

RHODE ISLAND CONTINUUM OF CARE POLICIES AND PROCEDURES

Updated July 1, 2021

RHODE ISLAND CONTINUUM OF CARE

CoC Overview

In accordance with HUD regulations (24 CFR Part 578), representatives from relevant organizations that serve homeless and formerly homeless individuals and other interested, relevant organizations within the State of Rhode Island have established a Continuum of Care to carry out the duties assigned in the aforementioned regulations.

That Continuum of Care is named the State of Rhode Island Continuum of Care (RiCoC) and has established a Board of Directors in accordance with the process described in the Governance Charter for the RiCoC attached hereto.

The RiCoC is a united coalition of community and state systems and providers that assist homeless and at risk residents in the State of Rhode Island to obtain housing, economic stability, and an enhanced quality of life through comprehensive services and support. RiCoC addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. Services through the RiCoC are prioritized toward those with the greatest vulnerabilities, length of time homeless and severity of service need.

The RiCoC Board of Directors has adopted the policies to ensure compliance with HUD regulations and to support efforts to assist homeless and at risk residents in Rhode Island to obtain housing, economic stability and enhanced quality of life.

The policies are approved by the Board of Directors and may be amended by a majority vote at any meeting of the Board of Directors.

Contents

CoC Overview	1
CoC Planning	3
HUD Application Process.....	11
Participation by Homeless Persons.....	14
Protocols for CoC Meetings.....	16
Standards for membership and outreach to potential newmembers	17
Process for establishing committees and workgroups	17
Standards for annual review of Governance Charter	18
Means for Establishing Performance Targets	18
Means for monitoring CoC and ESG and evaluating the outcomes of ESG and CoCrecipients and sub- recipients	18
Protocols for Coordinated Assessment.....	21
Code of Conduct.....	27
Monitoring of CoC Grantees	28
Fiscal monitoring.....	30
Matching Funds.....	30
Expenditure of Grant Funds.....	31
Policy on Prioritizing Chronically Homeless Persons for Permanent Supportive Housing	32
Policy on the Use of Housing First	33
Housing First Principles	33
Permanent Supportive Housing Written Standards	36
Supportive Housing Case Management Standards	39
Rapid Rehousing Written Standards.....	45
Policy on Coordinated Entry	49
Grievance Policy and Procedure for Applicant Organizations	50
Policy on Under-Expenditure of Grant Funds	57
Renewal Evaluation Policy	58
Policy on Incentive for CoC Grantees to Voluntarily Reallocate Current Grant Funding to Higher Priority Component	59
Educational Services for Children	60
Responsibilities of Recipients/Sub-Recipients & Sample Policy	60
VAWA Provisions.....	64
Equal Access.....	65

CoC Planning

CoC Housing and Services System**1. Outreach, Engagement and Assessment**

Policy: The RICoC will coordinate the implementation of a comprehensive housing and services system to locate, identify and engage homeless persons and families living without shelter and those living in emergency shelter, to rapidly place them in appropriate long-term housing, and to ensure that adequate support and assistance is provided to ensure that housing stability is maintained.

Procedures:

- The RICoC will seek to coordinate outreach services including those funded by CoC, ESG and other funding sources to ensure that: outreach fully covers the State of Rhode Island including urban and non-urban areas. The CoC will seek to prevent overlap and duplication of outreach services and assure that outreach covers all areas of the State that are likely locations where homeless people will find shelter or will seek or remain or congregate without formal shelter services or support. Outreach teams will coordinate with local shelters, drop-in centers, and other programs serving homeless people, law enforcement and emergency medical personnel.
- Outreach teams will seek to engage homeless people through non-confrontational, repeated contact, offering immediate and longer term assistance. Contacts between outreach teams and homeless people will be documented in the RICOC HMIS system.
- Assessment of persons contacted through outreach will be accomplished using the VI-SPDAT assessment and the results of the assessment will be reported in the HMIS system.

2. Shelter, Housing and Supportive Services

Policy: In order to assure that homeless people are able to access safe emergency shelter and to be rapidly returned to housing, the CoC will work to assure that there is adequate emergency shelter, that homeless people are quickly moved from shelter to housing, that adequate housing options exist for those leaving shelter, and to assure that supportive services necessary to maintain housing are available and accessible to homeless people placed in housing. To the extent possible, providers of shelter services will assist residents in exiting from shelter to permanent housing. This includes: ensuring that shelter residents are assessed and entered into the RICoC Coordinated Entry System, assisting in assembling documentation required for permanent housing, and providing support as possible in assisting residents acquire income and skills that will help them maintain housing stability.

Procedures:

- The RICoC will monitor use of shelter resources through HMIS reporting and through

the annual point in time count. The RICOC will collaborate with recipients of ESG funding and the RI Consolidated Homeless Fund (CHF) to increase access to and availability of safe and sanitary emergency shelter. The primary strategy to ensure access to shelter will be by freeing up shelter resources through the rapid placement in housing and targeting of permanent supportive housing toward those with the greatest service needs and lengths of time homeless. Where appropriate, the CoC will consult with ESG and the CHF to develop strategies to increase access and availability of shelter.

- In evaluating applications for emergency shelter assistance, the CHF will assess the length of time that people remain in shelter, placement rates for permanent housing for those placed in shelter, increases or maintenance of income for those in shelter, and services and support provided by shelters to assist participants in securing and stabilizing in housing.
- The RICoC will encourage the use of evidence-based practices including permanent supportive housing for the chronic and long term homeless and rapid rehousing to resolve family homelessness. The CoC will establish incentives for providers to reallocate or otherwise redirect funding from less effective to evidence-based strategies. The RICoC will annually review the performance of all funded grantees and take action against poor performers to improve performance to redirect the funding to more effective strategies and providers.
- The CoC will encourage the use of mainstream resources and services for supportive services and will seek to ensure that CoC funded supportive services are: not duplicative of services available from mainstream sources and are necessary and essential to housing placement and retention. As part of the annual performance review of CoC funded programs, the CoC will examine the use of CoC funds for supportive services, determine per- client supportive services costs, and evaluate outcomes. Providers not meeting CoC defined outcomes, use of CoC funds for services available from mainstream resources, or with disproportionately high supportive services costs will be assessed for possible reallocation of some or all of the CoC funding.

3. Prevention

Policy: The RICoC will seek to minimize the numbers of individuals and families who become homeless for the first time by working with ESG/CHF funded providers to target the use of prevention resources toward those with no or limited resources to avoid becoming literally homeless.

Procedures:

In consulting with ESG recipients and the Consolidated Homeless Fund, the CoC will advise the use of prevention resources to divert individuals and families from entering shelter or homelessness. The RICoC will track those households receiving prevention assistance to determine the rate at which households receiving prevention assistance subsequently become homeless.

The RICoC will report to ESG recipients and the Consolidated Homeless Fund on prevention outcomes and will encourage funding for those providers who have demonstrated success and

identify successful practices that can be employed to more effectively target prevention resources and provide support in effectively targeting prevention resources.

4. Annual Point in Time Count

Policy: on an annual basis the RCoC will conduct a Point-in-Time (PIT) Count based on actual counts and/or statistically reliable data. The CoC will annually count all sheltered and unsheltered homeless persons in Rhode Island during a specified 24-hour period.

Procedures:

- The PIT count and reporting of resources in the Housing Inventory Chart (HIC) shall be consistent with HUD standards and will be consistent with HUD’s Point in Time Methodology Guide.
- There will be a single statewide count to be held on an evening that meets HUD’s requirements and that is convenient for all participants in the RCoC. The CoC Board designates that the RCoC HMIS Lead agency will select the date for the count and oversee PIT implementation and coordination.
- The count of persons in shelter and transitional housing shall be conducted by the providers of those services. The count of unsheltered persons shall be conducted by volunteers organized, trained and coordinated by the RCoC.
- A standard survey instrument shall be used. The survey instrument shall be consistent with best practices identified by HUD for the count.
- Data for the Housing Inventory Count (HIC) shall be collected on the same night as the PIT count. HMIS will be used as the starting point for the HIC count, supplemented by additional information that may be required by HUD.
- As a condition of receiving funding from the RCoC, all organizations receiving CoC and ESG funding must participate in the PIT and HIC.
- PIT and HIC data shall be submitted to HUD in the required format, in the designated data system, and according to the schedule developed by HUD.

5. Annual Gaps Analysis for Homeless Needs and Services

Policy: on an annual basis, the RCoC will analyze the inventory of resources included in the Housing Inventory Chart compared to the results of the PIT count and identify the gaps in needs for emergency shelter, transitional housing and permanent housing including rapid rehousing and permanent supportive housing.

Procedures:

- Upon completion of the PIT and HIC submissions, the RCoC will perform a gaps analysis to determine the unmet need for housing and services in the CoC.
- The CoC will initially use the methodology developed by HUD to perform the initial gaps analysis.

- The CoC Board will solicit input from providers of homeless assistance, advocates and public agencies regarding the unmet need projection derived from the HUD methodology.
- Comment will be obtained on the appropriateness and adequacy of the gaps analysis and based on comment received, the gaps analysis will be adjusted.

6. Process for collecting and providing information to jurisdictional Consolidated Plans

Policy: on an annual basis, the RICoC will supply information to jurisdictions within the CoC that submit Consolidated Plans to HUD on the annual Point in Time and Housing Inventory Counts as well as the annual Gaps Analysis submitted. Information provided will also include updates on progress in achieving the goals of Opening Doors Rhode Island, the strategic plan for the CoC.

Procedures

- Upon completion and submission of data to HUD on the PIT, HIC, and gaps analysis, the RICoC will distribute that information to jurisdictions in the State preparing and submitting Consolidated Plans including: the State of Rhode Island, City of Providence and City of Warwick.
- On at least an annual basis, the RICoC Board will review the goals established in Opening Doors Rhode Island, compare to accomplishments during the most recent year, and identify accomplishments and tasks remaining in order to achieve the goals of the strategic plan.

7. ESG Consultation Process

Policy: the RICoC will provide recommendations to the RI Consolidated Homeless Fund on the use of ESG funding to prevent and end homelessness in Rhode Island. The recommendations will include suggestions on the distribution of funding among eligible uses including how ESG funding should be used for prevention and rapid rehousing. The CoC will also establish performance standards for ESG funded activities and report to ESG recipients and sub-recipients on performance of ESG funded activities.

Procedures:

- As part of the Gaps Analysis developed by the RICoC, it will identify unmet need for rapid rehousing and prevention activities. Based on this analysis, the RICoC Board will develop recommendations for the use of ESG funds by the Consolidated Homeless Fund. Recommendations will include:
 - How ESG funding should be distributed among ESG eligible funding activities.
 - Priority populations for receiving rapid rehousing or prevention assistance.
 - How and when prevention assistance will be provided to households at risk of homelessness.
- Recommendations on the use of ESG funding will be based on the Gaps analysis and input from CoC grantees, advocates and public agencies.

- On an annual basis, the RICoC will review the performance of agencies funded to provide rapid rehousing and/or prevention services from the Consolidated Homeless Fund. The performance review will address:
 - Outcomes achieved.
 - Comparison of program outputs with proposed accomplishments.
 - Expenditures of ESG funds.
- Performance reports on ESG sub-recipients will be provided to the sub-recipients for review prior to submission to the Consolidated Homeless Fund. If the sub-recipient has any comments or feedback on the report, it will be reviewed by the CoC and the report amended as appropriate. The final performance report and any sub-recipient comments will be provided to the Consolidated Homeless Fund.

HUD Application Process

Policy: It is the policy of the CoC to develop an annual HUD application for funds with Rhode Island Housing designated as Collaborative Applicant (CA). RICoC shall submit an application responsive to HUD NOFA requirements and shall seek bonus or incentive funding as may be available through the competitive process. The HUD application process shall be fully transparent, and all aspects of the application made publicly available. The application shall be posted on the [RICoC website](#) as soon as possible.

Procedures

- **Collaborative process for developing application**

The CA will be responsible for developing and submitting the HUD application on the schedule and format specified in the NOFA issued by HUD. The Board has designated the Recipient Approval and Evaluation Committee (“RAEC”) with the responsibility for the oversight of the application process. REAC recommendations will be brought to the RICoC Board for final decision-making.

The HUD application cycle varies year by year. Although the timing varies, the key tasks for the CoC remain relatively constant subject to annual modification by HUD. These tasks include:

- Reviewing the performance of all current CoC grantees and:
 - Determining:
 - Whether there is a continuing need for the services in the CoC
 - Whether current performance is adequate to justify grant renewal
 - If either of the two determinations is negative, the recommendation will be made to either reallocate the grant or if the services remain essential to the CoC, to recommend to HUD that the grantee be replaced.
 - Grants that have been determined to be appropriate for renewal will be assigned a preliminary score based on the performance review.
 - The score received by the grantee through the renewal performance evaluation

will not be the sole factor in determining the ranking of the application for the renewal.

- Final ranking will not be completed until HUD has released the NOFA as the NOFA may contain additional factors/considerations that could affect the ranking of applications.
- Conducting an annual application process for new projects
 - Each year there are limited opportunities to fund new projects. The RICOc may decide to not renew some grants based on performance or need for the services. Funding non-renewed by the CoC will be made available through a competitive process to all eligible organizations in the CoC. Additionally, HUD may have sufficient funding for new projects either as designated 'bonus' projects or some other process.
 - As part of the annual planning process, the CoC will evaluate the need for additional permanent housing and determine the relative priority for permanent supportive housing for chronically homeless and rapid rehousing for youth and families. That analysis will be used by the CoC to determine the relative priority to be assigned to new projects.
 - The application process will be well publicized to assure that all potential applicants are aware of the possible funding.
 - Applicants will be provided a reasonable timeframe for developing and submitting applications.
 - The application will include detailed factors for award that will be used to score the applications received. Applications will be ranked based on their score.
 - Review and ranking of new applications will be conducted by the RAEC. No member of that committee may be employed by or serve on the board or in any other capacity with an applicant organization for new funding.
 - The RICOc will determine whether to prioritize new or renewal applications or whether projects will be ranked solely according to score with new and renewal projects competing for available resources.
- Preparation of the CoC application. The CoC application will be prepared including such information and exhibits as are required by the HUD NOFA. The CA will be responsible for preparing the application. When the NOFA is issued, the CA will develop and submit to the Board a detailed schedule and plan for the completion of the application and its submission to HUD. The Schedule and Plan for the NOFA competition will be presented to the Board for approval.
 - The CoC application is a public document. The final application will be posted on the CoC website as soon as possible and in accordance with HUD requirements.
 - A draft of the complete application will be submitted to the Board for review and approval according to the Plan and Schedule approved by the Board.
 - The application will not be submitted to HUD until the Board has voted in favor of

submission.

Process for establishing priorities

The CoC will prioritize new and renewal projects. Priority for particular components (permanent supportive housing, rapid rehousing, HMIS, SSO, etc.) will be established by the CoC on an annual basis. The prioritization process will be based on the outcome of the annual Point in Time count, the assessment of CoC resources in the Housing Inventory Chart, and the gaps analysis.

Upon the completion of the PIT and HIC process, the REAC will in a public session review the findings of the PIT, assess changes in the number of chronically homeless, veterans, families and youth and establish priorities for assistance for the current year.

The assessment will include a review of the goals of *Opening Doors Rhode Island* and projects will be prioritized based on the extent to which they contribute toward accomplishing the goals of the statewide strategic plan.

Approval process for submitting HUD application

The CA will develop a plan and schedule for submitting the HUD application within ten days of the NOFA being published. The plan will call for the HUD application to be submitted in sufficient time in advance of the final deadline to avoid any possible last-minute crises.

The Plan will include details on how the complete application will be presented to the Board for approval prior to the HUD submission. The CA will work in close cooperation with the REAC and make available application sections for review by the committee in advance of completion of the full application. The application will not be presented to the Board for review and approval until such time as the committee has reviewed the entire application and voted to recommend it to the Board.

The Board will review the application in a publicized public meeting. The application will not be submitted to HUD until the Board has voted in favor of submission. Should the Board have comments or seek changes to the application, the CA will make all requested revisions and modifications prior to submission.

Plans for implementing Unified Funding Agency

The Board will be responsible for determining when and if the RCoC will apply to HUD for designation as a Unified Funding Agency (UFA). Application for UFA status will be made at the time and format as specified by HUD in the NOFA. HUD will determine whether to approve the application for UFA status.

Process to designate Collaborative Applicant

The RICOc has designated Rhode Island Housing to serve as the collaborative applicant for the CoC. As a statewide agency with responsibility for affordable housing, Rhode Island Housing is well situated for the role as collaborative applicant (CA).

The CoC board may on an annual basis review the performance of the CA. Factors to be considered in the performance review include:

- Adequacy of oversight of existing grantees including annual recipient and subrecipient monitoring and expenditures of grant funds.
- Performance in coordinating the CoC process including scheduling and notifying members regarding meetings, distribution of minutes of meetings, and taking follow-up actions as directed by the Board or respective committees.
- Satisfactory performance in the HUD application process including submission of a timely application and success in securing renewal and new competitive funding.
- Effective coordination of CoC planning activities including the annual PIT/HIC process and ensuring the Opening Doors Rhode Island serves as the guide for CoC planning efforts.

In the event that the Board finds that the current CA is not fulfilling responsibilities, the Board may decide to replace the CA. To do so, it will document that the current CA is deficient in operations and it will establish an open and competitive process to solicit a replacement CA. The board will implement a competitive process and will designate as CA the organization found to be most effective in fulfilling the CA responsibilities.

Plan for use of planning funds

Annually the RICOc will submit an application for Planning Funds in the form specified by HUD. The application will be for eligible activities including: preparing the HUD application, coordinating the CoC, monitoring sub-grantees and evaluating the outcomes of projects in the CoC including those funded by ESG. Planning funds will also be used to evaluate programs and CoC outcomes and to design and evaluate the effectiveness of the Coordinated Entry System.

After the NOFA has been issued, the CA will prepare a plan for the use of Planning Funds in the competition. This plan will be based on prior experience of the RICOc as well as Board plans for monitoring, coordinating with Consolidated Plan recipients in the CoC and success of the CoC in achieving the goals of Opening Doors Rhode Island. The Board will review and approve plans for the use of Planning funds, authorize the CA to submit the planning application and request revisions in the plan, as appropriate.

Participation by Homeless Persons

Policy: All recipient and sub-recipient organizations receiving HUD funding through the CoC or ESG programs must provide for the participation of not less than one homeless individual or formerly homeless

individual on the board of directors or other equivalent policy making entity of the recipient or subrecipient.

This is a condition for receiving grant funds from the CoC or ESG program; failure to meet the homeless participation requirement would be grounds for non-renewal of funding. The only recipient or subrecipient organizations operating with the RICoC are those that obtain HUD approval for a waiver of this requirement.

Additionally, all recipient and subrecipient organizations are expected to involve homeless people through employment, volunteer services, or otherwise in program operations or services.

Procedures:

- All recipient or sub-recipient organizations shall appoint an individual who at one point in his/her life met the HUD definition of homelessness to the governing board of the organization.
- Evidence of homeless participation on the governing board must be provided to the CA during monitoring and at other times as is required.
- Recipients and subrecipients unable to meet this requirement must seek and obtain a waiver from the HUD Field Office.
- Failure to provide homeless participation or a HUD waiver will disqualify the organization from further CoC or ESG funding.

Protocols for CoC Meetings

Policy:

It is the policy of the CoC that all meetings held by the RICoC including membership meetings, Board of Directors, Committees and workgroups will follow these protocols.

Procedures:

- Advance notice of meetings will be sent to all members. This will be provided at least 2 days prior to the meeting and will indicate the place, time and agenda for the meeting. The schedule for all meetings will be publicly posted on the CoC website and other locations as appropriate.
- Membership meetings will serve as conferences on ending homelessness in Rhode Island, track progress on achieving the goals of Opening Doors Rhode Island, the strategic plan to prevent and end homelessness, and identify specific priorities and action items for the CoC. There will be at least four meetings of the full RICoC membership held in each calendar year (these meetings are held on an approximately quarterly schedule).
- Issues presented to the RICoC membership for a vote will be decided by a simple majority of votes cast. RICoC members must vote in person.
- At least one meeting of the RICoC will serve as an annual meeting and will include: election of directors to serve on the Board and review of any possible changes to the RICoC's governance charter.
- The RICoC Quorum requirements for Board and Membership meetings are described in the RICoC's Governance Charter.
- The Board of Directors (Board) elected by the membership will act on behalf of the membership to fulfill the responsibilities of the RICoC as established by HUD and consistent with the Governance Charter of the RICoC. The Board will meet on a monthly basis at a date, time and location to be set by the COC Planner in coordination with the Board.
- The Board will designate committees and workgroups to carry out the activities of the CoC. Committees shall meet as frequently as directed by the Board at a time and location convenient to their members.
- Meetings will follow Robert's Rules.
- All RICoC Board and Membership meetings follow Rhode Island's Open Meetings Law.
- Minutes will be taken of RICoC Board and Membership meetings. Draft minutes will be published on the RI Secretary of State's ("SOS") website in advance of the next regularly scheduled applicable meeting. A link to the SOS website is available on the [RICOC webpage](#).
- Minutes will be presented to the RICoC Membership and Board for approval at the next applicable, scheduled meeting and will be posted on the SOS website within one month of approval.
- Board and committees will select one of their members to serve as chair. The chair will establish the agenda and report updates to the RICOC Board and Membership as needed.
- The CA will be responsible for coordinating the operations of the CoC meetings including: maintaining a schedule of meetings, posting the schedule and sending out electronic notifications, arranging meeting locations, and posting minutes to the website.

Attachment

State of Rhode Island Open Meetings Law

Standards for membership and outreach to potential new members

Policy:

Membership in the RICoC is available to representatives of organizations and agencies within Rhode Island and individuals who are interested in the well-being of people at risk of homelessness, those who are homeless and those who formerly were homeless. Relevant organizations and agencies for inclusion in the RICoC include: nonprofit housing developers and assistance organizations; victim services providers; faith-based organizations; political subdivisions and other government entities; businesses; advocacy organizations, public housing agencies; school districts; behavioral health organizations; hospitals; universities; affordable housing developers; law enforcement organizations; veterans services organizations; homeless services organizations; and individuals including people currently homeless and those who formerly were homeless. The RICoC shall affirmatively seek to recruit new members to the CoC

Procedures

- **Representatives:** In the event that more than one representative of a single relevant organization attend RICoC meetings, only one member of the relevant organization may exercise a vote. Please see RICOC Governance Charter for additional information.
- **Outreach:** Each year the RICoC will conduct outreach to potential new members. Formal invitations to participate will be distributed to relevant organizations prior to the Annual Meeting of the CoC. Invitations will be displayed at all facilities providing housing and services to homeless people encouraging participation. Media outlets will be contacted to the maximum extent feasible to attract the participation of relevant organizations and members. Outreach will also include social media sites.

Process for establishing committees and workgroups

- There are seven designated Standing Committees of the RICoC including: System Performance and Planning; Recipient Approval and Evaluation; Veterans; Chronically Homeless/High Need Individuals; Youth and Families; Unaccompanied Youth; and HMIS.
- The Board may at any time establish additional committees or convene workgroups to address specific topics. The Board has the sole authority to establish committees or workgroups.
- Committees serve in an advisory capacity only to the Board. No recommendations or actions taken by a committee will be considered actions of the Board without approval or ratification by the board.
- Members of each committee will include at least one Director. Committee membership is not restricted to Board members or members of the CoC. Each committee may select its own chair and vice-chair to serve in the absence of the chair.
- At least one member of the Veterans, Families and Youth, Unaccompanied Youth, Chronically Homeless/High Need Individual, and HMIS Committees will participate in the System Performance Committee.

Standards for annual review of Governance Charter

- The Membership will review the Governance Charter annually. On the basis of that review, the Membership will develop and recommend changes to improve the functioning of the RICoC and to maintain compliance with federal and state regulations. Items to consider in the annual review of the charter include but are not limited to: any formal or informal complaints received by the Board and Membership, level of participation in the CoC including membership and committee meetings, progress in achieving the goals of Opening Doors Rhode Island, new representation in the CoC and whether the CoC is fully representative of all organizations and individuals seeking to prevent and end homelessness in the state, and ability of the CoC to secure new or additional resources.
- In the event that the Membership determines that changes need to be made to the governance charter, proposed changes will be presented to the membership at the next Membership meeting. Proposed changes will be distributed to all members prior to the meeting.
- In addition, every five years following the initial approval of the Charter, the Membership will establish a process to review the Board selection process. This will include participation by members of the CoC as well as members of the Board. A determination will be made as to whether the process results in a Board that is fully reflective of the membership of the CoC or whether changes need to be made to ensure the representativeness of the board.

Means for Establishing Performance Targets

On an annual basis the RICoC Board will establish performance targets for ESG and CoC funded programs. The targets will cover key outcomes as established by the CoC and HUD. These outcomes include but are not limited to: placement in permanent housing, retention of permanent housing, employment of program participants, access to cash and non-cash mainstream benefits for program participants and returns to homelessness among those served. Performance targets will also be established for grant management to include: timely expenditure of grant funds, timely submission of required reports and documents, and for not having monitoring findings from HUD or the CoC

- Performance targets will be developed by the RAEC in coordination with the HMIS Committee and will be adopted by the RICoC Board. Performance targets will be reviewed no less frequently than annually and adjusted based on prior accomplishments, CoC policy as established by the RICoC Board, and changes in HUD policies and priorities. The targets will be established in consultation with ESG and CoC funded providers. The targets will incorporate HUD requirements and performance targets as indicated in the most recent HUD CoC Notification of Funding Availability (NOFA).
- Performance targets will be set at reasonable aspirational levels. The goal is to stimulate grantees to achieve identified outcomes and to set the goals at levels that are attainable by providers operating well-run programs.

Means for monitoring CoC and ESG and evaluating the outcomes of ESG and CoC

recipients and sub-recipients

Policy:

It is the policy of the RCoC that CoC recipients and subrecipients be monitored by the CA using a risk assessment methodology. Outcomes of CoC projects will be evaluated to determine whether funding will be continued or reallocated.

Procedures:

- Responsibility for Monitoring COC recipients and subrecipients is delegated to the CA. The conduct of the monitoring and evaluation will be the responsibility of the CA which may engage contractors to accomplish some or all of the monitoring function. The CA will report all monitoring findings and the results of the outcome evaluations to the RAEC and the Board as needed.
- Responsibility for monitoring the ESG recipients and subrecipients is delegated to the Consolidated Homeless Fund (CHF). The conduct of the monitoring and evaluation will be the responsibility of the CHF. The CHF will report all monitoring findings and the results of the outcome evaluations to the RAEC and the Board as needed.
- Responsibility for Evaluating the Monitoring and Outcomes of CoC and ESG recipients and sub- recipients is designated by the Board to the Recipient Approval and Evaluation Committee (RAEC) or such other committee that shall be designated by the CoC Board.
- Performance outcomes will be evaluated using measures developed by the RAEC or such other committee as may be designated by the Board. The Committee will consult with ESG recipients in the State prior to setting ESG performance standards. The performance measures will be based on standards established by the Board and that incorporate HUD designated requirements and standards. Measures will track key outcomes as established by the HEARTH Act including: placement in and retention of permanent housing, employment and income gains, accessing mainstream resources, and preventing returns to homelessness among those who have received CoC services. Performance targets will be updated no less frequently than annually.
- All recipients of CoC or ESG funding within the State of Rhode Island are required to participate in the Statewide HMIS system and the CA will use data as submitted to HMIS to evaluate the performance of CoC and ESG funded organizations. Performance outcomes of ESG and CoC recipients will be evaluated at least annually. Performance reports will be distributed to recipients of ESG and CoC funding.
- Performance outcomes for ESG funded programs will be reported to the State of Rhode Island Consolidated Homeless Fund. Performance reports on CoC funded programs will be submitted to the RCoC Board. The performance evaluations will be one factor used in determining whether existing grants will be renewed or whether grantees require additional support and assistance in the operation of their programs. They will also be a key factor in establishing the ranking of renewal applications for HUD CoC funding.
- In addition to evaluating the outcomes of ESG and CoC funded programs, the RCoC will also establish an ongoing process of remote and onsite monitoring of CoC funded

grants. All recipients will be remotely monitored according to a schedule established by the CA and in compliance with any HUD requirements. CoC recipients chosen for remote monitoring will be required to provide backup information to the CA to substantiate the eligibility of persons served, eligibility of funded activities, that appropriate determinations of participant's income and subsidy calculations have been made, and that all required matching funds have been committed and received. Grantees whose remote monitoring reveals possible areas of noncompliance may be selected for follow-up onsite monitoring

- Grantees will be selected for on-site monitoring based on a risk assessment protocol. The CA will establish targets for the number of grantees to be monitored onsite on an annual basis. Factors to be used in the risk assessment include but are not limited to: performance evaluations, prior monitoring and findings; size of CoC grant; expenditures of prior grant funds; size of project in terms of persons/households served; data quality reported in HMIS; and timeliness of required submissions to HUD and the CoC.
- Grantees notified that they have been selected for on-site monitoring will be provided information in advance on areas to be addressed by the monitoring, will be provided an entrance interview at which time the scope of the monitoring will be discussed, an exit interview to discuss initial monitoring findings, and a written report on the monitoring. Monitoring will be conducted by the CA in accordance with policies and standards approved by the Board. Refusal to participate in monitoring or failure to respond to monitoring findings could result in non-renewal of funding.
- The primary purpose for the performance evaluation of ESG and CoC funded programs and for monitoring of CoC funded programs is to improve performance, focus efforts on achieving CoC identified outcomes, and identify areas in which the grantees may be at risk of noncompliance with HUD requirements and face potential recapture of Federal funds. Refusal to participate or unwillingness to implement improvements based on monitoring findings could result in non-renewal of grants; grantees that agree to participate and that establish effective corrective action plans will not be adversely affected by monitoring.

Attachments

1. Risk assessment form for selecting organizations to monitor

Monitoring Protocols for monitoring CoC funded organizations

Means for Taking Action against Poor Performers

- Poor performance will be identified through the performance evaluation that will be conducted of all ESG and CoC recipients and through the remote and onsite monitoring of CoC grantees. ESG and CoC grantees that fail to meet performance targets established by the RICoC Board and/or CoC grantees with monitoring findings will be expected to develop a plan of correction. The Plan will identify steps that will be taken to improve performance or address deficiencies in management or operation of their CoC funded programs. The Plan of Correction will include specific action steps to be taken by the grantee as well as a timeframe for implementing the changes. The Plan will be submitted to the Recipient Approval and Evaluation Committee. The Committee can accept the Plan as submitted or require modifications from the grantee.
- Grantees that have an approved Plan of Correction and that demonstrate the Plan is being implemented will be able to renew funding provided that the RICoC Board determines that the funded project continues to be of value in the effort to prevent and end homelessness in the State of Rhode Island. Grantees while fulfilling the requirements of their Plan of Correction will not be able to apply for new projects or additional funding for existing projects from the CoC.
- Grantees that do not submit Plans of Correction or whose Plans is not accepted by the Committee will be at risk of the RICoC Board deciding to not renew funding in subsequent HUD competitions. Any decision to non-renew funding can be appealed through the RICoC's grievance policy.

Protocols for Coordinated Assessment

The RICoC Coordinated Assessment Protocols are contained in the State of Rhode Island Coordinated Entry System Policies and Procedures which are included as an attachment to this document.

Attachment:

Rhode Island Statewide Coordinated Access System for Homeless Services Procedures Manual

Policies for determining eligibility of individuals and families for CoC assistance

The table below provides eligibility and priority information for all program models funded by the RICO. In order to be assisted by any provider/program funded by the CoC, eligibility for assistance for individuals or families must be verified and documented. In all instances, information should be verified by:

- Written documentation provided by a third-party source that the individual/family is currently homeless, length of time they have been homeless, and their history of homelessness including the number of episodes of homelessness. Documentation obtained from the State of Rhode Island HMIS (Homeless Management Information System) verifying that the individual/family is homeless, length of time homeless and documentation of incidents of homelessness will satisfy the requirement for written documentation.
- In the event that written or HMIS documentation cannot be obtained, verbal verification is acceptable from a third-party source. This will be obtained via telephone or other communication. The time and date of the communication must be indicated as well as the name, title and organization of the person providing the verification.
- Only if neither written nor verbal third-party verification can be obtained, can the individual/family applying for assistance self-certify their eligibility. This is not the preferred method for verification and should be used only in exception instances where there is substantial reason to believe that the household will be determined to be homeless and valid reasons provided as to why no third-party source is able to verify the information. No CoC or ESG funded provider may accept self-certification for more than 25 percent of those served by the provider. If disability status is a criterion for program entry (permanent supportive housing), disability status must be documented by professionals licensed in the State of Rhode Island to diagnose and treat the disabling condition.
- Individuals/families who are homeless because they are fleeing domestic violence/abuse may provide an oral statement that they are fleeing, have no subsequent residence, and lack the resources to find alternative housing. Please see VAWA requirements and HUD domestic violence certification forms.

Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
ALL Program Models	No additional eligibility requirements can be applied beyond those required by funders or established as a Coordinated Entry policy. All eligibility requirements stipulated by funders will apply.	

Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
Permanent Supportive Housing	<p>Must meet HUD definition of literally homeless (category 1) <u>or</u> have met that definition prior to entering transitional or other COC assisted housing</p> <p>Must include at least one family member with a disability</p> <p>Must meet any additional eligibility criteria specified by funding source.</p> <p>Must have a completed VI-SPDAT during current episode of homelessness</p>	<p>Households that have high VI-SPDAT scores</p> <p>Households that have longer length of time homeless relative to other PSH eligible households with equal VI-SPDAT scores</p>
Rapid Re-Housing	<p>Must meet HUD’s definitions of: Literally homeless (Category 1) (all CoC funded projects) or Fleeing domestic abuse or violence (Category 4)</p> <p>Must have income below 30% of AMI</p> <p>Must have a completed VI-SPDAT during current episode of homelessness</p> <p>Must meet any additional eligibility criteria specified by funding source.</p>	<p>Newly and first time homeless households</p> <p>Households who are eligible for PSH but literally homeless and awaiting PSH placement</p> <p>Households that have high VI-SPDAT scores relative to other households found eligible for RRH</p>

Transitional Housing/Emergency Shelter		
<p>Transitional Housing (Includes: Substance use treatment/ sobriety programs, VA Grant/Per Diem, Family programs)</p>	<p>Not able to be diverted Income below 30% AMI Individuals or families who meet HUD’s definition of homelessness Persons for VA supported programs (Grant/Per Diem) must meet VA eligibility criteria</p>	<p>Young adults under age 25 Households headed by young adults Households headed by persons with histories of foster care involvement Families with children Fleeing DV and DV is cause of recent homeless episode Households not in need of PSH At least one prior episode of homelessness (except unaccompanied youth)</p>
<p>Emergency Shelter</p>	<p>Households experiencing homelessness who cannot be diverted and with no other safe place to sleep Households who can be safely accommodated in shelter – not presenting danger to self or others</p>	

Policies for prioritizing which individuals and families receive rapid rehousing assistance

Rapid rehousing can be funded in the RCoC through ESG funds administered by the RI Consolidated Homeless Fund and directly by the CoC. Regardless of the funding source, as indicated above, priority for rapid rehousing assistance will be given to individuals and families that meet the specified eligibility criteria and that are newly homeless or first time homeless or families and individuals (including unaccompanied youth) that qualify for and are eligible for permanent supportive housing but for whom there is not a bed or unit currently available. In this latter instance, rapid rehousing will be used to provide time limited support while the household awaits permanent placement.

Standards for determining what percentage of rent each participant must pay while receiving rapid rehousing assistance

All participants receiving rapid rehousing assistance will be expected to contribute to rental payments provided that they have income with which to make payments. Participants with zero income will be served regardless of their inability to pay rent. Rent charges will be calculated consistent with 24 CFR 578.77. Rent will not exceed the maximum changes indicated in the regulations. Please see Rapid Rehousing Written standards below for specific rent payment requirements in the RCoC rapid rehousing program.

Policies for prioritizing which individuals and families receive permanent supportive housing

- **Priority populations for Permanent Supportive Housing.** The Rhode Island CoC will follow CPD Notice CPD-16-11 “Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.”
 - Providers of permanent supportive housing are strongly encouraged to either dedicate all units to serving the chronically homeless or prioritizing those units to serve the chronically homeless. Dedicated or prioritized PSH units shall serve chronically homeless persons based on an order of priority that will prioritize those based on length of time homeless and the severity of the individual’s or family’s service needs.
 - Where there are not chronically homeless individuals or families in the CoC’s service area, providers shall follow the order of priority indicated below.
 - If a CoC funded PSH project has a designated priority population such as serious mental illness may continue to target persons with serious mental illness. If there are no chronically homeless persons with serious mental illness, those providers must follow the order of priority below to serve persons with serious mental illness who are not chronically homeless.
 - Providers should not keep units vacant while they are seeking or attempting to engage a chronically homeless household. Providers should continually seek to engage chronically homeless people but if no chronic homeless household is ready to occupy an available unit, that unit should be offered to the next household based on the order of priority

indicated below.

- Order of Priority for Serving Homeless Persons in CoC funded permanent supportive housing beds not dedicated or prioritized for occupancy by chronically homeless:
 - First priority: Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs;
 - Second priority: Homeless individuals and families with a disability with severe service needs;
 - Third priority: Homeless individuals and families with a disability coming from places not meant for human habitation or emergency shelter without severe service needs.
 - Fourth priority: Homeless Individuals and families with a disability coming from transitional housing.

CoC funded PSH should follow the order of priority above, as adopted by the RICOc, while also considering the goals and any identified target populations served by the project.

- **Single, Prioritization List for Permanent Supportive Housing**

- The Rhode Island CoC has established a single prioritization list for permanent supportive housing. The wait list will be prioritized according to the order of priority identified above. The single priority waitlist and referral process will allow CoC participants to exercise freedom of choice. The prioritized list will be administered as part of the Statewide Coordinated Entry System in coordination with the HMIS Lead.
- The list will be periodically updated so new referrals are prioritized according to the factors listed above and not prioritized based on length of time on the list.
- Providers of permanent supportive housing in the CoC are required to accept ALL admissions from the priority waitlist and may not establish their own waitlists or prioritizations at the program or provider level.

See the Rhode Island CES Statewide Procedure Manual for further information on Coordinated Entry and the prioritization lists.

Code of Conduct

1. Attendance and Conduct.

Directors and committee members are expected to attend meetings when scheduled and be prepared to discuss matters presented for their deliberation. They are also expected to provide the chair of the Board or their respective committee or workgroup if they know that they will not be able to attend a meeting as scheduled. Absence without notice or explanation for three (3) meetings within a calendar year or repeated failure to complete work assignments or tasks agreed to will be grounds for removal from the Board or any committee to which the individual has been assigned. Additionally, repeated failure to participate thoughtfully and respectfully in discussions or persistent disruptive or obstructive conduct during meetings will be grounds for removal.

2. Conflicts of Interest

All Directors, committee and workgroup members of the RICO are expected to adhere to the highest standards of ethical conduct, respect the public trust and the rights of all persons, be open, accountable and responsive, avoid the appearance of impropriety, and not use their position for personal gain or advantage.

The Rhode Island Code of Ethics is a set of statutory and regulatory provisions which regulate the ethical conduct of elected and appointed public officials as well as state and municipal employees. The Code can be located at: www.ethics.ri.gov/code. The Code of Ethics provides detailed information on those subject to the Code, prohibited activities by persons subject to the Code, and other restrictions.

Members of the RICO Board, committees and workgroups will agree to strictly adhere to state and federal conflict of interest provisions in conducting any business associated with the RICO. Members are required to disclose any personal, professional, or business relationship to the Board prior to discussing and/or acting upon any matter in which a possible conflict, perceived or actual, exists. Rules for recusal as set forth in the Rhode Island Code of Ethics will be followed whenever appropriate.

3. Confidentiality

Members must maintain the highest standards of confidentiality regarding information obtained directly or indirectly through their involvement with the RICO. This includes but is not limited to information about members and their organizations and funded agencies. Members must also avoid inadvertent disclosure of confidential information through casual or public discussion, which may be overheard or misinterpreted.

4. Harassment

Harassment, interpreted as unwelcome conduct, comment, gesture, contact, or intimidating and offensive behavior likely to cause offence or humiliation, will not be tolerated and may result in disciplinary measures up to and including removal from CoC committees.

Monitoring of CoC Grantees

Policy: It is the policy of the RCoC that grantees will be monitored for compliance with RCoC and HUD requirements and use of appropriate practices that have been demonstrated to be effective in preventing and ending homelessness.

Responsibility for oversight of monitoring is delegated by the Board to the Recipient Approval and Evaluation Committee.

Procedures:

- The conduct of the monitoring and evaluation will be the responsibility of the Collaborative Applicant.
- In order to assure that CoC grantees are abiding by HUD CoC regulations and RCoC policies, the RCoC will conduct monitoring of grantees.
- Grantees selected for monitoring will be provided advance notice of monitoring, the checklist that monitors will be using, an entry interview to discuss the monitoring prior to the start, an exit interview to identify and discuss key items that will be included in the monitoring report, and a written report containing a summary of the monitoring and listing any findings or concerns resulting from the monitoring.
- Grantees will be chosen for on-site monitoring through a risk assessment process to identify those with the greatest likelihood to have issues that may need to be addressed through monitoring. The factors that will be considered as part of the risk assessment include:
 - The results of the performance evaluation process. Projects selected for monitoring will be those that are in the bottom twenty percent (20%) of grantees according to the performance evaluation process.
 - Review of grantee audits. Grantees with audit findings will be a high risk of monitoring.
 - Prior HUD monitoring and findings. Grantees that have been monitored by HUD and that have findings will be at higher risk of RCoC monitoring. Additionally, grantees that have not been monitored by HUD in the prior 5 years will be at higher risk of RCoC monitoring.
 - Size of CoC grant. Grants of \$400,000 and above will be weighed the highest for monitoring, grants of between \$200,000 and \$399,999 will be weighted second highest; and grants below \$200,000 will have the lowest weighting for monitoring.
 - Expenditure of prior grant. CoC grantees with 15% or more of funds not expended in the prior grant year will be weighted highest for monitoring; those with 5-15% unexpended will

be weighted second highest; and those with less than 5% unexpended will have the lowest weighting for monitoring.

- Project Size: CoC projects with 25 or more units of housing will be weighted highest followed by those with 12-24 units. Those CoC funded projects with 11 or fewer housing units will have the lowest weighting for monitoring.
 - Management and Staff Turnover. Organizations that have seen turnover in the chief executive officer, chief fiscal officer and/or chief operating officer or where the program staff responsible for the CoC funded program has experienced significant turnover (project director or key program staff) will be more likely to be monitored.
- The specific point scores for each of the above weighting elements is indicated on the “RICOC Risk Assessment”, conducted annually by the collaborative applicant. The risk assessments and monitoring results will be reviewed by the Recipient Approval and Evaluation Committee. Recommendations for any changes in the risk assessment or monitoring procedures will be proposed to the Board for adoption.
 - The monitoring will be conducted according to procedures approved by the RICoC and implemented by the CA. These procedures will include at a minimum:
 - Methodology for risk assessment for monitoring
 - A process for conducting the monitoring including notification to grantees being monitored and procedures for the monitoring, and
 - A process for providing the results of the monitoring and grantee response.
 - The Board shall also approve a CoC Monitoring Checklist which will monitor compliance with HUD and OMB requirements including without limitation: 24 CFR Part 576; 24 CFR Part 578; 24 CFR Parts 84 and 85; and 2 CFR Part 200

Attachments:

- RICoC Monitoring Checklist

Fiscal monitoring

1. Audits

- All CoC grantees are required to obtain an outside financial audit from a Certified Public Accountant. Agencies that are required to meet the audit requirements of 2 CFR part 200 (200.501) and expend \$750,000 or more in Federal awards in the fiscal year must have a single audit conducted in accordance with 200.514.
- Grantees must submit all audits to the CA within 30 days of receipt.
- Grantees are responsible for follow-up and corrective action on all audit findings. With respect to audit findings that are fully corrected, the grantee will so report. When audit findings are not corrected or only partially corrected, the grantee will so report and indicate the specific steps to be taken to fully correct the finding. A corrective action plan must be developed and submitted to address each audit finding. The plan must indicate the names of the persons responsible for corrective action, the corrective action planned, and anticipated completion date. All management letters prepared by grantees in response to audits must be submitted to the CA within 30 days of receipt of the audit report.
- The CA will review all audits as submitted to include:
 - Identification of any findings related to the CoC program
 - Reviewing going concern issues
 - Determine whether any cash management concerns have been indicated
 - Ensure the federal monies are disbursed in accordance with the regulations
 - Confirming that grantees have taken corrective action on findings
 - Grantees that do not meet these audit requirements or do not implement correction action in response to any and all findings may be subject to sanctions. These could include replacement of grantee, reallocation of grant funds, or referral to appropriate authorities for further investigation and action.
- **Program Income**
 - Program income is the income received by the grantee directly generated by a grant-supported activity. 24 CFR 578.97(a). Program income must be retained by the grantee and added to the funds committed for the project by HUD and the grantee, used for eligible activities in accordance with 24 CFR 578.
 - Grantees are expected to expend program income prior to expending HUD grant funds.
 - Rent and occupancy charges collected from program participants are program income. Funds must be received directly by the grantee to qualify as program income. Rents paid by program participants directly to landlords is not counted as program income.

Matching Funds

- **Policy:** Grantees must match all HUD CoC funds, except for leasing funds, with no less than 25% of funds or in-kind contributions from other sources. Cash funds used for match must be used for eligible activities under 24 CFR Part D. The grantee identified the match in the grant application to HUD and the technical submission.

- **Procedures:**
 - If grantees are providing a cash match, they must document the source of those funds. If the funds are provided from a federal, state, local or private source, the grantee must provide documentation that the funds from the source are not statutorily prohibited to be used as a match.
 - In-kind contributions can include the value of any real property, equipment, good or services provided that if the grantee had to pay for these contributions, the costs would have been eligible under 24 CFR 578 D.
 - Grantees must document all in-kind contributions by providing a Memorandum of Understanding between itself and the providing entity specifying the services to be provided and the rate for providing the services. The provider must document that the rates for the services are consistent with the rate normally paid by others for similar work in the same labor market. The description of the services must include the profession of the persons providing the service, the specific service being provided, and the hourly cost of the service.
 - Grantees are required to maintain logs of hours of service provided through in-kind contribution and to provide those logs to the CA during monitoring. The logs will indicate the matching funding, services provided, and hours of service by specified professional accounting for the services match.
 - The CA will review matching fund receipt and expenditure during monitoring. Grantees are encouraged but not required to meet matching requirements on a month by month basis.

Expenditure of Grant Funds

- **Policy:** CoC grantees are expected to expend the full amount of their HUD funding on eligible expenses in each program year. Additionally, grantees are expected to draw down HUD grant funds on a regular basis and no less frequently than quarterly.
- **Procedures:**
 - As part of the renewal evaluation of all existing CoC grantees, grantees will report via the APR report on actual drawdown of grant funds. Those that have not expended all grant funds will lose points in the renewal evaluation process and are likely to be ranked lower as a result. Grantees that consistently under-expend their grants, will be at risk of partial or full reallocation of their grant funds. Grantees with satisfactory performance except for under-expenditure will risk losing some grant funds to reallocation; those with performance as well as expenditure issues will risk a full reallocation of their grants.
 - As part of the monitoring process, expenditures of monitored grants will be reviewed to assure that they are compliant with HUD requirements and regulations. Depending on the size of the grant, all expenditures or a sample of expenditures will be reviewed and checked for eligibility under program regulations (24 CFR 578) and administrative grant requirements (24 CFR parts 84 and 85).

Policy on Prioritizing Chronically Homeless Persons for Permanent Supportive Housing

Purpose:

Opening Doors: Rhode Island, the Strategic Plan to Prevent and End Homelessness in Rhode Island, aligns State policy with the Federal goal of ending chronic homelessness in the community. Progress is being made but there is still considerable work to be accomplished. Permanent supportive housing (PSH) is a resource intensive solution that must be strategically and effectively employed. This policy clarifies that the chronically homeless should be the first priority population served by PSH. Targeting PSH to serve the chronically homeless will reduce the numbers of persons in Rhode Island experiencing this.

Policy:

It is the policy of the Rhode Island Continuum of Care that it will adopt the order of priority identified by HUD in Notice CPD-16-11 "Notice on Prioritizing Persons Experiencing Chronic Homelessness." Chronically homeless individuals and families shall be served exclusively in those projects that are either dedicated or prioritized for the chronically homeless. All beds not dedicated or prioritized must nonetheless accept referrals from the Statewide Coordinated Entry System and may only decline referrals consistent with CES policies. If there are no chronically homeless individuals or families then the CoC funded PSH provider must follow the following priorities: First priority to be served in PSH beds/units are chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs. Second priority are CH individuals and families with the longest history of homelessness. Third priority CH individuals and families with the most severe service needs. Fourth priority all other CH individuals and families.

This policy applies to all new PSH beds/units funded by the RICOc and to all PSH beds/units funded by the RICOc that become available through vacancy and turnover. All available PSH beds in the Continuum of Care must be offered to homeless individuals and families according to the order of priority established above. No individual or family may be housed in a PSH unit funded by the RICOc unless it is demonstrated that the individual or family has been housed in accordance with this policy.

Procedure:

All organizations seeking to or providing PSH must follow this policy and order of priority. New applicants for CoC PSH funding must comply with this policy. No new applications for PSH beds/units will be approved unless the applicant certifies that it will follow this policy with respect to all vacant units.

All existing providers of PSH must fill all vacant units/beds in accordance with this policy.

Vacancies of new and existing units must be made known to the RI Statewide Coordinated Entry System. Referrals of individuals and families following this order of priority will be made by the Coordinated Entry System. In the event that Coordinated Entry does not refer an eligible chronically homeless individual or family, the provider will still be required to follow the above specified order of priority in filling any vacant PSH unit.

In their annual applications to HUD, all providers of PSH must indicate that one hundred percent (100%) of all PSH units that are not already dedicated to the chronically homeless will be prioritized for the chronically homeless. The CoC will not include any new or renewal application for PSH beds/units that does not follow this policy in its annual application to HUD.

Policy on the Use of Housing First

Purpose:

This implements the policy of the RCoC that providers of permanent supportive housing and rapid rehousing follow the Housing First model. The RCoC has adopted a set of Housing First Principles which establish how Housing First is to be implemented in this CoC.

Policy:

Permanent housing in the RCoC shall follow the Housing First model. Grantees funded by the CoC that indicate that they are following Housing First must implement policies that are consistent with the adopted Principles of Housing First and with how those principles may be amended over time.

Procedure:

All new applicants for CoC funded permanent supportive housing and rapid rehousing must follow Housing First Principles. Applications not proposing Housing First will not be accepted. By indicating on the HUD application that the project will follow Housing First, the applicant is agreeing to follow the Housing First Principles established by the RCoC.

Existing CoC funded permanent supportive housing and rapid rehousing must either transition the program so that it complies with the Housing First Principles or apply to the CoC board for a project specific waiver of Housing First. The performance outcomes of the project will be the primary consideration in deciding whether to grant the waiver.

Projects not following Housing First and without a waiver are at risk of having their funding reallocated.

Housing First Principles

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
 - Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
 - Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.”
 - Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
 - Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a registered sex offender or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
 - Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, Laundromats, doctors, dentists, parks, and other recreation facilities.
 - Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
 - Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
 - Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.

- Leases do not include stipulations beyond those that are customary, legal, and enforceable under Rhode Island law.
- No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., guest policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
- Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - Permanent housing providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under the lease. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
 - Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.

- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
 - Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
 - Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
 - Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

Permanent Supportive Housing Written Standards

Permanent Supportive Housing (PSH) provides a housing solution without a definitive end-date to homeless individuals and families with a disability. As its name suggests, PSH combines permanent housing with supportive services to assist residents in maintaining their housing indefinitely. Following is a summary of RICOc's definition of a PSH program and a summary of PSH standards.

Permanent Supportive Housing is

- Resident-Centered
 - Residents play an active role in planning the housing project whenever possible
 - Staff train resident on tenant rights and responsibilities as lease holders
 - Services are voluntary, individualized and comprehensive
 - Residents have meaningful opportunities for leadership within the community
- Accessible
 - Housing is affordable; location and design meets resident need and accommodates persons with special needs
 - Residents can rapidly move-in when a unit is available
 - All procedures accommodate diverse backgrounds and cultural needs
 - Screening and application procedures comply with RICOc's Coordinated Entry and Housing First policy
- Coordinated
 - Roles, responsibilities and communication strategies are clearly written in procedural manuals, revisited regularly, and revised as needed
 - Staff work closely with residents, services providers and landlords to promote housing stability
 - Primary services provider has established connections to mainstream and community-based resources
 - Tenants are prioritized for housing based on RICOc's Statewide Coordinated Entry System.
- Integrated
 - Project ensures persons with disabilities receive services in the most integrated setting appropriate to their needs

- Residents are offered choice of housing units available and have leases that adhere to Rhode Island landlord-tenant law and contain no requirements not commonly found in standard residential lease.
- Staff supports residents in connecting to their community and developing structure and purpose in their lives.
- Procedure promotes tenant ability to choose from a variety of housing models and neighborhoods.
- Sustainable
 - Funding is adequate for ongoing operations and allows project to target intended residents
 - Projects utilize the most appropriate funding source for the activity (ex: Medicaid is engaged to support home stabilization services).
 - Staff regularly checks unit to ensure good condition and maintenance needs are met. This is accomplished while respecting tenant rights to privacy and the details of their lease agreement
 - Services are available on an ongoing basis and are flexible to address changing resident needs
 - Housing aligns with community planning efforts, Opening Doors Rhode Island and the RICoC policies and procedures.

Permanent Supportive Housing Standards:

- Using Housing First Principles, PSH program residents are provided with rapid access to housing with minimal preconditions that could serve as barriers. For example: sobriety, good credit or good rental history cannot be required screening criteria. For additional information on Housing First philosophy and practice, please see RICoC's adopted Housing First Principles. These principles must be represented in both written procedure manuals and observable in implementation.
- Residents of PSH can maintain this housing as long as they comply with their lease agreement, which includes:
 - a. Payment of rent within reasonable timeframes
 - b. PSH residents do not interfere with other tenant's use of their homes, do not cause excessive property damage, and do not commit egregious lease violations.
 - c. Participants will only allow persons named on the residential lease to occupy the leased premises.
- Participants in PSH should enjoy a private, safe and secure place to call their home.

Supportive Services Standards:

- Once housed, PSH program participants have rapid access to the supportive services that they need and want to live as independently as possible.
- Supportive services are voluntary for participants; acceptance of services is not a condition of housing. Although services are voluntary, supportive services staff can and should assertively attempt to engage residents in supportive, low-demand services as needed to maintain housing stability.
- Supportive services are resident driven and residents have meaningful opportunity for leadership and input in services planning through avenues such as tenant associations and board positions.
- Supportive Services should be sensitive-to and inclusive-of the following evidence-based, best-practices associated with housing chronically homeless persons:
 - Assertive Community Treatment
 - Intensive Case Management
 - Critical Time Intervention
 - Harm Reduction Approach
 - Motivational Interviewing
 - Trauma-Informed Care
 - Housing First
 - Person centered care
 - Stages of Change
- Supportive services provided should be accurately and completely reflected in client files and information management systems within a timely manner.

Supportive Housing Case Management Standards

Case Management is a component of many disciplines including Nursing and Social Work. Among these professions exists a standard of care to guide and enhance the relationship between the Case Manager and the tenant. It implies a process to plan, facilitate, evaluate, and advocate for services on behalf of a tenant in Supportive Housing.

The Standards herein, provide a foundation of expectations and responsibilities to insure the competency of the Supportive Housing Case Manager (SHCM). They are intended to:

- Promote the awareness of the SHCM as it relates to the current values and priorities of the Rhode Island Continuum of Care (RiCoC)
- Inform the SHCM about Supportive Housing interventions, using the most recent evidence-base available
- Improve the quality of Supportive Housing Case Management Services; and
- Advance the practice of Supportive Housing Case Management as a critical component of the service provider organization.

The standards are as follows:

Standard 1. Use a Housing First Approach

Standard 2. Provide Tenant-Centered services

Standard 3. Provide Responsive, Timely, and Flexible services

Standard 4. Accurate and Complete Documentation

Standard 5. Meet and maintain Education and Qualifications

Standard 1. Use a Housing First Approach

Housing First is a process focused on moving individuals from the streets and shelters expeditiously into housing, without preconditions of sobriety, treatment, medication (or other) compliance, or income. The application process is short and tenants are housed quickly in a unit of their choice. The SHCM provides coaching on being a good neighbor and the rights and responsibilities of a leaseholder. The SHCM explains the roles of other staff involved, such as the Property Manager, but works on behalf of the tenant at all times.

Interpretation

It is the philosophy of Housing First, that housing is a basic human right, not something that must be earned. According to the founder of Housing First, Sam Tsemberis, “housing first is also based on the belief that people are capable of defining their own goals.”

The principles of Housing First are:

- Housing is a basic human right.
- All participants will be treated with respect, warmth, and compassion from the moment they enter the program. For example, using language such as “Welcome, Mr. Smith, we’re glad to see you.”
- All participants will be served for as long as they need and the service provider will provide evidence of this through at least monthly contact. This includes times when a participant is hospitalized, incarcerated, or returns to homelessness.
- Housing is integrated in the community in independent apartments. There is a diversity of housing options to meet varied consumer wants and needs.
- There is a clear separation of housing, such as property management, and supportive services that recognize their differing roles. When an eviction does occur, it is for a lease violation and the supportive services continue and include re-housing the participant.
- Consumer choice and self-determination are indicated by asking participants “What is it that you want?” while encouraging and supporting participants in determining their own priorities.
- Recovery-orientation is used to support participants in determining their own treatment goals while staff convey messages of hope possibility, using peer specialists when possible.
- Harm reduction uses multiple strategies, including abstinence, to help participants manage their health, including substance use disorders by reducing the negative consequences of harmful behaviors, such as debt or unprotected sex and maintaining their stated treatment goals, such as keeping their apartment. For example, the dissonance between a participant spending all their rent money on drugs or alcohol and being able to pay the rent to keep their apartment is where the SHCM can begin strategizing as a partner with the participant.

Standard 2. Provide Tenant-Centered Services

Services provided in Supportive Housing are voluntary, customized and comprehensive, reflecting the needs and wishes of all members of the household.

Interpretation

Tenant-centered case management is an approach to service delivery that capitalizes on the relationship between the SHCM and the tenant to set goals and enable tenants to have an active role in creating the life they want to live. The SHCM exercises respect, a non-judgmental attitude,

attentive listening, and empathy to establish trust and maintain the dignity of the tenant. The tenant is considered the expert of their personal situation and reality, thus the SHCM actively solicits tenant feedback on their housing unit and its impact on their health.

SHCM services are voluntary for the tenant. However, the SHCM is required to continually engage tenant experiencing housing instability to support housing retention. SHCMs are encouraged to use a team approach, case staffing and supervision to troubleshoot disengaged tenants experiencing housing instability.

Consumer choice extends to the relationship between the SHCM and the tenant; a tenant has the right to request a new case manager if they so choose. The SHCM should support the transition of a tenant in accordance with the household's wishes and coach the tenant on agency reasonable accommodation policy and RICOC Grievance Procedures as needed.

Due to ranges in subpopulations, sizes of households and the spectrum of acuity scores, case load size may fluctuate significantly among SHCMs. The supervisor, in coordination with the SHCM, is expected to right-size the case load based on each SHCM's skills and strengths in addition to the SHCM's existing caseload composition.

Standard 3. Provide Responsive, Timely and Flexible Services

The SHCM actively works to ensure that tenants are able to access the services they wish, according to the priorities of the tenant.

Interpretation

While the home visit remains the cornerstone of the SHCM role, the SHCM remains flexible enough to provide services and coordination of care according to the tenant's goals. The service provider organization must have a plan for 24-hour crisis intervention, commit to returning requests for contact from the tenant within 24 hours, and conduct the following activities:

- Initial assessment of service needs at first meeting or as soon as possible thereafter using the SPDAT,
 - Development of a comprehensive, individualized care plan, within 5 business days of initial assessment,
 - Timely and coordinated access to healthcare and support services,
 - Continuous, weekly tenant monitoring to assess the tenant and stay abreast of threats to tenancy,
- Annual re-evaluation of the tenant using the full SPDAT and the goal plan. An annual SPDAT is the minimum requirement; the SHCM is encouraged to conduct the SPDAT semiannually or quarterly and any time a significant change occurs in the household.

A suggested best practice is utilization of a team-approach to service delivery. In this approach, the Supportive Housing Provider Agency and Supervisor ensures that SHCMs utilize the knowledge, strengths and creativity of the entire SHCM team to support case conferencing, collaborative problem solving, and case load delegation whenever possible.

Standard 4. Accurate and Complete Documentation

Documentation is an essential means of communication between provider agencies and SHCM's.

Interpretation

Good documentation will facilitate communication between service providers and ensure coordinated, rather than fragmented service provision. It is important to be able to access relevant tenant information at any given time. This is necessary for the legal protection of both the service provider organization and the SHCM. Documentation runs concurrently throughout the entire case management process and should be concise, accurate, up-to-date, meaningful, and consistent. The following information should be documented:

- history and needs of a tenant;
- any services that were rendered;
- outcomes achieved or not achieved during periodic reviews; and
- any additional information (e.g. case conferences, email exchanges, consultation with others, and any additional exchanges regarding the tenant).

Case note documentation is recommended to be completed in Rhode Island's Homeless Management Information System (HMIS) so community partners can understand who the tenant is and where they are in the process of obtaining or maintaining housing.

A Data, Assessment (and response), and Plan (DAP) note is a form of documentation utilized to document interactions with a tenant. There are three phases of DAP note documentation, they include:

1. Data: subjective and objective data about the tenant, details of the reason for the interaction
2. Assessment: SHCM and tenant description of the concern/interaction
3. Plan: describes the plan for managing the tenants concern

The SHCM should ensure that the tenant file includes:

- Important enrollment forms and information such as Intake forms, consent for enrollment forms, release of information forms etc.
- Information used to develop the initial assessment and the individualized goal plan
- At least an annual re-assessment and updating of the service plan
- Medical information and service provider information
- Benefits/entitlement coordination and referral to services provided. Documentation should include assistance in obtaining access to both public and private programs, such as

but not limited to, Medicaid, General Public Assistance, SSI/SSDI, and other state and local healthcare documents and supportive services

- Whether the tenant has declined services at any time while being an active tenant in case management
- Timelines for providing services and re-evaluations
- Clear documentation of the need and coordination with case managers of other programs
- Entries with documentation in chronological order. Do not skip lines or leave spaces
- Be specific, use time frames, and quotations if indicated. Avoid generalizations.
- Avoid labeling or judging a tenant, family, or visitor in the documentation
- Document all interactions with the tenant, outside organizations and other parties involved

General Documentation Principles

- Document electronically or in ink (only when using paper)
- Record date on all entries
- Ensure the type of encounter is identified (face-to-face, telephone contact, consult, etc.)
- SHCM must sign all entries with full name and professional title.
- Ensure that entries are legible
- All entries should be made in a timely manner (i.e., the same day). Late entries should be clearly indicated as such
- If an error is made, then make one strike through, initial and date the error, do not use white out under any circumstances
- Thoroughly complete all forms, applications, and other documents with the most accurate information available
- Do not alter forms, applications, or other documents
- Do not forge signatures (i.e., do not sign for the provider (MD/DO, APRN, PA), tenant, etc.)
- Paper records must be stored in locking file cabinets in locked rooms
- Electronic records must be stored securely and in compliance with the particular database's security standards

Standard 5. Meet and Maintain Education and Qualifications

SHCM uses evidence-based interventions to support the housing stabilization of the tenant.

Interpretation

An effective SHCM or Peer Specialist can come to the work from a myriad of backgrounds, educational perspectives, and experiences, however, the SHCM must be adept and committed to being empathic, encouraging, assertive, and engaging. The SHCM must operationalize the belief that housing is a basic human right in partnership with and on behalf of their tenants.

The supportive housing provider agency should ensure that the SHCM receives at least one (1) hour of supervision per week and attends case conferencing sessions at least monthly.

A SHCM should have competencies in the following areas:

Housing First

Community-Based Outreach

Harm Reduction

Critical Time Intervention

Motivational Interviewing

Connecting to community-based services and benefits/entitlements

Glossary

Case Management-is the coordination of services, including housing, healthcare, or meaningful activities on behalf of an individual. 'Case management' is not the only terminology used to describe this service coordination, other commonly used terms are care coordination and care advocacy. These same standards apply when providing the above described coordination of services, regardless of variations in title.

Community-Based Outreach-is a proven approach to building rapport with the tenant or individual you wish to help. The model is designed to literally meet people where they are, for example: a coffee shop, the hospital, their home, or the street. The approach requires consistent effort to engage and creativity to determine what the individual wants and is most motivated to get. Sometimes, this may be simple, like a pack of cigarettes.

Critical Time Intervention-is a time-limited intervention that mobilizes support for individuals during the transition from being homeless to housed. It is based on intensive services during the initial stages which are tapered down as persons stabilize in housing and a limited set of goals that are focused on housing retention.

Harm Reduction-is a set of practical strategies aimed at reducing the negative consequences associated with an individual's choices, usually related to substance use and/or sexual activity.

Housing First-is a recovery-oriented approach to ending homelessness that centers on quickly moving people into independent, permanent housing without preconditions, and providing supports and services as needed to maintain housing stability.

Motivational Interviewing-is an approach that attempts to elicit an individual's intrinsic desire to change and accomplish stated goals through the recognition of behaviors that are counter-productive to obtaining intended results.

Rapid Rehousing Written Standards

Rapid Rehousing (RRH) is permanent housing as defined by HUD. RRH is community based housing without a designated length of stay; however, the regulations (24 CFR 578 and CFR 576) limit rental assistance payments to no more than twenty-four (24) months. The National Alliance on Ending Homelessness [defines Rapid Rehousing](#) as an intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing. Rapid Rehousing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a Rapid Rehousing program are:

- Housing Identification
- Financial Assistance
- Case Management and Services

This definition is endorsed by HUD, the USICH, and the VA. While a Rapid Rehousing program must have all three core components available, it is not required that a single entity provides all three components or that a household utilize all three components.

Participant Eligibility

- Must meet HUD's Category 1 or 4 definition of homelessness.
- Have a completed population specific VI-SPDAT in accordance with RICOC Coordinated Entry procedures. The VI-SPDAT score must be greater than or equal to 4. The CES Lead may choose to use a households completed full SPDAT score if it is available at the time of placement to inform program referral.
- Domestic Violence programs with clients who wish to access RRH resources will supply a completed Housing Placement form, including the population specific VI-SPDAT score and HUD Universal Data elements (with personally identifying information removed), to the By Name List Coordinator for placement on the appropriate By Name List
- There is no minimum income requirement for participants in a Rapid Rehousing Program.
- For ESG RRH programs: Households must have income of less than or equal to 30% Area Median Income (AMI) at annual re-evaluation if rental assistance continues beyond that point
- Recipients and sub-recipients must conduct evaluations, at least annually, of program participants receiving RRH assistance. Recipients may conduct interim evaluations more frequently in accordance with their program's policy and procedure.
- As indicated by HUD, households who are eligible for permanent supportive housing (PSH) and awaiting PSH placement may receive RRH assistance and will retain their homeless status and, if applicable, their chronically homeless status. Providers must document eligibility for PSH and, if appropriate, chronic homeless status, at RRH program entry. Only participants whose eligibility has been documented prior to entry into RRH will be able to move to PSH and chronic homeless designated units. Please note: A household's time enrolled in RRH does not count towards meeting the chronic homeless definition; a person cannot become chronically homeless while enrolled in RRH.

- The CoC Program Notice of Funding Availability (NOFA) may impose additional eligibility requirements not reflected in the HUD regulations. Projects funded to carry out RRH assistance under the CoC program must follow both CoC Program NOFA and regulatory requirements.
- ESG Contractors must also adhere to the RRH Policies and Procedures outlined in the Consolidated Homeless Fund Policies and Procedures Manual. Exceptions to ESG RRH requirements are detailed in the CHF Policies and Procedures manual under section 3.5 State Rental Assistance.

Participant Prioritization:

- All referrals for RRH will come through the RICOc Coordinated Entry processes
- All RRH referrals will come from the RICOc's By Name List, which includes households fleeing Domestic Violence via a deidentified methodology to assure safety
- All RRH referrals will be made by the CES Lead in accordance with the RI Statewide Coordinated Entry Policy and Procedures.
- The following VI-SPDAT scores will be targeted for RRH programs in the RICOc:
 - Individuals and Veterans age 25 or older: VI SPDAT scores of 7-12
 - Families: VI-FSPDAT scores of 7-13
 - Youth: TAY-VI-SPDAT scores of 7-13
 - Please note, the CES Lead may utilize an existing full SPDAT score at the time of placement to inform the referral, in such cases, RRH referrals should continue to be targeted to mid-high acuity households
- RRH programs may provide RRH to households with higher VI-SPDAT scores than indicated in the above targets.

RRH Program Standards

- The RRH program participant must be the tenant on a lease for an initial term of twelve (12) months that is renewable and is terminable only for cause (violation of the lease).
- Permanent housing is the immediate goal. The individual or family is provided with rapid access to permanent housing with minimal preconditions that could serve as barriers. For example: good credit or good rental history cannot be required screening criteria. For additional information on Housing First philosophy and practice, please see RICOc's adopted Housing First Policy and Principles. These principles must be represented in RRH providers written procedure manuals and observable in implementation.
- RICOc RRH recipients and sub-recipients must use a progressive engagement model; this practice supports using the least intensive intervention to help resolve homelessness for the individual or family. Providers are to add more assistance only as necessary if the less-intensive intervention is unsuccessful. Use of a progressive engagement model that aligns with the RICOc RRH Written Standards must be represented in RRH providers written procedure manuals and evidenced in practice.
- Participants can receive short-term rental assistance for up to 3 months, or medium-term rental assistance lasting from 4-24 months.

- For CoC RRH projects, all rental assistance must be tenant based. ESG funded RRH may be either Tenant or Project Based, provided that the project is not owned by the contractor.
- Participants in RRH may continue to receive RICOc funded supportive services for a period of up to 6 months after the rental assistance payments have been completed. Participants who move on from Rapid Rehousing into the Emergency Housing Voucher (EHV) program must be offered up to 6 months of supportive services after the program transition into EHV to support stabilization of the household in the program transition. ESG RRH may receive case management assistance for the length of time the program participant is enrolled in the program.
- Additional eligible financial assistance and service costs are outlined by program documents specific to the project's funding source.
- COC RRH households receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted income towards their monthly rent. This tenant rent contribution may be adjusted at any time based on changes to household income. There is no minimum rent requirement and tenant rent contribution may be zero, for households with no income. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a).
- RRH participants may receive eligible supportive services alone or a combination of eligible supportive services and rental assistance.
- Limitations on amount, frequency and duration of assistance:
 - RRH Programs will offer and document the provision of case management services to each RRH client a minimum of once per month. The CoC encourages these services be provided in-home whenever possible and supports individualized responses to a household's needs for services, which often supports more frequent case management in initial stages of housing stabilization and with higher acuity households.
 - Participants must be re-evaluated at least annually to determine the need for continued assistance. This requirement applies to both supportive services and rental assistance. At each evaluation, the recipient or sub-recipient must determine and document that the continuation of assistance is necessary to avoid literal homelessness.
 - Participants must inform the RRH provider of any changes in income. When notified of an income change greater than or equal to \$50/month (\$600/year), or at a quarterly re-assessment of income, if that is the program's policy, the RRH provider may conduct an interim evaluation to determine continued eligibility or changes in the amount of subsidy provided. The RRH provider should develop their own policy and procedure detailing how the program will address changes of income for all participants that adheres to this standard
 - ESG RRH and Cost Burden - For ESG RRH programs only: At no time throughout months 1-24 may a household's monthly rent portion exceed 30% of the household's monthly income.

- For CoC RRH, Participants may receive rental assistance of no more than the following percentages of the applicable HUD Fair Market Rent (FMR) for each of the indicated time frames (security deposits are excluded from these limits):
 - Months 1-5: rental assistance provided may be up to 100% of the applicable FMR
 - Months 6-8: rental assistance provided may be up to 80% of the applicable FMR
 - Months 9-11: rental assistance provided may be up to 60% of the applicable FMR
 - Months 12-24: rental assistance provided may be up to 40% of the FMR
- RRH providers should develop their own progressive engagement policy and procedure that adheres to the maximum allowable rental assistance payments outlined above. Providers should work to support participants to contribute as much as possible to their own rent.
- If upon re-assessment it is determined that a higher amount of assistance than the limits specified above or a longer duration of assistance is necessary to avoid literal homelessness, then the provider should not terminate assistance and place the household into homelessness. When these limits on assistance could lead to homelessness:
 - Each provider may extend these assistance limits for up to 20% of those households approved to serve through RRH by contract with either HUD or the State of RI. All exemptions must be clearly indicated in the participant's files. The option of extending assistance limits for up to 20% of households does not change the minimum number of households a provider is contracted to serve based on their funding contract.
 - If a provider needs to extend assistance limits for more than 20% of participants, it must place documentation to support the extension of assistance above the limit in the participant's file
 - Extending assistance limits for households on an RRH program does not change the minimum number of households a provider is contracted to serve based on their funding contract. Providers should carefully consider the budget effects of extending assistance with each household.
 - Rental Assistance payments cannot extend beyond 24 months during a household's enrollment in an RRH program.
- Participants may be eligible for Rapid Rehousing assistance for multiple episodes of literal homelessness based on their need.
 - For CoC RRH, there is no limit on the number of times a household may receive Rapid Rehousing assistance or on the amount of financial assistance expended per household per Rapid Rehousing agency.
 - In ESG RRH, program participants may receive up to 24 months of rental assistance during any three year period.

- No unit may be assisted with rental assistance until the unit has been inspected and the unit meets HUD's Housing Quality Standards (HQS). Units must be re-inspected every 12 months if rental assistance continues beyond that point. Applicable lead-based paint requirements apply.
- Rent Reasonableness and Fair Market Rent (FMR): Rental assistance is only eligible to be reimbursed for a unit if the unit's rent is documented as rent reasonable as defined by HUD. Recipients and sub-recipients must conduct a rent reasonableness review to determine rent reasonableness before the participant rents the unit. If a recipient or subrecipient pays beyond FMR levels for some units in a project, the Recipient must ensure it has sufficient funding to serve the minimum contracted number of program participants for the remainder of the grant term.

Policy on Coordinated Entry

Purpose:

In order to assure that limited CoC resources are employed in the most equitable and effective manner, the CoC will develop and implement a statewide system of coordinated entry for CoC and ESG funded activities, while taking into consideration the safety of families and individuals.

Policy:

It is the policy of the Rhode Island Continuum of Care that new admissions to homeless service programs funded by HUD through either CoC or ESG resources will be through a coordinated entry system (CES). The CoC will develop the CES and will notify providers when it is operational for homeless assistance component that they provide. Once an ESG or CoC funded provider is informed that the CES is operational for their program component, they will only be permitted to accept new admissions from among the referrals from the CES.

Procedure:

- The RICOc has developed detailed policies and procedures for a Statewide Coordinated Entry System (CES). These will be regularly updated based on progress in implementing CES. CoC and ESG grantees are required to follow all CES policies and procedures implemented by the CoC.
- No new applications will be considered unless the applicant commits to participate in the CES.
- Participation in CES will be evaluated as part of the renewal evaluation process.
- Please see the RICOc Statewide Coordinated Entry System for Homeless Services Policies and Procedures Manual (adopted 12/7/2017) for full information on the operations of the Statewide Coordinated Entry System.

Grievance Policy and Procedure for Applicant Organizations

Purpose

The purpose of the grievance procedure is to settle any grievance between an Applicant Organization and the Continuum of Care as quickly as possible to assure an equitable and efficient Consolidated Grant Application process.

Policy

A grievance may be filed by any applicant organization that claims it has been adversely affected by:

- Improper application of rules, regulations and procedures concerning participation in the Consolidated Application process;
- Improper interpretation of rules, regulations and procedures concerning participation in the Consolidated Application process;
- Disparity in the application of rules, regulations and procedures regarding participation in the Consolidated Application process;
- Violation of rules, regulations or procedures concerning participation in the Consolidated Grant application process; and
- The score assigned by the Applicant Review Team.

The RICOc Board will utilize the RAEC to act as the Grievance/Appeal Committee of the CoC.

Procedures

Informal Review

An applicant organization should pursue, if possible, an informal resolution of the complaint with the CoC Planner before filing a formal written grievance. The CoC Planner is encouraged to work with the applicant organization to resolve grievances. Efforts at informal resolution are unrelated to the formal grievance procedure and do not extend to the time limits included in the procedure.

Procedure for Filing Applicant Grievances

- The following steps must be followed in the order given. An applicant organization may not omit a step. If the CoC Planner fails to respond, the applicant organization may then file an appeal with the RICoC Grievance/Appeals Committee.
- Time limits shall begin on the first working day after the applicable occurrence, filing, appeal, response or recommendation. Working days shall not include weekends or legal holidays.
- A copy of the grievance should be retained by the applicant organization and a copy should be filed in the applicant organization's file. All copies should note the date that the grievance was filed and the date and time that the project administrator received the grievance.

Procedures:

Step 1

In order to be considered, a grievance must be filed in writing with the RICoC within (5) working days from the occurrence; using the official grievance form.

The CoC Planner or designee has three working days from receipt of the grievance form to investigate, meet with the grievant and respond in writing using the official form.

Step 2

If the applicant organization is not satisfied with the determination the applicant organization has one working day to file an appeal with the RICoC Grievance/Appeal Committee using the official form.

The Grievance/Appeal Committee has ten working days to investigate, meet with the grievant and respond in writing using the official form.

Step 3

Should the applicant organization not be satisfied by the determination of the Grievance/Appeal Committee, it has the right to appeal to the full Board of the RICoC. The appeal to the full board must be made within three working days of the receipt of the decision. The RICoC Board will convene as soon as practicable but not later than the next working Board meeting.

General Provisions

- The Grievance Forms provided by the CoC Planner should be used in pursuing a resolution of the grievance. *Note: Grievance Forms attached below
- The applicant organization may represent itself or be represented by a chosen representative when presenting the organization's grievance.

Rhode Island Continuum of Care Grant Application Process

Grievance Form

Applicant Organization: _____

Applicant Representative: _____ Job Title: _____

Organization's Address: _____

Organization's Phone Number: _____

We have discussed this complaint with the CoC Planner and received a verbal answer on (date)_____. Because this answer is unacceptable to us, we wish to file a formal complaint.

Nature of grievance. Explain how your organization was unfairly treated including names and dates. (Use additional pages if needed.)

A just and fair solution of our grievance is:

We understand that if we wish to further appeal our complaint, we have twenty four (24) hours from response to submit a grievance form to the next level of appeal. Grievances not appealed timely are considered settled at the previous level.

Date

Signature

**Rhode Island Continuum of Care Grant Application Process
Grievance/Appeal Committee Response Form**

Applicant Organization: _____

Applicant Representative: _____

RICoC's Response to Applicant Organization's Complaint:

Notice to Applicant: If not satisfied with this response to the appeal you have twenty-four (24) hours from receipt of this response to submit a grievance to the full Board of the CoC. Grievances not appealed timely are considered settled.

Date

Signature

Rhode Island Continuum of Care Grant Application Process
Response to Grievance/Appeal Committee Decision

We have received the Grievance/Appeal Committee's response on (date) _____.
We are dissatisfied with the Committee's response to our grievance. We hereby appeal to the Board of the Rhode Island CoC.

Reason for further appeal. (Use additional pages if needed.)

Date

Signature

RICoC Board Response:

Date

Signature

The decision of the RICoC Board is the final decision for the CoC.

Policy on Under-Expenditure of Grant Funds

Purpose:

The purpose of this policy is to ensure that minimal funding awarded to CoC grantees is returned to the government as a result of underspending on grant funds. These funds are returned to HUD and cannot be used to prevent and end homelessness in the CoC.

Policy:

All grants funded with CoC funds will have an expenditure threshold of ten percent (10%) of total grant funds or in the case of grants with total funding of Five Hundred Thousand (\$500,000) or greater, the sum of Fifty Thousand Dollars (\$50,000).

Grantees with an unexpended balance that meets or exceeds the threshold specified above, shall be subjected to a reduction in renewal grant amount with the unspent funds being added to the pool of funds available for reallocation.

Grantees may appeal this determination and provide support for the need for funds and a demonstration of improved expenditure performance.

Procedure:

As part of the annual renewal evaluation process, the CoC will review the expenditure of funds for the most recent completed program year.

Grantees that are at risk of having funds reallocated will be notified by the CoC that their grant did not meet the expenditure threshold and that the unexpended funds will be reallocated from future grants.

If a grantee wishes to contest the reallocation, it may appeal the decision. The appeal from the grantee must address: the factors that led to the under-expenditure and actions that the grantee has implemented to prevent this under-expenditure in the future. The grantee may request a partial or complete return of grant funds.

The CoC will total all funds recaptured for reallocation and competitively award them to applicants proposing new projects that address critical CoC needs and meet HUD requirements for reallocated grants.

Renewal Evaluation Policy

Purpose:

The purpose of the Renewal Evaluation process is to provide a fair and equitable process by which to review and rank projects that receive Continuum of Care funding and to increase the focus of funded organizations on improving performance and achieving performance targets.

Policy:

Annually the Rhode Island Continuum of Care shall develop and approve a renewal evaluation methodology that is based on HUD performance standards and that shall be primarily based on the Annual Performance Report submitted to HUD. The standards developed shall reflect both HUD specified outcomes and actual performance by RICOc funded programs. Grantees with poor performance and that are unable to improve within a specified period may be subject to a loss of funding and those funds reallocated to new projects. All CoC funded grantees must submit documentation as requested by the CoC to complete the renewal evaluation process. Failure to submit materials when requested by the CoC may result in a reallocation of funds.

Procedure:

- Each year, prior to the start of the HUD NOFA competition, the RICOc will develop a renewal evaluation process for all funded CoC grants.
- CoC grants that have been in operation for less than a full year and that have not yet submitted a complete APR Report will not be subject to renewal evaluation.
 - HUD policy requires that grants in their first renewal cycle may not be reallocated.
- CoC grantees shall submit their most recently completed APR and other information as may be requested by the CoC in accordance with the timeframes established by the CoC.
 - Late submissions may affect the score.
- All CoC grants shall be assessed according to the renewal evaluation standards established by the CoC.
 - The CoC may request such additional information as may be necessary in order to complete the renewal evaluation process.
- The CoC will present a renewal evaluation and score to each CoC funded grantee in draft form and allow the grantee the opportunity to question or challenge the score received.
- Upon completion of review by the grantee and any changes made by the CoC, the renewal evaluation score will be finalized.
- The CoC may establish a minimum acceptable performance score.
 - Grantees that fail to achieve the minimum performance score will be required to develop and submit a Plan of Correction to address the under-performance and to establish a plan to improve performance.
 - Grantees with a project that does not meet the minimum acceptable performance score will not be permitted to apply for new projects until the Plan has been implemented and performance improved.

- Grantees that do not meet the minimum acceptable performance for two consecutive renewal evaluation cycles may have their funds reallocated.
- The renewal evaluation scores will be a key factor in the ranking of the project in the Project Priority list submitted to HUD. Based on the renewal evaluation score, a CoC grantee may be ranked in Tier 2, which could increase the risk that the grant will not be renewed by HUD.
- When the HUD NOFA is published, the CoC will finalize its ranking policy.
 - The goal of the policy will be to maximize funding for the CoC, prioritize those activities most successful in ending homelessness, and to incentivize good performance.
- The renewal evaluation process is subject to the RCoCs Grievance and Appeals Policy.

Policy on Incentive for CoC Grantees to Voluntarily Reallocate Current Grant Funding to Higher Priority Component

Purpose:

Through the annual NOFA process, HUD allows CoC's to reallocate funding from existing grants and activities to higher priority activities (permanent supportive housing and rapid rehousing). Reallocated grants are new grants; although the total amount reallocated cannot exceed the prior funding levels, budgets may be completely changed in a reallocated grant.

To encourage grantees to participate in reallocation, this policy will allow grantees to voluntarily reallocate funding to the specific categories that HUD allows as eligible in the NOFA. Grantees voluntarily reallocating in accordance with the NOFA may be able to retain the funding from the predecessor project.

Policy:

Existing CoC grantees with grants in good standing may voluntarily reallocate their grants. A CoC grant in good standing is one with: no outstanding monitoring findings and a renewal evaluation with a satisfactory score.

This policy will not apply to grantees who have failed to meet minimum performance thresholds for project renewal. In order to be eligible to reallocate, the grantee must score the established minimum score on the renewal evaluation.

Procedure:

- Grantees seeking to reallocate must first notify the CoC Board of their intent to reallocate.
 - This should occur during the Registration component of the application process.
- Once the CoC Board approves the request to voluntarily reallocate, the grantee will submit a new project application as part of the NOFA application.
 - The new project application must be consistent with CoC priorities and policies.

- The CoC will review the new project application for project threshold and project quality review factors as specified in the NOFA.
 - Applicants will revise the project applications as advised by the CoC.
- The grantee will close-out the existing grant and commence the reallocated project upon notification of funding by HUD and execution of contract.
- The new, reallocated project, will be scored as a new project and will be ranked according to the policy established by the RICoC for the NOFA competition.

Educational Services for Children

BACKGROUND Federal law ensures educational rights and protections for children and young adults 18- 24 experiencing homelessness. Protections apply to children and youth who are living with a parent or guardian and those who are not. Every school district and public charter school in Rhode Island is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child-centered, best interest framework for decision-making. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition and the RI Continuum of Care (has established related requirements. This summarizes basic information about the responsibilities of recipients/sub-recipients of CoC and ESG funds. For more information or to find contact information for your local homeless liaison please visit: <http://youthhelp.org> Information is also available at the National Center for Homeless Education: <http://center.serve.org/nche/briefs.php>.

Responsibilities of Recipients/Sub-Recipients & Sample Policy

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or young adults 18-24 are responsible for following the sample policy below, which is intended to help providers comply with requirements established under federal law, by HUD through the annual CoC project application, and by the RICoC. All projects receiving CoC funds that are serving families with children and/or young adults 18-24 are required to have similar policies. Projects may opt to adapt this sample policy or to adopt their own policy that fulfills the requirements.

Sample Educational Rights Policy

Purpose: To ensure that participants in RICoC are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; To ensure that children and young adults are immediately

enrolled in school, as required by federal and State law, and to ensure that they are connected to transportation and educational services to help them succeed in school.

Policy:

- All housing, whether temporary or permanent, provided by the CoC project shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
- The Program Director and/or his/her designee is responsible for:
 - Ensuring that all families with children and young adults participating in this project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
 - Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in the project are enrolled in school immediately, even if they lack the paperwork normally required (e.g., school records, records of immunization, and other required health records, proof of residency, guardianship, and other documents), are unable to pay fines or fees, or have missed application or enrollment deadlines. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and young adults who are not required by State law to enroll in school shall be encouraged and assisted but not required to enroll. Families shall be encouraged and assisted to enroll children in early childhood education programs. Enrollment includes attending classes and participating fully in school activities and applies to youth without a parent or guardian.
 - Assist unaccompanied youth to choose and enroll in a school, giving priority to his/her wishes and assisting to exercise his/her right to appeal.
 - Advocating as necessary to ensure that homeless students are able to continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled) the entire time they are homeless and until the end of the academic year during which they find permanent housing. This includes pre-schools and the designated receiving school at the next grade level when a student completes the final grade level served by the school of origin. Remaining in the school of origin should be presumed to be in the best interest of the student unless contrary to the request of the parent, guardian or unaccompanied youth.
 - Assisting, as necessary, to ensure that the parent, guardian, or unaccompanied youth is provided with the required written explanation of decisions made by school districts/charter schools and how to appeal them and that they are referred to the local school district's homeless liaison who must carry out the dispute resolution process as expeditiously as possible.
 - Assisting, as necessary, to appeal any decision by the local school district or charter school that it is not in the student's best interest to attend the school of origin or the

school where they currently live if requested by the parent, guardian or unaccompanied youth.

- Advocating, as necessary, to ensure that if a dispute arises over eligibility, school selection, or enrollment, the student is immediately enrolled in the school in which enrollment is sought, pending resolution of all available appeals.
- Advocating, as necessary, to secure the transportation services to which students are entitled (i.e., to and from the school or preschool of origin, including until the end of the year when the student obtains permanent housing).
- Assisting, as necessary, to secure temporary transportation services through other means, if possible, when school districts/charter schools are unable to immediately provide such required services.
- Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical 30 education, summer learning, online learning, and referrals to health, mental health, dental and other services.
- Advocating as necessary to ensure that homeless students who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including magnet and charter schools, summer school, career and technical education, advanced placement, online learning, and athletic programs.
- Advocating, as necessary, to ensure that students receive appropriate full or partial credit for coursework, including consulting with the prior school about partial coursework completed, evaluating students' mastery of partly completed courses, and offering credit recovery.
- Advocating as necessary to ensure that all homeless youth receive information and individualized counseling regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied homeless youths are informed of their status as independent

students for the purposes of Federal financial aid for postsecondary education and assisted in receiving verification of such status.

- Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.
- Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
- Developing relationships with colleges to access higher education services specifically for homeless young adults.
- Designating a staff person who is responsible for:
 - Helping participants to understand their educational rights
 - Ensuring that children and young adults are enrolled in school and early childhood education
 - Ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible
 - Ensuring that children and young adults receive the transportation services to which they are entitled These need not be the only responsibilities of the designated staff person.
- Ensuring that the designated staff person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.
 - Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

VAWA Provisions

Applicants for assistance under the Continuum of Care program may not be denied admission or assistance on the basis or as a direct result of the fact that they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, as long as they would otherwise qualify for the program. Tenants housed or receiving assistance under the Continuum of Care program may not be denied assistance, terminated from participation in, or be evicted from the housing on the basis or as a direct result of the fact that they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Tenants also may not be denied assistance or residency solely on the basis of criminal activity relating to domestic violence, dating violence, sexual assault, or stalking, if:

- The criminal activity is engaged in by a member of the household or any guest or other person under the control of the tenant; and
- If the tenant or an affiliated individual of the tenant is or has been the victim of domestic violence, dating violence, sexual assault, or stalking.
 - “Affiliated individual” means a spouse, parent, brother, sister, or child, or a person the tenant stands in the place of a parent or guardian (e.g., a person that is in the custody, care, or control of the tenant). It also refers to any individual, tenant, or lawful occupant living in the household.

When a member of the household engages in criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, the owner may remove the abuser or perpetrator from the lease (i.e., bifurcate the lease) without affecting the occupancy rights of the victim.

- Any bifurcation must be carried out in accordance with any requirements or procedures required by Federal, State, or local law for termination of assistance in leases and in accordance with the requirements of the applicable housing program.
- If the owner removes the abuser or perpetrator through bifurcation, and that person was the eligible tenant under the program, the owner must allow any remaining tenant(s), who are not already eligible, time to apply to establish eligibility under the same or another housing program covered by VAWA or find alternative housing.
- Before bifurcating a lease, an owner may, but is not required to, ask the tenant for documentation or certification of the incidence of domestic violence, dating violence, sexual assault, or stalking. Victims of domestic violence, dating violence, sexual assault, or stalking may request emergency transfers to other units or projects. Victims are allowed to self-certify on HUD form 5382. Self certification must be accepted as evidence as long as the provider has no conflicting information that would challenge the claim of violence or abuse. Before permitting such a transfer, owners may request that the tenant submit a written request or fill out form HUD-5383 (Request for

Emergency Transfer form). In this way, the tenant will be certifying that he or she meets the criteria for an emergency transfer. The criteria are:

- The tenant (or member of the household) must be a victim of domestic violence, dating violence, sexual assault, or stalking;
- The tenant must expressly request the emergency transfer (submission of form HUD-5383 is considered a request for a transfer); and
- The tenant reasonably believes that he or she is threatened with imminent harm from further violence if they remain in the current unit, or he or she has been a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before the request for transfer.

Owners must keep requests for emergency transfers, and the location of any such move, in strict confidence.

The HUD form 5380 “VAWA Occupancy Rights Notice” must be provided to all adult program participants upon acceptance into any CoC or ESG funded assistance project. It must also be provided with any notice of eviction or termination of assistance.

All funded CoC and ESG grantees must develop and implement an emergency transfer plan that will allow participants to move to housing outside of the jurisdiction of the CoC (outside of the State of Rhode Island) if necessary to ensure participant safety.

Participants must be informed of their rights under VAWA and be provided a form indicating those rights upon program application, acceptance into the program and upon termination or completion of program services.

Equal Access

In February 2012, HUD published the final rule on Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity. Through this final rule, HUD implemented policy to ensure that its core programs, including the CoC and ESG programs, are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. As such, eligibility determinations for the projects funded through the CoC or ESG programs must be made without regard to actual or perceived sexual orientation, gender identity, or marital status. Furthermore, CoC and ESG funded programs are prohibited from making inquiries regarding sexual orientation or gender identity for the purpose of determining eligibility or otherwise making housing available, and inquiries related to an applicant or occupant’s sex are

allowed only for the limited purpose of determining the number of bedrooms to which a household may be entitled.

The prohibition on inquiries is not intended to prohibit mechanisms that allow for voluntary and anonymous reporting of sexual orientation or gender identity solely for compliance with data collection requirements of state or local governments or other federal assistance programs.

Any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are to be considered a family and must be served together as such. Furthermore, a recipient or sub-recipient receiving funds under the CoC or ESG program cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any family member, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity. As such, 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 (24 CFR 578.93).

While it is acceptable for a CoC or ESG program to limit assistance to households with children, it may not limit assistance to only women with children. Such a program must also serve the following family types, should they present, in order to be in compliance with the Equal Access Rule: Single male head of household with minor child(ren); and 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 CoC or ESG 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.