build out; organize the provider HMIS training and any necessary TA; and will notify the CoC Lead once TA and project build out are complete. The agency will be responsible for completing the MOU, HMIS training, and process for obtaining license.
  - b. CE staff will coordinate a meeting with the provider to identify CE coordination points and conduct the CE training which will include information on how the provider and project will request and receive referrals; participate in housing placement committee meetings; and participation in provider meetings.
- D. **Introduction to Community and Follow Up** –
  - a. The CoC Lead and HMIS Lead will facilitate introduction of the new provider and project at the HMIS Policy Committee meeting and other appropriate meetings so the community can be introduced to the new agency.
  - b. Once completed, the staff will follow up with the provider to make sure things are going well, answer outstanding questions, and gather feedback on the onboarding process.

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<sup>3</sup> U.S. Department of Housing and Urban Development. Reasonable Accommodations and Modifications. Retrieved from: [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/reasonable\\_accommodations\\_and\\_modifications#\\_Examples\\_1](https://www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications#_Examples_1)

## TRAINING REQUIREMENTS

CoC participating providers are expected to attend the annual trainings provided by the CoC. Regular annual trainings are listed below. Content may change to reflect changes in compliance requirements or current practice. Providers are expected to attend and participate in any additional trainings that the CoC Lead determines mandatory based on changes in local, federal or state requirements.

- **Housing First** – an overview of the Housing First approach, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers.
- **Fair Housing and Equal Access** – an overview on how providers can effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or HUD-Insured Housing; Covers how to effectively address discrimination based on any protected class under the Fair Housing Act.
- **Violence Against Women’s Act (VAWA)** – an overview of VAWA requirements for CoC-funded programs; confidentiality and privacy protections for survivors of domestic violence; and best practices for working with survivors.
- **Connecting Participants to Mainstream Benefits** – Information regarding projects to supplement CoC program funds with resources from other public and private funding sources, including mainstream programs that assist participants in apply for and receiving mainstream benefits including but not limited to food assistance, SSI, TANF, and substance use.
- **Increasing Employment** – An overview on how to connect program participants and people experiencing homelessness with education and job training opportunities; how to facilitate information and formal employment opportunities and how to facilitate volunteer opportunities.
- **Trauma Informed Care** – An overview of adoption of principles and practices that promote a culture of safety, empowerment, and healing. A trauma-informed approach reflects adherence to six key principles: 1) Safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, voice, and choice, and 6) cultural, historical, and gender issues.
- **Motivational Interviewing** – An overview of evidence-based practices focused on exploring and resolving ambivalence and centering on motivational processes within the individual that can facilitate change.
- **Harm Reduction** – An overview of an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

In addition, CoC participating providers are expected to have participant-facing staff complete the following trainings to protect the health and safety of staff and CoC participants.

- Mandated Reporter
- CPR
- NARCAN administration
- HIPAA and Confidentiality

## MONITORING

Contra Costa County receives funding from the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and is the Collaborative Applicant for the CoC. In this role, H3 is responsible for monitoring compliance and performance of all CoC/ESG-funded projects annually, as well as assessing program performance and effectiveness. As such, H3 monitors CoC-funded providers annually to ensure compliance with HUD regulations and to evaluate and ensure compliance with regulatory requirements.

The CoC Interim Regulations (24 CFR § 578.7(a)) mandate that the Continuum of Care do the following:

- A. Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers; and
- B. Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD.

The CoC is committed to implementing a regular monitoring process to:

- Improve system performance by identifying barriers to effective program performance;
- Increase knowledge and capacity among CoC-funded agencies regarding CoC compliance and financial management;
- Help agencies prepare for audits or monitoring from HUD; and
- Identify opportunities and gaps for additional technical assistance trainings or one-on-one meetings regarding areas of compliance impacting multiple agencies.

The monitoring process generally involves three phases: document review, site visits, and report drafting. A monitoring checklist that reflects HUD's common monitoring categories is used to include the following categories:

- Organizational Policies and Procedures
- Project Policies and Procedures
- Financial Monitoring
- Participant Files

## AGENCY LEVEL: POLICIES AND PROCEDURES

This section describes agency-level requirements for CoC-funded agencies.

## PARTICIPATION IN COORDINATED ENTRY

The CoC has established a Coordinated Entry System in compliance with ESG regulations, 25 CCR 8409; HUD Coordinated Entry Notices CPD-17-01 and CPD-16-11; VAWA Reauthorization Act of 2013; and the CoC Program Interim Rule, 24 CFR Part 578. All CoC- and ESG-funded programs are required to participate in this system. All referrals to CoC- and ESG-funded programs, including screening for program eligibility and prioritization, occur according to Contra Costa County CoC's Coordinated Entry System protocols. All programs that are not funded by CoC or ESG are highly encouraged to participate in the Coordinated Entry System. If a program chooses to participate, they will be required to adhere to the Contra Costa County CoC's Coordinated Entry System protocols detailed in the CES Policies and Procedures.

### PARTICIPATION IN HMIS

- A. All CoC- and ESG-funded projects must ensure that data on all persons served and all activities provided under these federally funded programs are entered into HMIS, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS. Victim service providers may use a comparable database, independent from HMIS.
- B. Data associated with anyone who is fleeing or suffering from any form of domestic violence – including dating violence, stalking, trafficking, sexual assault, or youth with a perceived threat of violence due to their gender or sexual orientation-must receive additional safeguards. As required by the Violence Against Women Act (VAWA), Victim service providers and providers that receive funds from the Family Violence Prevention and Services Act (FVSPSA), Office for Victims of Crime (OVC), or Office on Violence Against Women (OVW) and use those funds agency-wide cannot use HMIS to collect data from survivors of domestic violence to protect this subpopulation's privacy and to ensure safety. Instead, victim service providers must use an HMIS comparable database maintained by trained users. This HMIS compatible database must meet all HMIS HUD requirements.
- C. Programs should additionally adhere to requirements outlined in Contra Costa County's CoC HMIS Governance Charter and Policies & Procedures.

### DOMESTIC VIOLENCE/PRIVACY POLICIES

Per HUD and Violence Against Women Act (VAWA) guidelines, policies around the specific needs of those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking are maintained. In addition to access to services, including shelter and hotline support, designed specifically for survivors of domestic violence and trafficking, the CoC maintains an emergency transfer policy as outlined in the Written Standards.

### EMERGENCY TRANSFERS

An Emergency Transfer Plan provides for emergency transfers for survivors of domestic violence receiving rental assistance or residing in units subsidized under a covered housing program (including CoC- and ESG-funded programs).

#### A. Emergency Transfer Plan

A participant qualifies for an emergency transfer if:

1. The participant is a survivor of domestic violence, dating violence, sexual assault or stalking;
2. The participant expressly requests the transfer; *and*
3. Either:
  - a. The participant reasonably believes there is a threat of imminent harm from further violence if the participant remains in the same dwelling unit; or
  - b. If the participant is a survivor of sexual assault, the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

#### B. Emergency Transfer Process

A participant may submit an emergency transfer request directly to program staff. The program must communicate with the Coordinated Entry System Manager to inform them that an emergency transfer request has been made and whether the request is for an internal transfer (a transfer where the participant would not be categorized as a new applicant), external transfer, or both. A participant may

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seek an internal and external emergency transfer at the same time if a safe unit is not immediately available. The program will take reasonable steps to support them in securing a new safe unit as soon as possible and a transfer may not be necessary.

Programs will ensure strict confidentiality measures are in place to prevent disclosure of the location of the participant's new unit to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the participant.

Where a family separates as part of the emergency transfer, the family member(s) receiving the emergency transfer will retain the rental assistance when possible. The program will work with the CoC and the household to support an effective transfer in situations where the program is not a good fit for the family member(s) receiving the emergency transfer.

### C. Internal Transfer

Where the participant requests an internal emergency transfer, the program should take steps to immediately transfer the participant to a safe unit if a unit is available. Requests for internal emergency transfers should receive at least the same priority as the program provides to other types emergency of transfer request types.

If a safe unit is not immediately available, program staff will inform the participant that a unit is not immediately available and explain the options to:

1. Wait for a safe unit to become available for an internal transfer,
2. Request an external emergency transfer, and/or
3. Pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.

### D. External Transfer

If a participant requests an external emergency transfer, the participant has priority over all other applicants for CoC-funded housing assistance, provided the household meets all eligibility criteria required by HUD and the program. After the agency communicates the participant's emergency transfer request to the Coordinated Entry System Manager, they will facilitate referral of the participant to the next available appropriate unit through the Coordinated Entry System. The household retains their original homeless status for purposes of the transfer.

### E. Documentation and Record Keeping

To request-initiate an emergency transfer, the participant should submit a written expressly request an emergency transfer request to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the participant is requesting an emergency transfer. No other documentation is required.

Programs must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD annually.

**COORDINATED ENTRY NON-EMERGENCY TRANSFER POLICY**

**PURPOSE**

This policy outlines standards and principles for non-emergency transfers of households in supportive housing programs within the Coordinated Entry System (CES). The following policies and procedures are centered in Housing First principles and are designed to support housing retention and prioritize limited resources to meet the varied needs of participants.

**APPLICABILITY & DEFINITION**

The Non-Emergency Transfer policy applies to 1) transfers between supportive housing programs, which include Rapid Rehousing and Permanent Supportive Housing, within Coordinated Entry System, that 2) **do not** fall under the Emergency Transfer Policy, such as those for survivors of domestic violence or similar crises. The Non-Emergency Transfer policy applies to all Rapid Rehousing and Permanent Supportive Housing Programs that receive referrals and placements via the Coordinated Entry System. The Non-Emergency transfer policy **does not** apply to shallow subsidies, voucher programs, or shelter programs.

Non-Emergency Transfers fall within two general categories:

1. From one Housing Program to another Housing Program of the **same program type** (i.e. RRH to RRH and/or PSH to PSH), and;
2. From one Housing Program to another Housing program of a **different program type** (i.e. RRH to PSH).

**PROCEDURE & APPROVAL PROCESS**

All Non-Emergency Transfers must be approved by the Coordinated Entry System Manager or identified designee. If approved for a non-emergency transfer, participants are still required to meet program eligibility criteria and apply for the requested program. Transfer approvals are dependent on housing inventory and openings, require consent from the Head of Household, and will vary depending on the reason identified in the request. The CoC Lead Agency will prioritize and approve transfer requests based on the established prioritization process outlined in the CES P&P, with consideration for people on the community queue who are awaiting housing and currently experiencing homelessness.

Non-Emergency Transfer Type Overview				
Non-Emergency Transfers within the Same Program Type				
Applicable Program	Agency	Transfer Type	Additional Guidance	Approval Considerations
RRH to RRH and/or PSH to PSH	Within the Same Agency	Internal	Internal transfers should be explored <i>before</i> requesting an external transfer.	Approvals based on applicable agency / program managers agreement and capacity.
	To a Different Agency	External	When requesting an external transfer, providers must explain why an internal transfer is not possible.	Approvals based on capacity, existing resources, and reasoning.

<b>Non-Emergency Transfers to a Different Program Type</b>				
<b>Applicable Program</b>	<b>Agency</b>	<b>Transfer Type</b>	<b>Additional Guidance</b>	<b>Approval considerations</b>
<b>RRH to PSH</b>	<b>Within the Same Agency and/or To a Different Agency</b>	<b>External</b>	<p>When requesting an external transfer, providers must explain why an internal transfer is not possible.</p> <p>There are four different categories under which an external transfer can be requested: individual or environmental safety or accessibility; household composition; participant needs and defunded projects. Refer to the Request Reasoning Table below for additional details and guidance.</p>	Approvals of External RRH to PSH transfers will be made with consideration for people on the community queue who are awaiting housing and currently experiencing homelessness.

**Non-Emergency Transfers within the Same Program Type (RRH to RRH or PSH to PSH):**

- Internal: Transferring from RRH to RRH or PSH to PSH within the same agency is considered an **internal transfer**. Internal transfers should be explored before requesting an external transfer.
- External: Transferring from RRH to RRH or PSH to PSH between two separate agencies is considered an **external transfer**. There are four different categories under which an external transfer can be requested: individual or environmental safety or accessibility; household composition; participant needs; and defunded projects. When requesting an external transfer, providers must explain why an internal transfer is not possible.

**Non-Emergency Transfers within a Different Program Type (i.e. RRH to PSH):**

- External Transfer:** Transferring from RRH to PSH within the same agency or between two separate agencies is considered an **external transfer**. There are four different categories under which an external transfer can be requested: individual or environmental safety or accessibility; household composition; participant needs; and defunded projects. When requesting an external transfer, providers must explain why an internal transfer is not possible. Approvals of External RRH to PSH transfers will be made with consideration for people on the community queue who are awaiting housing and currently experiencing homelessness.

- Note: Projects Dedicated to People Experiencing Chronic Homelessness**  
If the intended transfer location is dedicated to the chronically homeless:
    - Program participants who met the definition of chronically homeless in effect at the time they entered the original PSH may transfer into a project dedicated to individuals and families experiencing chronic homelessness. Program participants who entered the original PSH project prior to January 16, 2016 are not required to meet the definition of chronically homeless established in HUD's Defining Chronically Homeless Final Rule.

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- o Program participants who did not meet the definition of chronically homeless that was in effect at the time of program intake maybe served by a CoC-funded PSH program that is not dedicated to serving individuals and families experiencing chronic homelessness (DedicatedPLUS).

**DOCUMENTATION ROLES & RESPONSIBILITIES**

To document Non-Emergency Transfers, housing providers must complete the Transfer Notification Form within two business days of deciding to request the transfer. This form should include the transfer date, if known or applicable, along with documentation verifying eligibility for the proposed transfer program. The documentation requirements may vary based on transfer reason and program. The Coordinated Entry System Manager or designee will communicate documentation requirements in the Transfer Request Form and/or to the requesting program once a Non-Emergency Transfer Request Form has been received.

Agencies submitting the transfer request must share eligibility documentation with the receiving provider. The receiving provider must verify participant eligibility criteria before enrolling the client into their project.

Both agencies are required to maintain documentation of the process and approval, including:

- Copies of all documentation used to determine eligibility into the original housing program (i.e. Homelessness Certification, Chronic Homelessness Certification, etc.).
- Transfer request as submitted by original housing provider.
- Notification email and HMIS records
- Providers submitting the transfer request must continue to provide services and support to the participant to be transferred, including support in attaining housing or maintaining housing, and to assist with the logistics of the transfer (transportation to appointments, etc.).

**NON-EMERGENCY TRANSFER REQUEST REASONING**

Reason for Transfer Request	Definition	Insufficient Reason
<b>Category 1: Accessibility, Environment Safety, and Safety Concerns Outside of VAWA</b>		
Conflict and Safety Concerns Outside of VAWA	The space has become unsafe for the household that does not qualify for emergency transfer criteria under VAWA Housing Protection. For example, there is violent activity taking place in the building that directly impacts the household or the participant is being harassed by other residents.	Crime in the neighborhood that is not specifically targeting the household or building.
Environmental Safety	The space has become unsafe for the household, including unsafe structural elements that have not or cannot be addressed by the housing provider. For example, building conditions that exacerbate an underlying medical condition.	Preference for a different unit unrelated to environmental safety.

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<b>Accessibility Modifications</b>	The household requires accessibility features that cannot be made in the current unit. Examples include: needing a ground floor unit or elevator for wheelchair access, housing conditions that may aggravate a new or existing medical condition such as asthma, or needing an extra bedroom for a caregiver.	Feasible accessibility modifications that can be put into place in the current unit, such as grab bars or a lift.
<b>Category 2: Household Composition</b>		
<b>Change in Household Composition</b>	The household composition has changed, necessitating a larger or smaller unit. This category may include changes in unit size affecting the household's ability to retain or obtain custody of children, as well as changes for households that go from single-adult composition to a family with children. (See 24 CFR §578.75(c) for suitable dwelling size guidance).	Desire for a larger unit that is not required based on household size.
<b>Category 3: Service Level or Participant Needs</b>		
<b>Service Level Needs</b>	The current provider and additional community supports cannot meet the household's needs without a transfer. This option should only be considered after other interventions have been tried. This category may include the need to move from a scattered-site unit to a project-based location, or vice versa, to better accommodate service needs.	The current provider has trouble engaging the participant in services; ongoing conflicts between agency staff and participant; preference for a different provider.
<b>Participant Needs</b>	The household has service or geographical needs that cannot be met in the current housing placement. This may include better transportation access to facilitate employment or education.	Geographic preference that is unrelated to employment or education
<b>Participant Needs Based on Age</b>	Based on the participant's age, the household may be better served in another program. Examples include: a person who entered a TAY program as a transitional age youth may be transferred to an adult program when they "age out" of the TAY program, and a senior can be transferred into a senior living program that better meets their needs.	Preference for a different provider not related to age.
<b>Category 4: Defunded Projects</b>		
<b>Defunded Projects</b>	<p>H3 will collaborate with agencies with defunded projects to determine the next steps for all households and will inform providers of the necessary steps for transfer approval. At any given time, no more than five consecutive transfers can be made from defunded agencies. Once five matches are made, the next five transfers will exclude households from defunded projects.</p> <p>If a defunded project has a population eligible for a housing intervention where supply exceeds demand, such as having more HUD VASH vouchers available than eligible Veterans, CE will not limit consecutive referrals.</p> <p>Transfers related to fleeing violence will always be prioritized, even over transfers from defunded projects.</p>	

**NON-EMERGENCY TRANSFER REQUEST DENIAL REASONING**

Reason	Definition
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Insufficient Transfer Reasoning	The documentation submitted does not meet the threshold criteria demonstrating the need for a transfer to be approved.
No Community Capacity Currently	There are currently no projects within the CoC that have capacity or are expected to have capacity within the near future which could meet the needs outlined in the transfer request.
Current existing resources are not able to meet the request needs	There are currently no projects within the CoC which could meet the participant's identified needs.

For questions related to the Coordinated Entry Non-Emergency Transfer Policy, or assistance with completing a Non-Emergency Transfer Request, please contact the Coordinated Entry System Manager.

**SYSTEM PERFORMANCE MEASURE POLICIES**

It is the responsibility of all programs participating in the CoC to create and implement policies and procedures that support high achievement in HUD System Performance Measures. The CoC Program Models and Performance Standards outline service expectations including connecting participants to mainstream resources available for which they may qualify (e.g., Food Stamps, SSI, TANF, substance abuse programs), Reducing barriers to program enrollment, and ensuring timely response to Coordinated Entry.

**EDUCATION POLICIES**

Consistent with the CoC Program Interim Rule 24 CFR §578.23, all CoC and ESG programs, programs in HMIS, receiving funding from H3 or other service providers participating in the Continuum of Care assisting families with children or unaccompanied youth must:

- A. Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.
- B. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures.
- C. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
- D. Allow parents or the youth (if unaccompanied) to make decisions about school placement.
- E. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school.
- F. Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
- G. Designate staff that will be responsible for:
  - 1. Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to.

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2. Coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons, and other mainstream providers as needed.
- H. To ensure compliance and assist providers in meeting these requirements, the CoC will provide training on these issues annually and will include these in the funding competition review and ranking process.

### FAMILY ADMISSION/SEPARATION POLICIES

- A. Consistent with the CoC Program Interim Rule §578.93, neither CoC nor ESG program-funded projects may involuntarily separate families. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds. The gender and marital status of a parent or parents may also not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds.
- B. The CoC will work closely with providers to ensure that placement efforts are coordinated to avoid involuntary family separation, including referring participants for the most appropriate services and housing to match their needs.
- C. Any participant that believes that they or a family member has experienced involuntary separation may report the issue to the CoC. The CoC will investigate the claim and take appropriate remedial action. [See CoC Complaint Process for additional details.](#)
- D. Programs not funded through CoC or ESG funding are strongly encouraged to follow the policies stated here to ensure consistent protocol throughout the Continuum of Care.

### HOUSING FOR SPECIFIC SUBPOPULATIONS

All CoC-funded programs may exclusively serve a particular homeless subpopulation if the housing addresses a need identified by the Continuum of Care for the geographic area and meets one of the following:

- A. The housing may be limited to one sex where such housing consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex;
- B. The housing may be limited to a specific subpopulation, so long as admission does not discriminate against any protected class under federal non-discrimination laws in 24 CFR 5.105 (e.g., the housing may be limited to homeless veterans, victims of domestic violence and their children, or chronically homeless persons and families).
- C. The housing may be limited to families with children.
- D. If the housing has in residence at least one family with a child under the age of 18, the housing may exclude [persons on the sex offender registry](#) ~~registered sex offenders~~ and or those with a criminal record involving violent crimes, as long as the child resides in the housing.
- E. If the housing is assisted with funds under a federal program that is limited by federal statute or Executive Order to a specific subpopulation, the housing may be limited to that sub-population

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(e.g., housing also assisted with funding from the Housing Opportunities for Persons with AIDS program under 24 CFR part 574 may be limited to persons with acquired immunodeficiency syndrome or related diseases).

- F. Programs may limit admission to or provide a preference for the housing to subpopulations of homeless persons and families who need the specialized supportive services that are provided in the housing (e.g., substance ~~abuse~~ addiction ~~use disorder~~ treatment, domestic violence services, or a high intensity package designed to meet the needs of hard-to-reach homeless persons). While the housing may offer services for a particular type of disability, no otherwise eligible individuals with disabilities or families including an individual with a disability, who may benefit from the services provided may be excluded on the grounds that they do not have a particular disability.

For ESG-funded Rapid Rehousing and Homelessness prevention activities, no subpopulation targeting will be permitted except if documentation of all of the following is provided to the California Department of Housing and Community Development prior to the award of funds for these activities: (1) that there is an unmet need for these activities for the subpopulation proposed for targeting, and (2) that there is existing funding in the Continuum of Care Service Area for programs that address the needs of the excluded populations for these activities.

### PROGRAMS SERVING ONLY HOUSEHOLDS WITH CHILDREN

While it is acceptable for a program to limit assistance to households with children, it may not limit assistance to only women with children. The program must also serve the following family types, should they present, in order to be in compliance with the Equal Access rule:

- i. Single male head of household with minor child(ren); and
- ii. Any household made up of two or more adults, regardless of sexual orientation, marital status, or gender identity, presenting with minor child(ren).

In this example, the program would not be required to serve families composed of only adult members and could deny access to these types of families provided that all adult-only families are treated equally, regardless of sexual orientation, marital status, or gender identity.

### PARTICIPANT ELIGIBILITY AND DOCUMENTATION

#### A. Literally Homeless

**Eligibility should be documented in the following manner (in order of preference):**

- i. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
- ii. Written observation by an outreach worker; or
- iii. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.

If the provider is using anything other than a Third-Party Verification, the case file must include documentation of due diligence to obtain third party verification.

#### B. Imminent Risk of Homelessness

**Eligibility should be documented in the following manner (in order of preference):**

- i. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
- ii. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or

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- iii. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and
  - iv. Certification that no subsequent residence has been identified; and
  - v. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.
- C. Homeless Under Other Federal Statute (Not applicable in the Contra Costa County Continuum of Care)

**D. Experiencing Trauma or a Lack of Safety Related to Fleeing Fleeing or Attempting to Flee Domestic Violence) ~~(DVA)~~**

**Eligibility should be documented in the following manner (in order of preference):**

**For victim service providers:**

- i. An oral statement by the individual or head of household seeking assistance which states: they are experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or family member in the individual or family member's current housing situation, including where the health and safety of children are jeopardized ("the condition"); fleeing- they have no subsequent other safe residence; and they lack resources to obtain other safe permanent housing. Statement must be documented by a self-certification or a certification by the intake worker.

**For non-victim service providers:**

- i. Oral statement by the individual or head of household seeking assistance that they are experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or family member in the individual or family member's current housing situation, including where the health and safety of children are jeopardized; they have no other safe residence; and they lack resources to obtain other safe permanent housing. 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. If safety would not be jeopardized, written third-party certification will be provided with the minimum amount of information necessary to document fleeing or attempting to flee the condition (one or more of the following):

A. Written observation by intake worker verifying the condition

B. Signed letter on letterhead from by a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for the condition

- i. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and

- ii. Certification by the individual or head of household that no subsequent residence has been identified; and

- iii. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

E. Chronically Homeless

**Homeless eligibility should be documented in the following manner (in order of preference):**

- iv. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
- v. Written observation by an outreach worker; or
- vi. Certification by the individual or head of household seeking assistance stating that they were living on the streets or in shelter.

If the provider is using anything other than a Third-Party Verification, the case file must include documentation of due diligence to obtain third party verification.

**Disability eligibility should be documented in the following manner:**

- i. Disability documentation must be third-party and must be documented by:
  - a. A professional licensed by the state to diagnose and treat that condition; or
  - b. Social Security Administration (SSA) for persons receiving disability benefits.
- ii. Intake staff observations
  - a. Only acceptable in the absence of third-party verification and must be confirmed and accompanied by written third-party verification no later than 45 days from initial intake.
- iii. Oral third-party and self-certification are not appropriate for documenting disability.

**PROGRAM INTAKE**

**A. Distribution of Written Program Rules and Process for the Termination of Assistance**

At intake (prior to the provision of financial assistance), all programs must ensure participants receive a written copy of program rules and the process for terminating assistance. To the greatest extent possible, documents should be available in other foreign languages and provided in the participant's language. Evidence of this should be preserved in the participant's file.

**B. Required Violence Against Women Act (VAWA) Notifications for Participants**

Programs responsible for the administration and/or oversight of VAWA protections (see "Covered housing provider" in [24 CFR 5.2005](#)) must provide each individual or family applying for CoC or ESG assistance the Notice of Occupancy Rights and the Certification Form described in [24 CFR 5.2005](#) at each of the following times:

- 1. When an individual or family is denied assistance;
- 2. When a program participant is admitted to a program;
- 3. When a program participant receives notification of eviction; and
- 4. When a program participant is notified of termination of assistance.

Evidence of this should be preserved in the participant's file. When HUD grant funds are used for rental assistance, the program must ensure that the owner or manager of the housing provides the Notice of Occupancy Rights and Certification Form to the participant with any notification of eviction.

**PRIORITIZATION**

The Contra Costa County Continuum of Care prioritizes individuals and families, including victims of domestic violence, as follows:

A. Orders of Priority (HUD Notice CPD 16-11)

The Contra Costa County CoC has adopted the order of priority described in Notice CPD 16-11.

**Order Of Priority in Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy By Persons Experiencing Chronic Homelessness**

1. The Contra Costa County CoC adopts the recommended order of priority established in Notice CPD 16-11 to ensure that those persons experiencing chronic homelessness with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens, and with the most severe service needs are given first priority in PSH beds dedicated or prioritized for occupants by persons experiencing chronic homelessness. A chronically homeless individual or head of household must meet the definition stated in the Definition of Chronically Homeless final rule (see Participant Eligibility and Documentation Requirements section above).
2. A standardized Coordinated Entry assessment tool will be used by all providers with a focus on length of time homeless and severity of the individual's or family's service needs to establish priority. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs will be given priority. Housing match and placement will be conducted in accordance with these established priorities and facilitated through the Coordinated Entry system.
3. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority for non-prioritized, non-dedicated beds described below.

**Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness**

1. **FIRST PRIORITY:** Homeless Individuals and Families with a Disability with a Long Period of Episodic Homelessness and Severe Service Needs.  
An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
2. **SECOND PRIORITY:** Homeless Individuals and Families with a Disability with Severe Service Needs.  
An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.



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3. **THIRD PRIORITY:** Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelters without Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
4. **FOURTH PRIORITY:** Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

B. Orders of Priority for ESG-Funded Activities

The Contra Costa County CoC adopts the recommended order of priority established in 25 CCR 8409 for ESG-funded activities. The CoC will prioritize access to assistance for people with the most urgent and severe needs, including, but not limited to, survivors of domestic violence. ESG-funded activities shall seek to prioritize people who:

1. Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
2. Have experienced the longest amount of time homeless;
3. Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and
4. For homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

For a full description of prioritization and matching within the Coordinated Entry System, please see the Coordinated Entry System Policies and Procedures here: <https://cchealth.org/h3/coc/pdf/CES-P-and-P.pdf>.

**RELOCATION DUE TO PROGRAM CLOSURE**

~~A. In the event that a program ceases business operations, the program should contact the local HUD field office. These entities should work together to develop a plan for transitioning the participants to~~

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~~other permanent housing. HUD expects that programs that are closing, in partnership with the CoC, will take a client-centered, proactive approach to ensure consistency of appropriate housing for program participants after the program closes. Programs that are not funded by HUD should contact the CoC Lead Agency to notify of the closing. These entities will work together to develop a plan for transitioning the participants to other permanent housing.~~

~~B. Program participants that are receiving assistance through programs such as the Emergency Solutions Grants (ESG) Program, the Continuum of Care (CoC) Program, the Supportive Services for Veterans Families (SSVF) Program, or the Veterans Homelessness Prevention Demonstration Program (VHPD) maintain their homeless status for the purpose of eligibility for other permanent housing programs, such as HUD VASH and CoC funded permanent supportive housing (so long as they meet any other additional eligibility criteria for these programs). Program participants only maintain their homeless status during the time period that they are receiving the rapid re-housing assistance.~~

### POLICIES AND PROCEDURES

All CoC- and ESG-funded programs will establish and maintain standard operating procedures that adhere to CoC and ESG requirements, including but not limited to recordkeeping, as outlined in 24 CFR §§ 578.103 and 576.500 respectively. Programs that do not receive CoC and ESG funding to establish and maintain standard operating procedures that adhere to these written standards to ensure an equitable standard of care throughout the Continuum of Care.

### RECORDKEEPING REQUIREMENTS

1. All records pertaining to CoC funds will be retained for 5 years from the expenditure of the grant, or, in the case of documentation of each program participant's eligibility and other program participant records, for 5 years after the expenditure of all funds from the grant under which the program participant was served. 24 CFR 578.103(c)(1-3). Records required include the following, according to 24 CFR 578.103(a):
  - i. Verification of Homeless Status
  - ii. Verification of Chronic Homeless Status (if applicable)
  - iii. Annual Income Verification and Rent Contribution Calculation for Participants receiving Housing Assistance
  - iv. Program Participant Records
  - v. Signed Occupancy Agreements or Leases
  - vi. Notice of Occupancy Rights and Certification Forms required by VAWA
  - vii. Housing Quality Standards Checklist
  - viii. Services Provided
  - ix. Other records required by HUD or individual programs
2. ESG Programs will maintain additional documentation to demonstrate:
  - i. The program participant met with a case manager at least once per month. 24 CFR 576.401(e)(1-2) and 24 CFR 576.500(f).
  - ii. The program used a plan to assist the program participant to retain permanent housing after the ESG assistance ends, 24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f).

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- iii. Programs made efforts to assist each program participant to obtain mainstream or other resources as needed. 24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f).
  - iv. Rental Assistance Agreements were entered into with each owner before providing the owner with rental assistance payments. 24 CFR 576.106(e), 24 CFR 576.500(h), 24 CFR 576.106(f).
3. HUD may monitor projects as long as records are maintained(24 CFR 578.103(d)(1). All participant files are available for HUD monitoring, and will be reviewed during CoC monitoring visits.

#### PARTICIPATION TERMINATION AND APPEALS POLICY

If a participant violates program requirements or no longer meets minimum eligibility requirements for assistance, the program may terminate assistance. Program policies and procedures must outline the termination and appeals process. These policies and procedures must be given to the participant at program entry and at the time of termination.

- A. To terminate assistance, the minimum required formal process must consist of:
  1. A written notice to the participant containing a clear statement of the reasons for termination; and
  2. A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
  3. Prompt written notice of the final decision to the participant.
- B. Termination does not bar the program from providing further assistance at a later date to the same family or individual if they so wish.
- C. To file a complaint against an agency and staff providing housing of services to individuals experiencing homelessness in Contra Costa County, the Coordinated Entry System, or Homeless Information Management System, please refer to the [CoC Complaint Process](#).

#### COMPENSATION OF PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS

To center the perspectives of people with a lived experience of homelessness in decision-making and to reduce barriers to their participation, the Contra Costa CoC commits to compensating people with lived experience (PWLE) of homelessness who participate in specific Contra Costa Continuum of Care (CoC) advisory roles, groups, events, or surveys. The amount and form of compensation amount will depend on several factors, including:

1. whether or not the participant is a member of the Council on Homelessness (COH);
2. whether the participant is performing duties on behalf of an agency;
3. whether the participant is representing themselves as a PWLE;
4. the amount of time spent participating;
5. and the nature of the activity.

Agencies are encouraged to adopt a PWLE Compensation policy.

#### OTHER APPLICABLE LAWS

**DRUG-FREE WORKPLACE**

All CoC- and ESG-funded programs will certify that they operate in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701, *et. seq.*) and HUD’s implementing regulations at 2 CFR § 2429. All programs shall notify HUD about any employee’s conviction for a criminal drug offense pursuant to HUD-50070. Programs that are not HUD funded are strongly encouraged to adopt a Drug Free Workplace policy.

**ANTI-LOBBYING**

- A. All CoC- and ESG-funded programs are prohibited from using appropriated funds for lobbying the executive or legislative branches of the Federal Government in connection with a specific contract, grant, or loan.
- B. All CoC- and ESG-funded programs shall disclose, using Standard Form LLL (SFLLL), “Disclosure of Lobbying Activities,” any funds other than federally appropriated funds, that will be or have been used to influence federal employees, Members of Congress, or congressional staff regarding specific contract, grant, or loans.
- C. As an applicant for future funds, programs shall submit the SFLLL if it has used or intends to use federal funds for lobbying activities.

**COMPLIANCE WITH SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968**

Employment and other economic opportunities generated by federal financial assistance for housing and community development programs shall, to the greatest extent feasible, be directed toward low- and very low-income persons, particularly those who are recipients of government assistance for housing.

**SOLID WASTE DISPOSAL ACT**

All CoC- and ESG-funded programs will comply with the requirements of Section 6002 of the Solid Waste Disposal Act as amended by the Resource Conservation and Recovery Act, in the procurement of certain items and services as follows. Programs will:

1. Procure items designated in guidelines of the EPA at 40 CFR part 247 that contain the highest percentage of recovered materials practical, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000;
  2. Procure solid waste management services in a manner that maximizes energy and resource recovery; and
- Establish an affirmative procurement program for the procurement of recovered materials identified in the EPA guidelines. Programs who are not funded through CoC or ESG funds are strongly encouraged to follow the requirements in this section to ensure consistency throughout the Continuum of Care.

**NATIONAL ENVIRONMENTAL POLICY ACT (NEPA) – ENVIRONMENTAL REVIEWS**

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All CoC Program projects require environmental reviews. All HUD-assisted projects must ensure that the proposed project does not negatively impact the surrounding environment and that the property site itself will not have an adverse environmental or health effect on users. Every project must be in compliance with the National Environmental Policy Act (NEPA), and other related federal and state environmental laws. Specific guidance on environmental reviews is outlined under 24 CFR part 50 and 58.

**LEVEL OF ENVIRONMENTAL REVIEW**

**Tenant Based Rental Assistance**

Tenant-Based Rental Assistance is Categorically Excluded Not Subject to 58.5 (CENST) (see 24 CFR 50.19(b)(11), 58.35(b)(1)), because the rental assistance is attached to the program participant and not the unit. The Responsible Entity may conduct one "programmatic" CENST review to cover all tenant-based units for a program or county.

**Leasing, Project Based Rental Assistance, Sponsor-Based Rental Assistance**

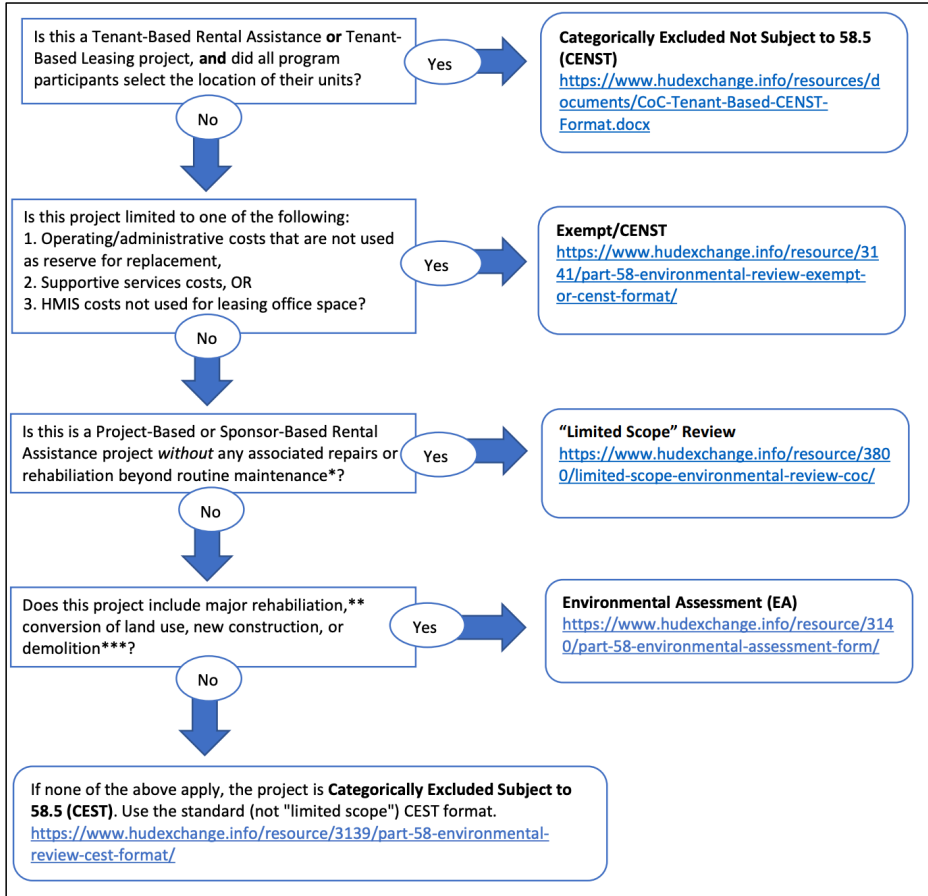
Because the rental assistance is attached to the unit, CoC Program Leasing, Sponsor-Based Rental Assistance, and Project-Based Rental Assistance are subject to limited scope review known as Categorically Excluded Subject to 58.5 (CEST) (see 50.20(a)(4), 58.35(a)(5)).

**Rehabilitation, Repairs, Construction or Demolition**

Rehab, repairs, construction or demolition are subject to standard environmental assessment and review.

Environmental reviews should be completed before engaging in activities, funds are committed, and signing contracts and/or leases. Environmental reviews should cover the entire building or site, and are generally good for five years, unless environmental conditions change.

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ENVIRONMENTAL REVIEW RESPONSIBILITIES

As a unit of local government, CCHS is known as a Responsible Entity (RE) and authorized under 24 CFR Part 58 to conduct environmental reviews for projects funded through the HUD CoC program. If CCHS does not have the capacity to conduct an environmental review, HUD may conduct the environmental review per Part 50.

**APPENDICES**

**APPENDIX 1: LITERAL HOMELESSNESS DOCUMENTATION CHECKLIST**

<b>Client Name:</b>	
<b>Date:</b>	
<b>Current Residence:</b> (Night Before Above Date)	
<b>Staff Name:</b>	
<b>Program Name:</b>	
<b>Component Type:</b> (ES, TH, RRH, PSH, etc.)	

*NOTE: Written third-party documentation is always preferred to certify homelessness.*

<b>Applicable</b> <input checked="" type="checkbox"/>	<b>In File</b> <input checked="" type="checkbox"/>	<b>CATEGORY</b> <input checked="" type="checkbox"/> Required Documentation in File
<b>CATEGORY 1</b>		
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/>	<p><b>PLACE NOT MEANT FOR HUMAN HABITATION</b>, e.g., car, park, abandoned building, bus or train station, airport, camping ground (OK for CH-PSH, PSH, RRH, TH, SH, SSO)*</p> <p><input type="checkbox"/> <b>Written Third-Party</b> (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HMIS record of homeless street outreach contacts</li> <li><input type="checkbox"/> Signed letter on letterhead from a homeless street outreach provider</li> <li><input type="checkbox"/> Homelessness Certification (Form A) from a homeless street outreach provider</li> </ul> <p><b>OR</b></p> <p><input type="checkbox"/> <b>Written Second-Party</b> (both of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) <b>AND</b></li> <li><input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification</li> </ul> <p><b>OR</b></p> <p><input type="checkbox"/> <b>Written First-Party</b> (both of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b></li> <li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li> </ul>
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/>	<p><b>EMERGENCY SHELTER, SAFE HAVEN, HOTEL/MOTEL PAID BY CHARITABLE ORGANIZATION OR GOVERNMENT PROGRAM FOR LOW-INCOME INDIVIDUALS</b> (OK for CH-PSH, PSH, RRH, TH, SH, SSO)*</p> <p><input type="checkbox"/> <b>Written Third-Party</b> (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HMIS record of stay in emergency shelter, safe haven, or hotel/motel paid for by charitable organization or government program</li> </ul>



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		<input type="checkbox"/> Signed letter on letterhead from emergency shelter or safe haven provider or organization paying for hotel/motel stay <input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or safe haven provider or organization paying for hotel/motel stay <b>OR</b> <input type="checkbox"/> <b>Written Second-Party (both of the following):</b> <input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) <b>AND</b> <input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification <b>OR</b> <input type="checkbox"/> <b>Written First-Party (both of the following):</b> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b> <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
<b>Applicable</b> <input checked="" type="checkbox"/>	<b>In File</b> <input checked="" type="checkbox"/>	<b>CATEGORY</b> <input checked="" type="checkbox"/> <b>Required Documentation in File</b>
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/>    <input type="checkbox"/>	<b>HOSPITAL OR OTHER INSTITUTION</b> if client's stay was 90 days or fewer <i>and</i> client was in emergency shelter or place not meant for human habitation prior to admission ( <b>OK for CH-PSH, PSH, some RRH, TH, SH, SSO</b> )* <b>Documentation of institutional stay</b> <input type="checkbox"/> <b>Written Third-Party (one or more of the following):</b> <input type="checkbox"/> Discharge paperwork with admission and discharge dates <input type="checkbox"/> Written (or oral, but recorded in writing) referral from social worker, case manager, or other official from institution with admission and discharge dates <b>OR</b> <input type="checkbox"/> <b>Written First-Party (both of the following):</b> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b> <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification <b>AND</b> <b>Documentation of client's homeless status immediately prior to institutional stay</b> <input type="checkbox"/> <b>Written Third-Party (one or more of the following) dated within 14 days prior to institutionalization:</b> <input type="checkbox"/> HMIS record of shelter stay or homeless street outreach contacts <input type="checkbox"/> Signed letter on letterhead from emergency shelter or homeless street outreach provider <input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or homeless street outreach provider <b>OR</b> <input type="checkbox"/> <b>Written Second-Party (both of the following):</b> <input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) <b>AND</b> <input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification <b>OR</b> <input type="checkbox"/> <b>Written First-Party (both of the following):</b> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b>

CONTRA COSTA WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

		<input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p><b>TRANSITIONAL HOUSING</b> if graduating from or timing out of TH <i>and</i> either in emergency shelter or place not meant for human habitation prior to admission <i>or</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence <b>(OK for PSH, some RRH, TH, SH, SSO)*</b></p> <input type="checkbox"/> <b>Written Third-Party</b> (one or more of the following) dated within 14 days prior to program entry: <ul style="list-style-type: none"> <li><input type="checkbox"/> HMIS records of transitional housing stay and entry from shelter or place not meant for human habitation</li> <li><input type="checkbox"/> Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission</li> <li><input type="checkbox"/> Homelessness Certification (Form A) signed by transitional housing provider</li> </ul> <p><b>OR</b></p> <input type="checkbox"/> <b>Written First-Party</b> (both of the following): <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b></li> <li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li> </ul>

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	CATEGORY <input checked="" type="checkbox"/> Required Documentation in File
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p><b>TRANSITIONAL HOUSING</b> if graduating from or timing out of TH and <i>neither</i> in emergency shelter or place not meant for human habitation prior to admission <i>nor</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence <b>(OK for some RRH, TH, SSO)*</b></p> <input type="checkbox"/> <b>Written Third-Party</b> (one of the following) dated within 14 days prior to program entry: <ul style="list-style-type: none"> <li><input type="checkbox"/> HMIS records of transitional housing stay and homeless living situation prior to admission</li> <li><input type="checkbox"/> Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission</li> <li><input type="checkbox"/> Homelessness Certification (Form A) signed by transitional housing provider</li> </ul> <p><b>OR</b></p> <input type="checkbox"/> <b>Written First-Party</b> (both of the following): <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) <b>AND</b></li> <li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</li> </ul>







CATEGORY 2	
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<p><input type="checkbox"/> <b>IMMINENTLY LOSING PRIMARY NIGHTTIME RESIDENCE, i.e., primary nighttime residence will be lost within 14 days, and no subsequent residence has been identified, and the household lacks the resources and support networks needed to obtain other permanent housing (OK for some RRH, TH, SSO)*</b></p> <p><b>At least one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court order resulting from an eviction notice or equivalent, or formal eviction notice</li> <li><input type="checkbox"/> For clients in hotels/motels not falling under Category 1, evidence that household lacks the financial resources necessary to stay for more than 14 days</li> <li><input type="checkbox"/> Oral statement by individual or head of household that the owner or renter of the residence will not allow them to stay for more than 14 days and documentation by staff of the statement client made to staff and                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Written verification from the owner or renter of the residence verifying client's statement or</li> <li><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure verification from the owner or renter of the residence</li> </ul> </li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Corroborating Client Self-Declaration of Homelessness (Form E)</li> </ul>

<b>CATEGORY 4</b>	
<input type="checkbox"/> <b>YES</b>	<p><b>EXPERIENCING TRAUMA OR A LACK OF SAFETY RELATED TO (OR FLEEING OR ATTEMPTING TO FLEE) DOMESTIC VIOLENCE</b>, dating violence, sexual assault, stalking, human trafficking, or other dangerous, traumatic, or life-threatening conditions that relate to violence against the individual or a family member in the individual's or family's current housing situation (including where the health and safety of children are jeopardized) ("the condition") <b>(OK for PSH, some RRH, TH, SSO)*</b></p> <p><b>The following:</b></p> <p><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E)</p>
<input type="checkbox"/> <b>NO</b>	<p><b>AND FOR NON-VICTIM SERVICE PROVIDERS</b></p> <p><b><i>If safety would not be jeopardized, written third-party certification with minimum amount of information necessary to document fleeing or attempting to flee the condition (one or more of the following):</i></b></p> <p><input type="checkbox"/> Written observation by intake worker verifying the condition</p> <p><input type="checkbox"/> Signed letter on letterhead from a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for the <u>condition</u></p>

**APPENDIX 2: CHRONIC HOMELESS DOCUMENTATION CHECKLIST**

**Chronic Homelessness Definition**

An individual is defined by HUD as "Chronically Homeless" if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).

Recordkeeping Documentation Options Explained	
<p><b>3<sup>rd</sup> Party Documentation</b></p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Documentation from HMIS/Comparable Database</p> <p><i>Records must show entries/exits at Shelters.</i></p> <p><i>An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.</i></p> </div> <div style="text-align: center;">  <p>Written observation by an outreach worker or Written referral by another housing or service provider</p> </div> <div style="text-align: center;">  <p>Documentation from Institutions like Hospitals, Correctional Facilities, etc.</p> <p><i>Must include records about stay the length of stay, signed by Clinician or other appropriate staff.</i></p> </div> </div>
<p><b>Self Certification</b></p>	<div style="text-align: center;">  </div> <p>Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.</p> <p>Remember that for each Project:</p> <ul style="list-style-type: none"> <li>• 100% of households served can use self-certification for 3 months of their 12 months,</li> <li>• 75% of households served need to use 3<sup>rd</sup> Party documentation for 9 months of their 12 months, and</li> <li>• 25% of households served can use self-certification as documentation for any and all months.</li> </ul>
<p><b>When do you need third party documentation?</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">  </div> <div> <p>Preferred to record all occasions of homelessness to document Chronic Homelessness.</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  </div> <div> <p>Not necessary to record breaks in homelessness, these can be based on self reports.</p> </div> </div>	

**Chronic Homelessness Documentation Checklist**

*An individual is defined by HUD as “Chronically Homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).*

<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Number in Household:</b>	<b>Client Head of Household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part 1: Current Housing Status</b>	
<i>Client must currently be in one of these locations in order to be considered chronically homeless.</i>	
<b>Client is currently residing:</b>	
<input type="checkbox"/> In Emergency Shelter	
<input type="checkbox"/> On the Streets/Place not Meant for Human Habitation	
<input type="checkbox"/> In the Safe Haven	
<input type="checkbox"/> In an Institutional Care Facility (Where they have been for fewer than 90 days)	
<b>Start Date:</b> _____	<b>End Date:</b> _____
<b>Location Name/Address:</b>	
<b>Current Housing Status Notes:</b>	
<b>Chronic Homelessness Documentation Checklist - Page 1 of 4 (Not including Attachments)</b>	

CONTRA COSTA WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

Part 2: Housing History													
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Mo./Yr.													
Location	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Break Mo./Yr. & Descr. or N/A	Break 1: Break 2: Break 3: If there are additional breaks please detail and attach.												
Notes													
Self-Cert. Check	Does the documentation include more than 3 Months of Self-Certifications? * <input type="checkbox"/> Yes <input type="checkbox"/> No * Please be advised that if you answered YES, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. Please check with you project administrator to ensure your project has not exceeded its self-certification cap.												
Key	Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description												

Chronic Homelessness Documentation Checklist - Page 2 of 4 (Not including Attachments)



**Part 3: Disability Status**

The term 'homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that

- Is expected to be long-continuing or of indefinite duration;
  - Substantially impedes the individual's ability to live independently;
  - Could be improved by the provision of more suitable housing conditions; and
  - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome. (i.e., the individual is a person with AIDS or HIV+ status).

The head of A member of the household has been diagnosed with one or more of the following (check all that apply):

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- AIDS or HIV+ status
- Other:

Household member with disability:

- Head of household
- Spouse
- Child
- Other \_\_\_\_\_

**Part 3: Disability Status**

The term 'homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that

- Is expected to be long-continuing or of indefinite duration;
  - Substantially impedes the individual's ability to live independently;
  - Could be improved by the provision of more suitable housing conditions; and
  - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome. **(i.e., the individual is a person with AIDS or HIV+ status).**

Documentation Attached:

- Written verification of the disability from a licensed professional;
- Written verification from the Social Security Administration;
- The receipt of a disability check; or
- Intake staff-recorded observation of disability that **is**, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Disability Notes:

**Chronic Homelessness Documentation Checklist - Page 3 of 4 (Not including Attachments)**

**Part 4: Staff and Client Certifications**

**Client Certification:**

To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify \_\_\_\_\_ of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.

<b>Client Name: (Printed)</b>	<b>Client Signature:</b>	<b>Date:</b>
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# CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

## APPENDIX 3: DISABILITY CERTIFICATION

1. Name of Client: \_\_\_\_\_

The above named individual is a client of the \_\_\_\_\_ program. As required by the US Department of Housing and Urban Development (HUD), we must verify the following self-reported disabilities before entering this information into the Homeless Management Information System: Mental health issues, chronic health conditions, physical/medical conditions, developmental disabilities. A disability as defined by HUD is as follows:

- (1) a disability as defined in Section 223 of the Social Security Act;
- (2) a physical, mental, or emotional impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
- (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
- (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; OR
- (5) a diagnosable substance abuse disorder.

### Other Definitions:

- *Mental Health Problem* – a mental health condition that is expected to be of long-continued and indefinite duration and may substantially impede a client's ability to live independently. A mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.
- *Chronic Health Condition* – a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; AIDS or HIV+ status; or emphysema.
- *Physical/Medical* – a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
- *Developmental* – a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

2. Please indicate the type of disability that is being verified (you may check more than one) and sign below to certify that the individual meets HUD's definition of said disability. Certification must be signed by a qualified licensed professional.

- Mental Health Problem: \_\_\_\_\_
- Physical/Medical: \_\_\_\_\_
- Chronic Health Condition: \_\_\_\_\_
- Developmental

_____ <i>Signature 1</i>	_____ <i>Date</i>	_____ <i>License No and License Type</i>
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_____ <i>Signature 2</i>	_____ <i>Date</i>	_____ <i>License No and License Type</i>
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## CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

### APPENDIX 43: REQUEST FOR REASONABLE ACCOMMODATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

The following member of my household has a disability. "Disability" is defined as having a physical or mental impairment that substantially limits one or more major activities, a record of having such an impairment, or being regarded as having such an impairment.

Name of Person with Disability \_\_\_\_\_

As a result of the disability, the person listed above requires the following change(s) be made to the existing residence:

- A modification to the residence or a modification to the housing complex. Describe the change requested:
  
- A change to a rule, policy or procedure. Describe the change requested:

The reasonable accommodation is needed so that the person with the disability can:

To verify the disability and need for accommodation, you may contact the following person:

Name and Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

I give \_\_\_\_\_ permission to contact the above individual for purposes of verifying that I or a household member has a disability and requires the reasonable accommodation described above. I understand that the information you obtain will be kept completely confidential and used solely to determine necessity for reasonable accommodation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

## APPENDIX 54: REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES

Applicant/Tenant Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

I have a disability. I am submitting this request because my application was rejected, I received a lease violation or I received an eviction notice due to circumstances resulting from my disability.

1. Describe why you believe the problem was a result of the disability.
2. Describe why the problem is not likely to happen again.
  - The following circumstances have changed.
  - A request for reasonable accommodation has been approved. (Describe the accommodation or attach a request form.
3. To verify the disability, you may contact the following person:
 

Name and Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
4. To verify that the problem is not likely to reoccur, you may contact the following person:
 

Name and Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
5. To verify that the reasonable accommodation request is necessary and likely to solve the problem, you may contact the following person:
 

Name and Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

I give \_\_\_\_\_ permission to contact the above individuals for purposes of verifying the information described on this form. I understand that the information you obtain will be kept completely confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

### APPENDIX 65: VERIFICATION OF MITIGATING CIRCUMSTANCES

In signing this form, I verify the following information regarding the individual:

Name \_\_\_\_\_

- The individual was denied services, received a lease violation or an eviction notice due to circumstances resulting from a disability. Describe the reason one or more of these occurred.
  
- The problem is not likely to reoccur because of the following changes. Describe the changes and explain your reasoning.
  
- The problem is not likely to reoccur if the individual is provided the following reasonable accommodation. Describe the reasonable accommodation and explain your reasoning.

Name and Title \_\_\_\_\_

Relationship to Named Individual \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



## CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

### APPENDIX 7: COMMONLY USED ACRONYMS

Acronym	Definition
APR	Annual Performance Report (for HUD homeless programs)
CARE	Coordinated Assessment and Resource
CCYCS	Contra Costa Youth Continuum of Services
CDBG, CDBG-CV	Community Development Block Grant (federal and state programs) and the federal Community Development Block Grant CARES Act coronavirus allocation.
CESH	California Emergency Solutions and Housing program (state funding)
Continuum of Care (CoC)	Continuum of Care approach to assistance to the homeless. Federal grant program promoting and funding permanent solutions to homelessness.
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG.
CORE	Coordinated Outreach Referral, Engagement program
COVID-19	Coronavirus
DOC	Department Operations Center
EHSD	(Contra Costa County) Employment and Human Services Division
EOC	Emergency Operations Center
ESG and ESG-CV	Emergency Solutions Grant (federal and state program) and the federal Emergency Solutions Grant CARES Act coronavirus allocation.
ESG-CV	Emergency Solutions Grant CARES
FMR	Fair Market Rent (maximum rent for Section 8 rental assistance/CoC grants)
HCD	Housing and Community Development (State office)
HEAP	Homeless Emergency Aid Program (State funding)
HEARTH	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009
HHAP	Homeless Housing and Assistance Program
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HUD	U.S. Department of Housing and Urban Development (federal)
MHSA	Mental Health Services Act
NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PUI	Persons Under Investigation
SAMHSA	Substance Abuse & Mental Health Services Administration
SRO	Single-Room Occupancy housing units
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TA	Technical Assistance
TAY	Transition Age Youth (usually ages 16-24)
VA	Veterans Affairs (U.S. Department of)
VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

*Contra-Costa County COVID-19 Resources:  
Please see below for additional resources on COVID-19.*





## CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

[Health Services COVID Data Dashboard](https://www.coronavirus.cchealth.org/dashboard) - <https://www.coronavirus.cchealth.org/dashboard>  
[Health Services Homeless Specific Data Dashboard](https://www.coronavirus.cchealth.org/homeless-dashboard) - <https://www.coronavirus.cchealth.org/homeless-dashboard>  
[Health Services COVID Updates](https://www.coronavirus.cchealth.org/health-services-updates) - <https://www.coronavirus.cchealth.org/health-services-updates>  
[Health Services Homeless Specific COVID Resources](https://www.coronavirus.cchealth.org/for-the-homeless) - <https://www.coronavirus.cchealth.org/for-the-homeless>

### APPENDIX 8: EQUITY DEFINITIONS

(adapted from C4 Innovations and approved by COH on 8.3.23)

Term	Definition
<b>Individual Racism</b>	A person's beliefs and actions that serve to perpetuate racial oppression. This can be conscious and unconscious. This may be externalized or internalized
<b>Institutional Racism</b>	Policies and practices at the organization (or "sector") level that perpetuate oppression. It involves unjust policies, practices, procedures, and outcomes that work better for white people than people of color, whether intentional or not.
<b>Interpersonal Racism</b>	The interactions between people – both within and across racial groups
<b>Microaggressions</b>	Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership
<b>Race</b>	A social construct created in the 17th century by white Europeans to justify the enslavement of Africans and the spread of colonialism. Understanding of race as a concept has changed over time, but the outcomes of discrimination based on race remain entrenched in our systems.
<b>Race Equity Lens</b>	A way of viewing the world in an integrated and holistic manner, taking into account past and present racial injustices and seeking to address them through more equitable practices and structures.
<b>Racial Bias</b>	Implicit and/or explicit bias that reinforces discriminatory attitudes and behaviors when interacting with people or situations
<b>Racial Equity</b>	The condition where one's racial identity does not predict their social, health, or economic outcomes. Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing practices, systems, and structures by prioritizing the measurable change in the lives of people of color.
<b>Racism</b>	A system of institutional, systemic oppression, and practices of individuals and society that shape cultural beliefs and values that support racist policies and practices.
<b>Structural Racism</b>	How these effects interact and accumulate across institutions and across history. Structural racism highlights how racism operates as a system of power with multiple interconnected, reinforcing, and self-perpetuating components which result in racial inequities across all indicators for success.
<b>Systemic Racism</b>	infrastructure of rulings, ordinances or statutes adopted by a sovereign government or authoritative entity, whereas such ordinances and statutes entitles one racial group in a society certain rights and privileges, while denying other groups in that society these same rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and Xenophobia's held by the entitled group
<b>White Fragility</b>	White fragility refers to feelings of discomfort a white person experiences when they witness or engage in discussions around racial inequality and injustice. Their engagement in conversations about racism may trigger a range of defensive actions, feelings, and behaviors, such as anger, fear, and silence. These reactive behaviors reinforce continued white dominant culture.



## CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

### APPENDIX 9: IMPORTANT LINKS

#### Contra Costa Continuum of Care Link

- **CoC Program Models and Performance Standards:**  
<https://www.cchealth.org/home/showpublisheddocument/6567/638258163191470000>
- **CoC HMIS Governance Charter and HMIS Policies and Procedures:**  
<https://www.cchealth.org/home/showpublisheddocument/29718/638459324318630000>
- **Coordinated Entry Policies and Procedures:**  
<https://www.cchealth.org/home/showpublisheddocument/6393/638258160735770000>
- **CoC Complaint Process:**  
<https://www.cchealth.org/home/showpublisheddocument/6399/638258160754030000>
- **Continuum of Care (CoC) Complaint Form:**  
<https://forms.office.com/Pages/ResponsePage.aspx?id=3tkgKC3cY00GJvKwA00MRbtw-IB5t2FMpzyKPMkfbxZURDRMSzI0M0FLWINHM0U5T1Y4UUpOTDZaTS4u>
- **Council on Homelessness landing page:** <https://www.cchealth.org/about-contra-costa-health/leadership/commissions-advisory-groups/council-on-homelessness>
- **CoC Trainings:** <https://www.cchealth.org/services-and-programs/homeless-services/continuum-of-care/tools-for-partners/trainings>
- **Get Help landing page:** <https://www.cchealth.org/services-and-programs/homeless-services/get-help>
- **Housing Security Fund Policies and Procedures:**  
<https://www.cchealth.org/home/showpublisheddocument/6543/638258162785430000>
- **HMIS Project Set-up Tool:**  
<https://airtable.com/appPQ2J1HYacqanvL/shr07VvUci0rE8Rqt>

#### HUD Links

- **CoC Program Interim Rule:**  
<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
- **ESG Program:** <https://www.hudexchange.info/programs/esg/esg-requirements/>
- **HUD's Definition of At Risk of Homelessness:**  
<https://files.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinitionCriteria.pdf>
- **HUD Prioritization Notice: CPD-16-11:**  
<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>
- **HUD's Equal Access Rule:**  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/housing\\_discrimination\\_and\\_persons\\_identifying\\_lgbtq#:~:text=HUD's%20Equal%20Access%20Rule%20requirements,gender%20identity%2C%20or%20marital%20status.](https://www.hud.gov/program_offices/fair_housing_equal_opp/housing_discrimination_and_persons_identifying_lgbtq#:~:text=HUD's%20Equal%20Access%20Rule%20requirements,gender%20identity%2C%20or%20marital%20status.)
- **HUD's Office of Fair Housing and Equal Opportunity:**  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/online-complaint](https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint)



## CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

- **HUD FY 2022 Interactive HMIS Data Standards Tool:**  
<https://www.hudexchange.info/programs/hmis/hmis-data-standards/>

### Other Links

- **24 CFR 5.105(a):** <https://www.ecfr.gov/current/title-24/subtitle-A/part-5/subpart-A/section-5.105>
- **24 CFR Part 578 – Continuum of Care Program:** <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578?toc=1>
- **California Fair Employment and Housing Act, (Government Code, Title 2, Division 3, Part 2.8):**  
[https://leginfo.ca.gov/faces/codes\\_displayexpandedbranch.xhtml?lawCode=GOV&division=3.&title=2.&part=2.8.&chapter=9.&article=&goUp=Y](https://leginfo.ca.gov/faces/codes_displayexpandedbranch.xhtml?lawCode=GOV&division=3.&title=2.&part=2.8.&chapter=9.&article=&goUp=Y)
- **Developmental Disability Assistance and Bill of Rights Act of 2000:**  
[https://acl.gov/sites/default/files/about-acl/2016-12/dd\\_act\\_2000.pdf](https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf)
- **Fair Housing Act:** <https://tile.loc.gov/storage-services/service/ll/uscode/uscode1970-00904/uscode1970-009042045/uscode1970-009042045.pdf>
- **SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach:**  
[https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)
- **Section 504 of the Rehabilitation Act of 1973:**  
<https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973>
- **Title II of the Americans with Disabilities Act:** <https://www.ada.gov/law-and-regs/regulations/title-ii-2010-regulations/>
- **Title VI of the Civil Rights Act of 1964:**  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/title\\_vi\\_civil\\_rights#:~:text=Title%20VI%20of%20the%20Civil%20Rights%20Act%20of%201964%20provides,activity%20receiving%20federal%20financial%20assistance](https://www.hud.gov/program_offices/fair_housing_equal_opp/title_vi_civil_rights#:~:text=Title%20VI%20of%20the%20Civil%20Rights%20Act%20of%201964%20provides,activity%20receiving%20federal%20financial%20assistance)