



City of Glendale

WRITTEN STANDARDS

- Emergency Solutions Grants Program Written Standards
- Coordinated Entry System – Program Overview

City of Glendale
Glendale Homeless Continuum of Care
Emergency Solutions Grants Program
City and State ESG

Written Standards
2019

I. Introduction - Standards for the Provision of ESG Assistance § 576.400.

The City of Glendale has developed the following standards for providing assistance with Emergency Solutions Grants Program (ESG) funds as required by 24 CFR 576.400. These are initial standards that have been created in coordination with the City of Glendale Continuum of Care.

These standards represent goals for providing services for the community and the entire continuum and are in accordance with the interim rule for the Emergency Solutions Grants Program released by the U.S. Department of Housing and Urban Development on December 4, 2011 and the final rule for the definition of homelessness also released by the U.S. Department of Housing and Urban Development on December 4, 2011.

To be eligible for ESG homeless assistance, all households must meet the definition of homeless or at –risk of homelessness posted in the Federal Register. The City of Glendale and the Sub-Recipient must obtain verification and documentation in accordance with Federal Register.

II. § 576.401 -Evaluating eligibility for families and individuals and needs

Intake and Assessment

The City of Glendale and ESG Sub-Recipients must conduct an initial evaluation to determine the eligibility of each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing. These evaluations must be conducted in accordance with the centralized or coordinated assessment requirements set forth under § 576.400(d) and the written standards established under § 576.400(e). The Case managers will use the Continuum wide Homeless Management Information System (HMIS) Intake assessment tool to review client situation, understand eligibility and begin the process of determining length of assistance. Any client assessed for potential assistance with ESG funds must meet the criteria to become eligible for homelessness prevention or rapid re-housing assistance. Any new client entering into shelter must also undergo a complete assessment to understand client needs and barriers and match the client to the most appropriate services provider. The following outlines the individual characteristics of clients qualifying for homelessness prevention or rapid re-housing. Re-evaluations for homelessness prevention and rapid re-housing assistance are handled quarterly for both programming. Please refer to the Rapid Re Housing Program Policies and Procedures for the entire process.

Homelessness Prevention

Any client receiving assistance must have proof of residence within the City of Glendale area.

ESG participant's total household income must be below 30 percent of Area Family Income (AFI) for the area at initial assessment. Clients must provide documentation of household income, including documentation of unemployment and a zero income affidavit/self-certification for clients without income.

All clients must meet the following HUD criteria for defining at risk of homelessness for individuals or families, unaccompanied children and youth or families with children and youth where youth are defined as up to age 25:

- Has moved because of economic reasons 2 or more times during the 60 days immediately preceding application for assistance (Individuals and Families)
- Is living in the home of another because of economic hardship (Individuals and Families)
- Has been notified that their right to occupy their current housing or living situations will be terminated within 21 days after the date of application for assistance (Individuals and Families)

- Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals (Individuals and Families)
- Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room (Individuals and Families)
- Is exiting a publicly funded institution or system of care (Individuals and Families)
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in City of Glendale's approved Con Plan (Individuals and Families)
- A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute (Unaccompanied children and youth)
- An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her. (Families with children and youth)
- Individuals who fall under the HUD Category 2 or 3 for Homelessness also qualify for homelessness prevention assistance. Like those that fall under the At-Risk of Homelessness definition, clients must also live in the service area and qualify by income. The categories are listed below:
 - Category 2 – Imminent risk of homelessness is an individual or family who will imminently lose their primary nighttime residence, provided that:
 - Residence will be lost within 14 days of the date of application for homeless assistance;
 - No subsequent residence has been identified; and
 - The individual or family lacks the resources or support networks needed to obtain other permanent housing
 - Category 3 – Homeless under another federal statute includes unaccompanied youth under the age of 25 or families with children and youth, who do not otherwise qualify as under this definition but who:
 - Are defined as homeless under another federal statute child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

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

Rapid Re-housing

Any client receiving rapid re-housing assistance must meet the HUD criteria for determining homelessness as either literally homeless, or fleeing/attempting to flee domestic violence. The four categories are listed below:

Category 1 – Literally homeless is an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
 - Category 4 – Fleeing domestic violence includes any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence
 - Has no other residence; and
 - Lacks the resources or support networks to obtain other permanent housing

Shelter Clients

Homeless clients entering into the shelter system must meet the HUD criteria for homelessness as literally homeless, homeless under another federal statute, or fleeing/attempting to flee domestic violence. Clients will be prioritized within the emergency shelter system based on the VI-SPDAT acuity score, need, available resources and geographic area. The City of Glendale designated Ascencia as the lead Coordinated Entry System (CES) and

will be prioritized based on the CES policies and procedures included as part of the ESG Written Standards.

III. Coordinating services

Coordination among providers –Connecting program participants to mainstream and other resources.

The City of Glendale and its sub recipients must assist each program participant, as needed, to obtain:

Appropriate supportive services, including assistance in obtaining permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; and

- Other Federal, State, local, and private assistance available to assist the program participant in obtaining housing stability, including:
- Medicaid (42 CFR chapter IV, subchapter C);
- Supplemental Nutrition Assistance Program (7 CFR parts 271-283);
- Women, Infants and Children (WIC) (7 CFR part 246);
- Federal-State Unemployment Insurance Program (20 CFR parts 601-603, 606, 609, 614-617, 625, 640, 650);
- Social Security Disability Insurance (SSDI) (20 CFR part 404);
- Supplemental Security Income (SSI) (20 CFR part 416);
- Child and Adult Care Food Program (42 U.S.C. 1766(t) (7 CFR part 226)); and
- Other assistance available under the programs listed in § 576.400(c).

All ESG sub-recipients (shelter, homelessness prevention and rapid re-housing providers) within the Glendale Continuum of Care service area are expected to work collaboratively to coordinate funding that addresses the needs of the entire continuum. To achieve these goals, City of Glendale requires that all sub-recipient service providers will:

- Participate in a coordinated assessment system through Ascencia and use the CES /HMIS module for all CES referrals, where client entry into the entire system can begin at any point. Service providers will use a common assessment tool known as VI-SPDAT that will allow providers to enter data on a client and provide transfer information when a client fits the services of another provider, without having to engage in another assessment. Reasons for client transfer can include better fit in a specialized program, domestic violence services, and available resources within the community.
- Establish a staff member as a point of contact for other case managers and members of the service provider continuum of care. The contact should be a position that sees little turnover and is familiar with organizational resources and up to date on current

organizational capacity to accept and serve clients, such as a supervisor or manager. This contact should be able to provide information for other housing case managers on what current programs and resources are available to clients entering into the provider system through their organization. This contact will reduce or eliminate the need for clients to seek out additional assistance based on referrals from any ESG recipient agency.

- Attend all coordinated training for case managers within the homeless provider system.
- Each sub-recipient is expected to send at least one staff member and share all lessons learned with all housing case management staff. City of Glendale, in collaboration with the ESG sub-recipient agencies will coordinate training for ESG staff so that case clients within the region are receiving the same quality of service across providers. The members of the Continuum will also host regular meetings of sub-recipient program staff to share best practices and engage in collective problem solving as the community works toward an integrated system for clients. Meetings will be facilitated by the Glendale Continuum of Care Committees.

Mainstream and targeted homeless providers

To encourage the coordination of existing services while limiting duplication of services and overlapping federally funded programs, City of Glendale will coordinate with all mainstream services providers and ESG sub-recipients.

IV. Client prioritization- Housing Stability and Case Management

The City of Glendale will use a VI-SDPAT HMIS Intake form that will target those clients with the most barriers to housing. Each barrier will have an allotment of points, and the higher score (and more barriers) the more likely the client will receive services. The assessment of barriers is based on an objective review of each client's current situation using the tool rather than the subjective opinion of a case manager assessing each client's needs. While providing homelessness prevention or rapid re-housing assistance to a program participant, the City of Glendale and its sub-recipients must:

- Require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability; and
- Develop a plan to assist the program participant to retain permanent housing after the ESG assistance ends, taking into account all relevant considerations, such as the program participant's current or expected income and expenses; other public or private assistance for which the program participant will be eligible and likely to receive; and the relative affordability of available housing in the area.

Homelessness prevention

The City of Glendale prioritizes clients who are currently in their own housing, especially families with young children who have limited housing options but high needs for homelessness prevention funding.

Rapid re-housing

The City of Glendale anticipates targeting first time individuals and families as the most likely are the recipients for rapid re-housing assistance. Please refer to policies and procedures for the Rapid Re Housing program.

VI. § 576.402 -Terminating assistance

The City of Glendale has termination policies and procedures with regards to ESG assistance and includes processes in the Sub-Recipient Agreements. However, if a program participant violates program requirements, the sub-recipient may terminate the assistance in accordance with a formal process established by the recipient or sub-recipient that recognizes the rights of individuals affected.

To terminate rental assistance or housing relocation and stabilization services to a program participant, the required formal process, at a minimum, must consist of:

- Written notice to the program participant containing a clear statement of the reasons for termination;
- A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- Prompt written notice of the final decision to the program participant providing further assistance at a later date to the same family or individual.

The City of Glendale monitors on annually and ensures that all terminations have followed the proper protocols and due process.

V. § 576.403 Shelter and housing standards

The City of Glendale conducts housing quality inspections for the Rapid Re Housing programs and the Sub-Recipients conduct and ensure compliance with the ESG minimum Habitability Standards for the Emergency Shelter and Permanent Housing Program. In addition, the City of Glendale during the monitoring conducts the walk through and files.

§ 576.405 Homeless participation

The City of Glendale has a homeless person on the CoC Board of Directors, in addition, all sub-recipients provide one homeless individual or formerly homeless individual on policy-making entity of the recipient, to the extent that the entity considers and makes policies and decisions regarding any facilities, services, or other assistance that receive funding under Emergency Solutions Grant (ESG).

City of Glendale, California

Rapid Re-Housing Program

Case Management

Policies & Procedures

The City of Glendale's Rapid Re-Housing Program shall adhere to the HUD-issued guidance and information related under the Emergency Solutions Grant

Rapid Re-Housing Program

Policies & Procedures

<u>Table of Contents</u>	<u>Page</u>
1. Eligibility and Enrollment	
2. Housing Search and Placement	10
3. Rental Assistance.....	12
4. Financial Payment System	14
5. HMIS Data Entry, Maintenance & Reporting.....	17
6. Case Management Process	21
7. Recertification Process.....	28
8. Program Exit Process	30
9. Abbreviations	34
10. Staff Roles and Names	34

Section 1: Eligibility and Enrollment

Stage One: Outreach and Referral Process

Step I. Outreach

Under the supervision of the Homeless Coordinator/Homeless Programs Supervisor, the RRH Team will perform outreach to identify possible candidates for the Rapid Re-Housing Program. The RRH Team will partner with appropriate City staff, Continuum of Care organizations, and other referring agencies to increase public awareness of the Rapid Re-Housing Program (RRH) and conduct intakes and screening interviews with prospective program participants.

Step II. Referral Process

The RRH Case Workers are responsible for ensuring that appropriate staff from referring agencies and certain City offices has been briefed on RRH eligibility criteria as well as screening & referral procedures.

The Client will be instructed to call a RRH Case Worker for an initial consultation. In some cases, a representative from the referring agency may call on the Client's behalf. The RRH Case Worker may also visit the client at the referring agency/shelter.

Stage Two: Screening, Intake, and Eligibility Determination

Step I. Homeless Verification

The RRH Team must obtain written verification of the client's homelessness from the referring agency.

Step II. Initial Consultation and Intake

1. Pre-screening Interview (a.k.a. Initial Consultation)

The Case Worker will perform the Pre-screening Interview to determine if each Client meets the minimum eligibility requirements as follows:

- 1) Eligible clients must be referred by the Glendale Continuum of Care Committee, Ascencia, YWCA, GUSD, Street outreach and other members of the Continuum of Care Program.

- 2) Any individual or family provided with financial assistance through ESG Rapid Re-Housing Program must have at least an initial consultation with a case manager or other authorized representative who can determine the appropriate type of assistance to meet their needs.
- 3) The household must be at or below 30 percent of Area Median Income (AMI) for Los Angeles County at the time of recertification.
- 4) The household must be homeless and meet both of the following circumstances: (1) no appropriate subsequent housing options have been identified; AND (2) the household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing.
- 5) The household must agree to save at least 30% of their income and comply with a case management plan during their participation in the program.

2. Client's Eligibility Determination

A. IF INELIGIBLE

If, upon completing the Pre-screening Interview, the Case Worker determines that the Client does not meet the minimum requirements for RRH Assistance, the Case Worker will verbally inform the Client that he/she is ineligible for RRH Assistance at this time and refer the Client to appropriate social services. (A written notification may be delivered to the client upon request.)

B. IF ELIGIBLE

If, upon completing the Pre-screening Interview, the Case Worker determines that the Client may be eligible for RRH Assistance, the Case Worker will proceed to Task 2: "Intake Process."

3. Intake Process

A. Rapid Re-Housing Documents Checklist

The Case Worker will use the RRH Documents Checklist to keep track of which documents have been provided by the Program Participant for the recertification process. A copy of this form should be kept in the Program Participant's file.

B. RRH Application Packet

The Case Worker will provide the Client with the RRH Application Packet and a list of the Supporting Documentation he/she must submit to the RRH Team. In some cases, the Client may need assistance with completing the forms and collecting the required paperwork. These documents include:

1) **Required Documentation:**

a) IDENTIFICATION

- i) Valid Photo ID (e.g., California Driver's License/ID Card, U.S. Passport, Legal Resident ID, etc.).
- ii) Verification of Social Security Number(s) for each household member.

b) APPLICATION PACKET

- i) Glendale Rapid Re-Housing Program Application (a.k.a. Applicant/Tenant Information and Disclosure Certification and Application for Rental Assistance).
- ii) Authorization for Release of Information
- iii) Tenant Integrity Certification
- iv) Obligations of Participant

c) FINANCIAL DOCUMENTS

- i) Proof of current household income: Examples include: paystubs, benefits award letters, child support verification, alimony verification, etc.

Note: Participants must have at least some income to pay a portion of rent and meet a savings plan, as required by case management!

- ii) Bank Statements (up to three months for all accounts if possible) - OR- Self-Declaration of No Bank Accounts.

2) **Optional Documentation (if applicable and when possible to obtain):**

- a) Disability verification
- b) Birth certificates for each minor in the household
- c) Proof of legal guardianship of each minor in the household
- d) Employment verification
- e) Proof of recent job search
- f) Proof of all expenses (most recent billing statements and/or payment receipts)
- g) Proof of school enrollment for all minors and all full-time students age 18 or older

C. Follow Up Procedures

1) Coordinating with the Client and Partner Agencies

If the Client submits partial documentation, the Case Worker will inform the Client as to which documents are missing. In some circumstances, the Case Worker will use the Client's signed Authorization for Release of Information to coordinate with the Client's referring agency and other agencies to obtain missing documents and additional information.

2) 60-Day Policy for Active Applications

If sixty or more days have passed since the last correspondence with the Client, the Case Worker will change the status of the Client's application from "Documents Pending" to "Withdrawn."

Any documents that have been submitted or signed by the Client will be kept in a hardcopy file (or scanned and stored electronically) for a period of at 4 years. If the Client re-establishes contact with the Rapid Re-Housing Program, his/her application may be re-activated (that is, if the Rapid Re-Housing Program is still operating at that time). However, the Client must be referred by an approved referring agency, complete a new application, and provide up-to-date financial and benefits information that is current within the past 30 days.

4. Processing the Application Materials

Once the Client has submitted the required RRH Application Packet and Supporting Documentation, the Case Worker will:

A. Initial Screening Form

Complete the Case Worker portion of the Initial Screening Form (a.k.a. Application Tracking Sheet), which summarizes the Client's case, and include this in the Client's hardcopy file.

B. Client's Hardcopy File

Ensure that the Client's hardcopy file is assembled and organized, and that no items are missing for determining eligibility. See the attached "Client File Contents" for more details on how client files will be organized.

Comment [h1]: There is no attachment; there is a section "Program Participant Files" on page 27

Step III. Review of the Client's Application Packet and Supporting Documentation

(Primary Person Responsible = The Case Worker assigned to the Household)

Depending on case load and barrier level of the Client, either case worker or Homeless Programs Coordinator may perform a face-to-face Screening Interview. Generally speaking, low-barrier and high barrier clients will be assigned to Case Worker I, with direction from Homeless Programs Coordinator and supervision from Homeless Programs Supervisor.

Step IV.

1. Review the Application and Accompanying Materials

The Case Worker will review the Client's RRH Application Packet and Supporting Documentation. If the file is incomplete, the Case Worker will contact the Client and/or communicate with third parties to obtain more information or missing documents. They may discuss the case with the RRH Team for input.

2. Contacting Third Parties

The Case Worker may contact third parties to verify Client information. Third parties include but are not limited to: the Client's property owner/manager, former employer(s), benefits providers, service providers, and individuals/agencies that provided financial assistance to the Client.

3. Client Must Save (in Lieu of Paying Tenant Portion of Rent)

There is no need to use a Rent Calculation for participants in the Rapid Re-Housing Program. If the Client is approved for Rapid Re-Housing Program assistance, the City of Glendale will pay full security deposit and full rent to the landlord on behalf of the participant under the condition that the participant meets a savings goal, which is to be outlined in his/her Case Management Plan. Each participant will be required to save at least 30% of his/her income per month. The amount of savings should roughly match (or even surpass) the portion of rent the tenant would have paid to his/her landlord if a Rent Calculation had been used. In this way, the Client will build up a savings and increase his/her likelihood of becoming stably housed after this temporary assistance ends. Client rent support can be extended up to 3 months on a case by case basis.

4. Determining the Need for a Face-To-Face Screening Interview

A. IF INELIGIBLE

If, upon reviewing the Client's application packet and supporting documentation, the Case Worker determines the Client to be ineligible for RRH Assistance, the Case Worker will:

- 1) Notify the Client in writing that he/she is not eligible for RRH Assistance at this time and refer the Client to appropriate social services.
- 2) Complete the Case Worker's portion of the Initial Screening Form (a.k.a. Application Tracking Sheet) in the Client's hardcopy file.

B. IF ELIGIBLE

If, upon reviewing the Client's application packet and supporting documentation, the Case Worker determines the Client may be eligible for RRH Assistance, the Case Worker will schedule a face-to-face Screening Interview with the Client's entire household.

Step V. Face-To-Face Screening Interview

(Primary Person Responsible = Case Worker assigned to the Household)

Depending on case load and barrier level of the Client, either Case Worker I or Case Worker II will perform a face-to-face Screening Interview. Typically, most low-barrier clients will be assigned to Case Worker I, and most high-barrier clients will be assigned to Case Worker II.

1. Meet with Entire Household

The Case Worker will conduct an in-person screening interview with the Client's entire household. If it is not possible for some members of the household to attend or participate in the Screening Interview (e.g., minor children, household members suffering from illness or injury), the Case Worker will arrange another time to meet the absent household members prior to approving the household for RRH Assistance.

2. Interview Content

During the Screening Interview the Case Worker and the Client will discuss the case management process, identify potential case management goals, and address any questions the Client may have about the Rapid Re-Housing Program. This is an opportunity for the Case Worker to ask for clarification regarding the Client's Application Packet, Supporting Documentation, housing details, financial situation, former employment, willingness to meet the savings goal, ability and willingness to become stably housed after receiving temporary assistance, etc.

3. HMIS Consent Form(s) and HMIS Intake Form (paper-based)

At this point the Case Worker will ask the household to read and sign the HMIS Consent Form (one per household member), and complete the HMIS Intake Form, which includes HUD-mandated HMIS Program Entry questions. If the Client is approved for RRH Assistance, the Case Worker will enter the data recorded on the HMIS Intake Form onto the HMIS software.

Step VI. After Conducting the Screening Interview...

1. Follow Up As Needed

The Case Worker will follow up as needed with the Client, the Client's referring agency, benefits providers, service providers, etc. to obtain missing documents and additional information.

2. Determine Next Steps

A. IF INELIGIBLE

- 1) Complete the Case Worker's portion of the Initial Screening Form (a.k.a. Application Tracking Sheet) in the Client's hardcopy file, indicating his/her reason for recommending "denial."
- 2) Submit the Client's file to the RRH Homeless Programs Supervisor for approval.
- 3) If the RRH Supervisor agrees with the Case Worker's assessment, then the Case Worker will notify the Client in writing that he/she is not eligible for RRH Assistance at this time and refer the Client to appropriate social services. The Case Worker may also provide verbal notification in addition to written notification.
- 4) Ensure the Client's hardcopy file is stored in the appropriate filing cabinet.

B. IF ELIGIBLE

If, upon interviewing the Client, the Case Worker determines the Client may be eligible for RRH Assistance, the Case Worker will:

- 1) Complete his/her portion of the Initial Screening Form (a.k.a. Application Tracking Sheet) along with Case Notes and a proposal for the amount(s) and durations(s) of rental and security deposit assistance to be provided on behalf of the Client.
- 2) Submit the Client's file to the RRH Coordinator for review.

Step VII. Final Eligibility Determination

(Primary Person Responsible = RRH Coordinator. "Back up" staff = Homeless Programs Supervisor)

1. Reviewing the Client's hardcopy file.

The RRH Coordinator will review the Client's hardcopy file along with the notes on the Initial Screening Form (a.k.a. Application Tracking Sheet) completed by the Case Worker. The RRH Coordinator may discuss the case with the RRH Team as needed for input and clarification.

A. Follow Up (As Needed)

If additional information is required to determine eligibility, the RRH Coordinator will coordinate with the Case Worker(s) to follow up with the Client and third parties to verify information or obtain supporting documents.

2. Making the Final Eligibility Determination.

The RRH Coordinator will make a final eligibility determination and record his/her decision by completing his/her portion of the Initial Screening Form (a.k.a. Application Tracking Sheet).

1) IF INELIGIBLE

If, upon reviewing the Client's hardcopy file, the RRH Coordinator determines that the Client is ineligible for RRH Assistance, the RRH Coordinator will:

- a) Record his/her decision along with any comments on his/her portion of the Initial Screening Form (a.k.a. Application Tracking Sheet).
- b) Provide written instructions as necessary for the Case Worker on the Initial Screening Form (a.k.a. Application Tracking Sheet).
- c) Return the Client's hardcopy file to the Case Worker for processing.

2) IF ELIGIBLE

If, upon reviewing the Client's hardcopy file, the RRH Coordinator determines that the Client is eligible for RRH Assistance, the RRH Coordinator will:

- a) Record his/her decision along with any comments on his/her portion of the Initial Screening Form (a.k.a. Application Tracking Sheet).
- b) Provide written instructions as necessary for the Case Worker on the Initial Screening Form (a.k.a. Application Tracking Sheet).
- c) Return the Client's hardcopy file to the Case Worker for processing.

Step VIII. Staff Certification of Eligibility and Filing System

(Primary Person Responsible = The Case Worker assigned to the Household)

If the Client is approved for RRH Assistance, the Case Worker will :

- A. Ensure that the contents of the Client's hardcopy file are organized and transferred to a blue file folder labeled with a green dot, indicating the Client is enrolled in the Rapid Re-Housing Program.

Step IX. Notification of Approval/Denial for RRH Assistance

(Primary Person Responsible = The Case Worker assigned to the Household)

1. **IF DENIED** -If the Client's application for RRH Assistance is denied, the Case Worker will:

A. Notify the Client

Notify the Client in writing that he/she is ineligible for RRH Assistance at this time and refer the Client to appropriate social services. The Case Worker may verbally notify the Client of the eligibility determination in addition to providing written notification.

B. Store the Client's File

Ensure the Client's hardcopy file is stored in the appropriate filing cabinet.

2. IF APPROVED

If the Client's application for RRH Assistance is approved, the Case Worker will:

A. Notify the Client

- 1) Verbally inform the Client that his/her application for RRH Assistance has been approved.
- 2) Describe the terms of RRH Assistance:
 - a) The initial amount and duration of rental assistance (if applicable).
 - b) The savings requirement (in lieu of using a rent calculation).
 - c) The expectations for Case Management.

B. Notify the Property Owner/Manager and Collect Paperwork to Set Up Payment.

For more details, refer to Section 2: Housing Search and Placement.

C. Meet with the Client to complete the following tasks:

- 1) Complete and sign all necessary Housing Forms. For more information, see Section 2: Housing Search and Placement.
- 2) Perform a Visual Paint Assessment (*if necessary*). This may be completed by any trained member of the RRH Team.
- 3) Complete a Housing Inspection. This may be completed by any trained member of the RRH Team.
- 4) Create and sign an initial Case Management Plan. For more information, see Section 6: Case Management Process.

Stage Three: Enrollment Process

Note: From this point forward enrolled clients will be referred to as Program Participants.

Step I. **HMIS Data Entry**

(Primary Person Responsible = The Case Worker assigned to the Household)

Using the Program Participant's signed HMIS Consent Form(s) and completed HMIS Intake Form (paper-based), the Case Worker will complete the initial data entry in the HMIS software for each household member. This data includes:

1. **Central Intake data:** Household Demographics, Employment-Education, Documents.
2. **Agency Services data:** Program Entry, Services provided, and Case Notes. For more information on HMIS Data Entry, refer to Section 5: HMIS Data Entry, Maintenance & Reporting.

Section 2: Housing Search and Placement

Step I. **Search for Qualified Housing**

(Primary Person Responsible = The Case Worker assigned to the Household)

Once the Program Participant's application has been approved for RRH Assistance, qualified housing must be identified and secured.

1. **Location of the Unit**

The unit should be located in the City of Glendale, CA or surrounding communities.

2. **Unit Must Meet Habitability Standards**

The unit must pass the City's Housing Quality Standards Inspection, which satisfies the habitability requirements.

3. **Reasonable Rent**

The RRH Team will establish that the rental rate is reasonable for its geographic location by completing the Reasonable Rent Comparison worksheet and including this form in the Participant's hardcopy file.

4. Assisting the Participant

The Program Participant will be expected to conduct his/her own search for an apartment and furnish the unit himself/herself. However, the Rapid Re-Housing Program staff will be available to assist Program Participants in identifying and securing a unit. The Case Worker's tasks may include:

- A. Provide Housing Search Orientation to the Program Participant.
- B. Provide housing leads for the Program Participant by connecting him/her with landlords known to partner with the City, by providing results of Internet searches for rental vacancies in the area, and by providing copies of Section 8 Rental Listings (which are maintained on a regular basis by the Community Redevelopment and Housing Department).
- C. Accompany the Program Participant on interviews with prospective landlords.
- D. Negotiate a rental rate that can be sustained by the Program Participant after this temporary assistance ends.
- E. Provide guidance to the Program Participant.
- F. Review the RRH Participant Guide ("Obligations of Participant" form) with the Program Participant.
- G. Partner with local agencies (e.g., Ascencia) to secure donated items to furnish the unit.

Step II. Housing Placement

(Primary Persons Responsible = The Case Worker assigned to the Household, and Housing Inspector)

Once qualified housing is found, the Case Worker and Housing Inspector will coordinate with the Property Owner/Manager and the Program Participant (Tenant) to complete all necessary Housing Forms and ensure the new unit meets habitability standards as required by HUD and ESG regulations.

1. Visual Paint Assessment (if applicable)

If a Visual Paint Assessment is required, the Housing Inspector, Case Worker, or another trained member of the RRH Team will perform a Visual Paint Assessment prior to providing RRH Assistance.

2. Housing Inspection (required)

The Housing Inspector will conduct a Housing Quality Standards (HQS) Inspection and environmental review of the new unit. If the new unit does not meet the habitability standards as per HUD requirements, the Housing Inspector will do one of the following :

- A. Work with the Property Owner/Manager to ensure habitability, or
- B. Repeat the housing search until a qualified unit is found. (Return to Step I.)

3. Lease Approval

Once the new unit passes the Housing Inspection (required) and Visual Paint Assessment (if applicable), the Case Worker will review and approve the lease for the Program Participant's new unit.

4. Housing Forms

The Case Worker will ensure the Program Participant and Landlord complete and sign the required Housing Forms, which will be kept in the Program Participant's hardcopy file:

- A. RRH Lease Addendum
- B. Rent Amount Due Form (to be completed by the Property Owner/Manager only)
- C. W-9 from Landlord (to be completed by the Property Owner only)
- D. Owner/Tenant Relative Certification
- E. Drug and Crime-Free Housing Lease Addendum
- F. Lead-based Paint Disclosure Form (if structure built before 1978)

5. Move Into New Unit

Once the new unit has passed the Housing Inspection (required) and the Visual Paint Assessment (if applicable), the lease has been approved and signed by the Program Participant and the Property Owner/Manager, and the required Housing Forms have been completed, then the Program Participant may move into the new unit.

Step III. Set Up Rental Assistance Payments

For more information on setting up payments, refer to Section 4: Financial Payment System.

Section 3: Rental Assistance

Step I. Determining the Amount and Duration of Rental Assistance

(Primary Person Responsible = The Case Worker assigned to the Household under direction of Homeless Programs Coordinator)

1. Not in Conjunction with Other Rental Assistance

The Rapid Re-Housing Program may not provide rental assistance for the same billing period in which the household is receiving rental assistance from another source. For example, if the household will be receiving rental assistance for the month of May of this year from another organization or family/friends, the Rapid Re-Housing Program may not provide rental assistance for that same month.

2. Rent Reasonableness Comparison

The rental rate must meet the rent reasonableness requirement according to HUD guidelines. As per the HPRP Notice, the RRH Team will determine rent reasonableness by considering: "(a) the location, quality, size, type, and age of the unit; and (b) any amenities, housing services, maintenance and utilities to be provided by the owner. Comparable rents can be checked by using a market study, by reviewing comparable units advertised for rent, or with a note from the property owner verifying the comparability of the rent charged to other units owned."

A. Methodology for obtaining comparable rents

A member of the RRH Team will obtain comparable rents on a unit-by-unit basis and compare the proposed unit to at least three other units.

B. Rent Reasonableness Comparison Worksheet

The RRH Team will complete the Rent Reasonableness Comparison worksheet, which will be kept in the Program Participant's file.

C. Supporting Documentation

The RRH Team will provide supporting documentation as evidence of the sources of the information used to determine rent reasonableness. This documentation will be attached to the Rent Reasonableness Comparison worksheet and kept in the Program Participant's file. Examples of supporting documentation may include but is not limited to:

- 1) Copies of Internet listings
- 2) Copies of newspaper advertisements
- 3) Glendale Housing Authority Rental Listings
- 4) Published rental data sources
- 5) Telephone survey of property owners/landlords

D. Criteria for Analyzing Similar Units

The units being compared should have the same number of bedrooms. Additionally, to the extent that this is possible, the units being compared should:

- 1) Be located in the Glendale area – that is, in the City of Glendale or an adjacent community or city. Examples include but are not limited to: Burbank, Pasadena, Tujunga, Sunland, Eagle Rock, Atwater, Montrose, and North Hollywood.
- 2) Be located in the same zip code (or another zip code within the Glendale area).
- 3) Have been constructed within 10 years of the proposed unit.
- 4) Have similar amenities and/or utilities provided by the owner.

E. Strategy for Addressing Special Cases

There will be instances where the methodology and process adopted by the City of Glendale is not sufficient to establish rent reasonableness for a particular unit.

1) *Example 1: When Three Comparable Cannot Be Found in the Same Location*

Staff may find the usual sources of rental data outlined above do not have comparable for unites with 6+ bedrooms. Similarly, staff may only find one or two comparable units in the zip code where the proposed unit is located, instead of the three units specified by the City of Glendale’s protocol. In a situation such as this, the RRH Team may either expand the geographic area used to search for comparable and/or establish rent reasonableness on the basis of fewer comparable units. Staff may also analyze the impact of an extra bedroom on rent for a particular area and calculate a reasonable rent based on their analysis.

2) *Example 2: When a Client is placed in Housing outside the Glendale Area*

A homeless applicant who is staying at a shelter in Glendale may request to be housed outside of the Glendale area in order to live near his/her place of employment. This is to be expected in the large metropolitan area of Los Angeles County. The City of Glendale retains responsibility for ensuring that all requirements associated with the program are met. This includes documentation of rent reasonableness, conducting the habitability and lead-based paint inspections, and conducting reassessments of the client’s eligibility every three months.

3. **Up to Fair Market Rent**

In addition to determining and documenting rent reasonableness, the City of Glendale has determined not to pay more than the Fair Market Rent (FMR) for Los Angeles County. The FMR for all bedroom sizes can be accessed at: <http://www.huduser.org/portal/datasets/fmr.html>. For example, rental rates are often above the Fair Market Rent in the northern part of Glendale. While it may be common or “reasonable” for a landlord to charge \$1,500 for a 1-bedroom unit in the “more expensive” zip codes of northern Glendale, it would not be advisable to house the Client there when there are acceptable 1-bedroom units ranging from \$850 to \$1,100 in southern Glendale and adjacent communities. The

household must be able to assume responsibility for making full rental payments and maintain their housing after this temporary assistance ends.

4. Rental Assistance Amount

The Rapid Re-Housing Program may pay for the full security deposit and full rent on behalf of the Participant. As noted earlier, participants will receive full rental assistance under the condition that they save at least about 30% of their income to increase their likelihood of becoming stably housed. Program Participants must meet regularly with a Case Worker to demonstrate they are eligible for further assistance, meeting the savings requirement and other goals outlined in their case management plan, and complying with program guidelines.

If the first month of rental assistance is pro-rated, this will be counted as one full month. For example, if a family moves into a unit on January 15th, and the City pays the full pro-rated rent for January 15th-30th, January will be regarded as the partial payment and February 1st through 15th will count as full months of full rental assistance.

5. Security Deposit

The Rapid Re-Housing Program may pay for the security deposit if the Program Participant is moving into a new unit at program entry. The Program will *not* pay for pet deposits, application fees, late fees, etc.

Security deposits may not exceed the amount of one month's rent. They also may not exceed the Fair Market Rent value for the unit's bedroom size. For example, if the FMR for a one-bedroom unit is \$1,159, then the security deposit may not exceed \$1,159.

Comment [h2]: We have exceeded this rule for some of our clients who have really poor credit and can't get into a unit any other way

Step II. Making Payments

(Primary Person Responsible = The Case Worker assigned to the Household)

The Case Worker will prepare Request for Demand to ensure rental subsidy checks are generated for the correct amount and in a timely manner.

Step III. Quarterly Recertification's

If a household has been extended beyond 1st month, a 3 month recertification is required.

(Primary Person Responsible = The Case Worker assigned to the Household)

Eligibility for RRH assistance must be reassessed on at least a quarterly basis according to the ESG Notice (Federal Register). For more information, please refer to Section 8: Recertification Process.

Section 4: Financial Payment System

Step I. Setting up Payment

(Primary Person Responsible = Homeless Programs Coordinator assigned to the Household.)

1. Assign a Vendor ID

Payments must be made directly to the “vendor” (that is, the property owner. Before a rental payment can be made, the City must first assign an identification number to the Vendor (e.g., Property Owner).

A. Checking If Vendor ID Already Has Been Assigned

The Case Worker will check if a Vendor ID already has been assigned to the payee indicated on the Property Owner’s W-9 Form (Request for Taxpayer Identification Number and Certification). The Homeless Programs Coordinator may check for existing Vendor IDs on the PeopleSoft software application, accessed via the Glendale Financials System (GFS).

B. Assigning a Vendor ID

If a Vendor ID has not yet been assigned, the Homeless Programs Coordinator will submit a copy of the W-9 Form to the Finance Department and request that an ID assigned to the Vendor.

The process of assigning a Vendor ID typically takes one to two days.

C. Recording the Vendor ID in the Program Participant's File

Once a Vendor ID has been assigned or retrieved, the Case Worker should make a record of the Vendor ID for future reference. Typically, the Vendor ID number is written onto the W-9 Form in the Program Participant's hardcopy file. The Case Worker may also want to keep a separate list of all Vendor info for all Program Participants.

2. Payment Methods

A. Request For Demand (RFD)

Rental Assistance checks will be generated by submitting a regular RFD to Finance. To generate a RFD, the Case Worker (or an office assistant) must fill out the RFD Form using the appropriate Microsoft Excel template, then print the completed form on green paper, and attach the appropriate supporting documentation (e.g., a copy of the current utility bill) with a paperclip (no staples). Next the RFD must be submitted to the Homeless Programs Supervisor for review. The Homeless Programs Supervisor will initial the RFD and submit it to the authorized representative for final approval. If the amount is less than \$5,000 the RFD may be signed by Sr. Community Development Supervisor (Moises Carrillo). If the amount is \$5,000 or more (unusual), then the RFD must be signed by the Director (Jess Duran). After the RFD has been signed by authorized representative, the Case Worker (or office assistant) will place a copy of the signed RFD in the Program Participant's file, and submit the original signed RFD (with attached utility bill) to the desk of Accounts Payable Supervisor Helen Ross in Finance (Perkins Building 3rd Floor). Before submitting the paperwork, be sure to time stamp the RFD at the entrance to the Finance Department. For more details, please refer to sample RFDs.

Payment Verification Process

(Primary Person Responsible = The Case Worker assigned to the Household)

Comment [h3]: We no longer have this option

The Case Workers will maintain accurate records of all rental payments for each Program Participant.

3. Record-keeping

A. Program Participant's Hardcopy File

The Case Worker will maintain a Daily Balance Sheet in each Program

Participant's hardcopy file. The Daily Balance Sheet reflects the amount, date, and payee for each rental/utility payment made on behalf of the Program Participant.

B. HMIS

The Case Worker will record all rental payments or security deposit for each Program Participant in the Page of HMIS.

C. Transaction Detail Reports (PeopleSoft)

The Case Worker will periodically verify his/her record of rental/security deposit payments by running a Transaction Detail Report. They will use the PeopleSoft software application, accessed via the Glendale Financials System (GFS), to run this report.

4. Verification with Finance

The Case Worker will send a monthly spreadsheet to the Homeless Programs Supervisor. This monthly update should include the following information (additional information may be required, as per Finance):

A. Total Amount Paid To Date (All Participants Combined)

B. Information for Each Program Participant:

- 1) Name of Program Participant (head of household)
- 2) Enrollment Status (Enrolled, Graduated, Terminated)
- 3) Program Entry Date
- 4) Program Exit Date (if applicable)
- 5) Type(s) of Assistance Provided (Rental Subsidy, Assistance, Rental Security Deposit)
- 6) Total Amount of Rental Assistance Paid
- 7) Total Amount of All RRH Assistance Paid (Rental and Security Deposit combined)
- 8) Rent Calculation data: Monthly Rental Rate, HAP Amount, and TTP Amount
- 9) Number of Months of RRH Assistance Remaining (if the Program Participant complies with case management and continues to be eligible for RRH Assistance)

Step II. Ending Participation

(Primary Person Responsible = Case Worker assigned to the Household)

When a household is about to exit the Rapid Re-Housing Program, the Case Worker will:

1. Send a Program Exit Letter

For more information, refer to Section 8: Program Exit Process.

Step III. Section 5: HMIS Data Entry, Maintenance & Reporting

The Rapid Re-Housing Program staff will use the Homeless Management Information System (HMIS) to record client data and produce program progress reports to HUD.

Comment [h4]: What is Step III?

Step I. HMIS Consent Form(s)

(Primary Person Responsible = Case Worker assigned to the Household)

During the Eligibility Screening Process, the Case Worker will ask the household to read and sign the HMIS Consent Form (one per household member). Parents/Guardians should sign on behalf of their minor children.

Step II. HMIS Intake Form (paper-based)

(Primary Person Responsible = Case Worker assigned to the Household)

During the Eligibility Screening Process, the Case Worker will complete the paper-based HMIS Intake Form, which includes HUD-mandated HMIS Program Entry questions and Household-Demographics data. If the Program Participant is approved for RRH Assistance, the Case Worker will enter the data recorded from the paper-based HMIS Intake Form onto the HMIS software.

Step III. HMIS Initial Data Entry (database)

(Primary Person Responsible = Case Worker assigned to the Household)

Once the household is approved for RRH Assistance, the Case Worker will use the household's signed HMIS Consent Form(s) and completed HMIS Intake Form (paper-based), to complete the initial data entry in the HMIS software. Data must be recorded for each household member. This data includes:

1. Central Intake data:

- A. Household Demographics Page (including Income at Program Entry)
- B. Employment-Education Page
- C. Documents Page (uploading documents)

2. Agency Services data:

- A. Program Entry Page (Program Entry Date: The date of the Initial Consultation)
- B. Services Provided Page
- C. Case Notes Page

Step IV. HMIS Data Entry Maintenance

(Primary Person Responsible = The Case Worker assigned to the Household)

The Case Worker will make it a regular practice to quickly update each Program Participant's record on HMIS as services are provided and as household data changes.

1. Services Provided Page

A. Program Component

- 1) There is only one Program Component for the Rapid Re-Housing Program, which is automatically entered as "Rapid Rehousing" on the Services Provided page.
- 2) Staff: The Case Worker shall select his/her own username.

B. Milestone

There is one Milestone to be recorded in HMIS for the Rapid Re-Housing Program:

Milestone #1: 25% (5) out 20 households will be placed in permanent housing within 2 months of program entry.

The Case Worker will enter the status for each milestone at program entry and update these fields as needed.

Comment [h5]: I think 20 households is too large a number considering our budget. Maybe we should cut it down to 10 households?

C. Activities

- 1) "Activities" (or Services) the City of Glendale's Rapid Re-Housing Program may provide on behalf of its Program Participants include: Case Management, Housing Search and Placement, Rental Assistance, and Security Deposits.
- 2) DO NOT ENTER Activities through the Services Provided Page. The Case Worker SHOULD enter Activities directly on the Case Notes, and a summary of the Activities will appear on the Services Provided Page.
- 3) You will find other types of Activities are listed in HMIS, including Legal Services, Moving Cost Assistance, and Motels & Hotels Vouchers. However, only the following Activities may be provided by the City of Glendale's Rapid Re-Housing Program.

ACTIVITYDATA ENTRY PAGE

- a) Case Management. To be entered into HMIS via the **Case Notes** Page
- b) Housing Search and Placement. To be entered into HMIS via the **Case Notes** Page
- c) Rental Assistance. To be entered into HMIS via the **Services Provided** Page
- d) Security Deposits. To be entered into HMIS via the **Services Provided** Page

2. **Case Notes Page**

Case Notes should be entered by the Case Worker on the Case Notes Page immediately after each meeting with the Program Participant.

A. Case Notes

The Case Worker will enter the Case Notes data as follows:

- 1) Consent: Organization (unless indicated otherwise by the Program Participant on his/her HMIS Consent Form).
- 2) Component: Rapid Rehousing.
- 3) Activity: Case Management.
- 4) Staff: The Case Worker shall select his/her own username.
- 5) Date: The date of the meeting with the Program Participant.
- 6) Time: The time in which the meeting with the Program Participant began.
- 7) Units: The duration (**number of minutes**) of the meeting with the Program Participant.

- 8) Subject: The Case Worker will type a short phrase describing the subject of the meeting. Examples include:
- a) Initial Consultation
 - b) Initial Screening Interview
 - c) Initial Screening Follow Up
 - d) Office Visit
 - e) Home Visit
 - f) Phone Call
 - g) Recertification Screening Interview
 - h) Recertification Screening Follow Up
 - i) Program Exit Interview
- 9) Note: The Case Worker will type a detailed record of the highlights from the meeting, including next steps.

B. Milestones & Services

Each Case Note must be attached to one appropriate Milestone and one or more relevant Services.

3. Household-Demographics Page

The Case Worker should immediately update any changes to the household's income, family size, contact info, change of head of household, etc. It is especially important to update any changes to the household's income in the Income Section of the Household-Demographics Page, as these changes will be reflected in the Income Snap Shots.

4. Income Snap Shots

An Income Snap Shot is generated automatically at Program Entry, and another is generated automatically at Program Exit. During the household's participation in the Program, Income Snap Shots should be made at least once every 3 months, or whenever the household reports a change of income.

5. Documents (optional)

Important documents may be scanned and uploaded to the Documents Page. This is optional, however, because a hardcopy file be maintained for each Program

Participant during their participation in the Program.

Step V. Program Exit Page

(Primary Person Responsible = The Case Worker assigned to the Household)

1. Program Exit Interview and Data Entry

When a household is about to exit the Rapid Re-Housing Program, the Case Worker will conduct a Program Exit Interview with the household, and complete the data entry for each household member on HMIS' Program Exit Page.

2. Program Exit Date

The Program Exit effective date shall be the last day of the month of the final rental payment. For example, if the final month to be subsidized was June, then the Program Exit date will be recorded as June 30th.

3. Exiting the Program Participant

HMIS requires users to wait until the actual Program Exit Date has occurred before exiting the household on the Program Exit Page. If a household's Program Exit Date is June 30th, HMIS will not permit you to exit the household prior to that date.

Be sure all other data (including the household's current income) has been updated before exiting the household. Once a household has been exited from the program, the data cannot be modified. If a Program Participant's record must be edited after exiting the program, the Case Worker must request permission from the local HMIS Administrator (Carmen Brooks). Please refer to the HMIS Training Manual (a.k.a. AES Basic System Navigation Guide) for policies and procedures for modifying records of Program Participants who already have been exited.

Step VI. Quarterly Progress Reports

(Primary Persons Responsible = Homeless Programs Supervisor and Homeless Coordinator)

The Homeless Coordinator will generate a HMIS Quarterly Progress Report (QPR) to HUD. The Case Worker will assist by ensuring that all data entry is complete and accurate, and by analyzing his/her portion of the data in the QPR before final submission.

Step VII. Annual Progress Reports

(Primary Persons Responsible = and Homeless Coordinator)

The Homeless Coordinator will generate a HMIS Annual Progress Report (APR) to HUD. The Case Workers will assist by ensuring all data entry is complete and accurate, and by analyzing his/her portion of the data in the APR before final submission.

Section 6: Case Management Process

Step I. Case Worker Assignments

Typically, the Case Worker I will be assigned to low-barrier clients and the Case Worker II will be assigned to high-barrier clients. However, the case workers will function as a team, serving as back-up for each other to meet the needs of clients. Occasionally, case workers may even be reassigned to other clients due to a variety of factors including current case load, changes in the volume of prospective participants inquiring about the program, HUD reporting deadlines, etc.

Step II. Case Management Goals

(Primary Person Responsible = The Case Worker assigned to the Household)

1. Purpose of Case Management

The Case Worker Team will provide intensive case management for each household served to assist them in becoming stably housed (self-supporting) while they are temporarily assisted by the Rapid Re-Housing Program. The Case Worker Team will strive to meet the following goals for each household served:

- A. To manage and work toward client **wellness and autonomy** through advocacy, communication, education, and the identification and facilitation of services.
- B. To meet housing needs for qualifying candidates while treating each client like “regular people” by providing dignity, hope, professionalism and holistic service, in the context of relationship.
- C. To obtain optimum value for all participants in an ethical and safe manner, such that clients gain an advocate and emotional support, landlords and other service providers have complex cases facilitated, conflicts are mediated, and appropriate providers and facilities are identified while ensuring that available resources are timely, cost-effective, and efficient.

2. Identifying Areas to Focus On

During the Eligibility Screening Process with each Client, the Case Worker will explain the purpose and process of Case Management, and identify possible areas of focus for Case Management. As a rule of thumb, Case Management should address the question, "What obstacles stand in the way of this household becoming stably housed, and what can be done to overcome these obstacles?" Areas of emphasis can change as needed during a household's participation in the Program. Examples of case management goals include but are not limited to:

- A. Housing Goals
- B. Employment/Income Goals
- C. Budgeting/Savings Goals
- D. Health Care Goals
- E. Mental Health Goals
- F. Family/Children Goals
- G. Chemical Dependency/Meetings Goals
- H. Domestic Violence Goals
- I. Employment & Training/Education Goals

Step III. Case Management Plan

(Primary Person Responsible = The Case Worker assigned to the Household)

As soon as the household is approved for RRH Assistance, the Case Worker will meet with that household to mutually develop Case Management Goals and sign an initial Case Management Plan (also referred to as a Housing Relocation/Stabilization Plan). These goals should form the basis of an on-going Case Management Plan that will be updated regularly. The Case Management Plan will form an integral part of the monitoring of the program. Adherence to the Case Management Plan is required to receive rental assistance from the Rapid Re-Housing Program.

For more information, please refer to attached Sample Case Management Plan.

1. Required Goals

At minimum, each household must maintain their housing unit in accordance with their lease/rental agreement, save at least 30% of their income, and create and adhere to a strict budget during their participation in the program. If their path to becoming stably housed includes increasing their income, then appropriate goals should be developed for applying for benefits and/or obtaining employment. All

participants must provide appropriate supporting documentation to verify they have met these goals within an agreed upon amount of time.

2. Sample Goals:

A. SAVINGS

1) Minimum Savings Amount

All participants must meet a savings goal. Initially, the Case Worker will ask the household to save half of their income. If they cannot save this much, they should mutually determine with the Case Worker a specific amount they are willing and able to save. Generally, the minimum amount of savings is 30% of the Participant's gross income per month. If, during a particular month, a participant incurs unexpected expenses (such as car repairs or an emergency dental visit), and they are consequently unable to save as much as pre-determined, then the client should provide supporting documentation to verify these expenses were paid. Examples include payment receipts, invoices, bank account statements, etc.

BUDGETING

The household will create and adhere a strict budget. As part of this budget, they will be expected to eliminate or greatly reduce miscellaneous expenses, such as dining out, entertainment, recreation, and credit card purchases. Households are allowed to make only minimum payments for credit cards and other debt during their participation in the program. Any "extra" money should go to savings during their participation in the program, unless otherwise indicated in their case management plan.

Required Documentation: Must bring ALL of the following (as applicable):

- 2) A written record of the client's actual income and expenses since the last case management meeting (e.g., the completed Budget Form).
- 3) Verification of all expenses paid since the last case management meeting (e.g., billing statements, receipts, bank statements, etc.)
- 4) Verification of all income and benefits (e.g., paystubs, award letters, etc.)
- 5) Copies of credit card statements to verify spending.

- 6) Copies of bank statements for all accounts. Must show all banking activity from today's date through the date of the next case management meeting.

B. PROOF OF EMPLOYMENT (OR OTHER MEANS OF BECOMING STABLY HOUSED)

- 1) If the household's plan is to become stably housed by obtaining employment, then they must find permanent employment (at least 20 hours per week) within an agreed upon time period AND provide verification of ALL employment and income/benefits.

Required Documentation: Examples include copies of paychecks, pay stubs, hiring letter from employer, verification of assistance from friends/family.

- 2) If the household's plan is to become stably housed by a means other than employment/earned income, then they must verify this on paper in some way. Examples include: Moving into Section 8 housing; increasing income/benefits; increasing savings, etc.

Required Documentation: Supporting documentation will vary depending on the situation. For example, if the household will be moving into Section 8 housing within two months, but they need rental assistance from the Rapid Re-Housing Program in the meantime to prevent eviction from their current non-Section 8 residences, then the household must provide proof in advance that they have been approved for Section 8 housing.

C. PROOF OF JOB SEARCH (if their path to autonomy includes obtaining employment)

All adults in the household who are able to work should actively look for employment and/or additional hours at their current job. Some adults, such as 18+ full-time students, may be exempt from this requirement.

Required Documentation:

- 1) A written record of the job leads each household member has pursued and the progress they have made. They may use a "Job Leads Follow Up" form provided by the Case Worker, or develop their own record-keeping system.
- 2) Supporting documentation for each job they applied or interviewed for. Examples include but are not limited to:

- a) Copies of correspondences to/from prospective employers (emails/letters).
- b) Copies of job applications submitted.
- c) Copies of postings for jobs for which you applied.
- d) Business cards of companies with whom you interviewed.

Step IV. Case Management Meetings

(Primary Person Responsible = The Case Worker assigned to the Household)

1. Required Attendees

The Case Worker or other authorized representative should meet with all household members before the household can be approved for RRH Assistance. After the household has been enrolled in the Rapid Re-Housing Program, the Case Worker may meet with the Primary Program Participant from that household. For example, the Case Worker may choose to meet with the Program Participant's minor children and spouse from time to time, but he/she may not need to meet with all of them at every case management meeting. For example, if the wife already has a full-time job, and the husband (who recently was laid off from his previous job due to the "Current Economic Crisis") is the only person who needs to find employment, then it would make sense that only the husband would be required to meet regularly with the Case Worker. However, both the husband and wife must comply with the case management plan by providing proof of income and expenses, creating and adhering to a strict budget, etc.

2. Frequency

Initially, the Case Worker will meet with the household at least once per week and on an as-needed basis. After the first month of case management, the Case Worker may choose to meet once or twice per month with low-barrier households who are demonstrating compliance with case management.

3. Location

Program Participants typically will meet with the Case Worker at the Community Services and Parks Department. Ideally, the Case Worker will make at least one visit to the Program Participant's residence during the household's participation in the Program. In some cases, several home visits may be necessary to ensure the household has learned to appropriately maintain their apartment.

Step V. Required Documentation to Be Provided by the Program Participant

(Primary Person Responsible = The Case Worker assigned to the Household)

The Program Participant is obligated to provide proof of his/her active job search as per case management, and supporting documentation to verify his/her eligibility for further rental/utility assistance. Required documentation includes but is not limited to: Employment and Income/Benefits Verification, Expenses Verification, Proof of Savings, etc. The Case Worker assigned to the Program Participant will monitor this process and hold the household accountable to the case management plan.

Step VI. Case Notes

(Primary Person Responsible = The Case Worker assigned to the Household)

The Case Worker will make it a regular practice to record accurate, detailed case notes after each Case Management Meeting with Program Participants. Case Notes will be maintained on the Case Notes page of the HMIS software for each household member. Even when the Case Worker holds a case management meeting with only one household member, a case note should be entered in HMIS for all household members (including minors) for reporting purposes. According to HUD guidelines, HMIS must show that services were provided for each household member during each quarter of the year in which they were active participants in the program. For more information, visit HPRP Frequently Asked Questions at www.HUDHRE.info.

Step VII. Tools and Resources

(Primary Person Responsible = The Case Worker assigned to the Household)

1. **Verdugo Jobs Center.** The Case Worker may refer Program Participants to utilize the variety of services available to job seekers at the Verdugo Jobs Center located at 1255 South Central Avenue, Glendale, CA 90214 (Tel: 818-409-0476; <http://www.verdugojobscenter.org>).
2. **City of Glendale Social Services Resource Guide.** The Case Workers may use this detailed directory to refer Program Participants to services in the Glendale area. The resource guide is available online

at: <http://www.ci.glendale.ca.us/parks/pdf/SocialServicesGlendaleResourceGuide2012-2013.pdf>.

Step VIII. Recertification Process

(Primary Person Responsible = The Case Worker assigned to the Household)

As part of Case Management, the Case Worker will assess the Program Participant for recertification on at least a quarterly basis. For more information about recertification, refer to Section 7: Recertification Process.

Step IX. Addressing Non-compliance to Case Management

(Primary Person Responsible = The Case Worker assigned to the Household)

1. Examples of Non-compliance with Case Management include but are not limited to:

- A. Failed to attend or show up on time to scheduled appointments.
- B. Failed to actively look for employment as per case management.
- C. Failed to report changes in household size, income, employment status, etc. within 30 days as per case management.
- D. Failed to provide supporting documentation as per case management.
- E. Provided fraudulent information.
- F. Abandoned the housing unit.
- G. Demonstrated an unwillingness to cooperate with case management.

2. Responding to Non-compliance

A. Trouble-shooting the Problem

If/When a Program Participant does not comply with case management, the Case Worker may offer the Program Participant an opportunity to explain his/her reason for non-compliance and make the necessary corrections/improvements within a reasonable amount of time.

For example, if a Program Participant missed an appointment with the case worker without sufficient explanation, the Case Worker may contact the Program Participant and give him/her one week to reschedule the appointment and explain the reason for his/her absence.

If, for example, a Program Participant failed to demonstrate that he/she actively looked for employment as required by case management, the Case Worker should seek to find out the root causes for the lack of job hunting. The Program Participant may be showing signs of depression, in which case the Case Worker may refer the client to appropriate supportive services. The Program Participant may lack the life skills to plan and prioritize appropriately, in which case the Case Worker may assist the client with developing a job search strategy and require the client to provide weekly progress reports (via phone or email) in between monthly case management meetings. In this way, the Program Participant receives increased accountability as needed and has opportunity to show improvement.

B. Proposed Termination Letter

If the client does not sufficiently respond within one week, or the problem is not resolved after initial trouble-shooting attempts. The Case Worker may send a Proposed Termination Letter to the Program Participant. A Proposed Termination Letter is a written warning with conditions and a deadline for maintaining participation in the program.

Comment [h6]: Is the deadline dependent upon the severity of the non-compliance? Or is there one generic deadline that should be adhered to?

Before a Proposed Termination Letter can be issued to the household, the Case Worker should consult the RRH Coordinator or Homeless Coordinator for approval/direction. All Proposed Termination Letters must be signed by the Director of the Community Services and Parks Department.

For more details, see the [Sample Proposed Termination Letter](#).

Comment [h7]: Where is this located?

C. Termination Letter

If the Program Participant has demonstrated grounds for removal from the Program, then a Termination Letter will be mailed to him/her. Typically, this is demonstrated in the household's lack of compliance to the terms of the Proposed Termination Letter. Depending on the nature and severity of the incident, the Case Worker may by-pass a Proposed Termination Letter (warning) and issues a Termination Letter instead.

Before a Termination Letter can be issued to the household, the Case Worker should consult the RRH Coordinator or Homeless Coordinator for approval/direction.

All Termination Letters must be signed by the Director of the Community

Services and Parks Department.

For more information about ending a household's participation in the Rapid Re-Housing Program, refer to Section 8: Program Exit Process.

For more details, see the [Sample Termination Letter](#).

Comment [h8]: Where is this located?

Step X. Program Exit Interview

(Primary Person Responsible = The Case Worker assigned to the Household)

When a household ends its participation in the Rapid Re-Housing Program, the Case Worker will conduct an Exit Interview with the household. During the Exit Interview, the Case Worker will ask each household member to respond to the questions on the Program Exit page of HMIS. This also is an opportunity to collect final documentation of the household's income, expenses, employment status, and other supporting documentation.

Step XI. Client Files (Hardcopy)

(Primary Persons Responsible = The Case Worker assigned to the Household)

The Case Worker Team shall maintain an organized filing system for Prospective Clients and Program Participants.

1. Prospective Client Files

A. To Be Processed

Applicants who passed the pre-screening phase (initial consultation) and submitted all required paperwork. The Case Worker will review their files and meet with the households in person for eligibility determination.

B. Documents Pending

Applicants who passed the pre-screening phase (initial consultation) and from whom we are awaiting supporting documentation to verify their eligibility status.

C. Withdrawn

- 1) Applicants who indicated they no longer wish to be considered for RRH assistance, or

2) Applicants from whom we have not received a response after 30 days.

D. Denied -Applicants who did not meet the minimum criteria for eligibility.

2. Program Participant Files

A. Enrolled

Households currently participating in the Rapid Re-Housing Program. These files will be labeled with a green dot.

B. Graduated

Households who successfully completed the Rapid Re-Housing Program. They were stably housed at the time of program exit. These files will be labeled with a blue dot.

Causes for “graduation” include but are not limited to:

- 1) Completed the program
- 2) Found another housing option
- 3) Moved into permanent housing with family or friends

C. Terminated (e.g., For Non-compliance)

Households whose participation in the Rapid Re-Housing Program was terminated. These files will be labeled with a red dot. Causes for terminations include but are not limited to:

- 1) Non-compliance
- 2) Reached maximum assistance
- 3) Needs could not be met by program
- 4) Left before completing the program

Section 7: Recertification Process (If Applicable)

Step I. Understanding the Recertification Process

(Primary Person Responsible = The Case Worker assigned to the Household)

1. Quarterly Revaluations

As described in Section 6: Each household served by the Rapid Re-Housing Program must be screened for recertification at least once every month if extended.

Comment [h9]: We only assist up to 3 months

2. Minimum Criteria for Recertification

To be eligible for continued RRH Assistance, the household must meet all of the following criteria:

- A. The household's total income is at or below 30% of the Area Median Income for Los Angeles County. Income Limits are available at <http://www.huduser.org/portal/datasets/il.html>.
- B. The household meets HUD's homeless definition at the time of program entry, and meets both of the following circumstances:
 - 1) No appropriate subsequent housing options have been identified; and
 - 2) The household lacks the financial resources and support networks needed to obtain immediate housing or remain in existing housing (i.e., the household will be homeless but for this temporary assistance).
- C. The household has met with a case manager and complied with a case management plan.

Step II. Completing the Recertification Interview and Paperwork

(Primary Person Responsible = Case Worker assigned to the Household.)

1. Preparing the Household

To assist the household in preparing for the Recertification Screening, the Case Worker will provide a notice to the household at least 30 days in advance of the Recertification Screening Appointment. The notice should include the date and time of the Recertification Screening Appointment and identify all documents the household must provide to demonstrate their eligibility status. The household's

written Case Management Plan may serve as this notification.

2. Rapid Re-Housing Documents

The Case Worker will use the Rapid Re-Housing Documents Checklist to keep track of which documents have been provided by the Program Participant for the recertification process. A copy of this form should be kept in the Program Participant's file.

3. Collecting and Reviewing Supporting Documentation

Required documentation may include but is not limited to verification of the household's income, expenses, budgeting, savings, job search/increased skills since the date of the previous certification.

4. Recertification Screening Form

The RRH Case Manger will assess the Program Participant's eligibility for further RRH Assistance based on his/her interview with the household and supporting documentation provided by the household. Following the interview, the Case Worker will complete a Recertification Screening form, to be reviewed and signed by the RRH Coordinator or Homeless Coordinator and stored in the Program Participant's file.

The Recertification Screening Form should indicate at least the following information:

- A. Program Participant's Name and Address
- B. Minimum Requirements Met: Indication as to whether or not the household meets the minimum requirements for recertification (as outlined above).
- C. Terms of Proposed Recertification (If Approved): This includes the beginning and ending dates of the recertification period (up to three months long), as well as any special instructions pertaining to case management, the rental/utility assistance, etc.
- D. Eligibility Determination: Indication as to whether the household will be Recertified for further RRH Assistance, Graduated for successfully completing the program, or Terminated (e.g., due to non-compliance).

- E. Program Exit Effective Date (if Graduated or Terminated): If the rental subsidy is to be discontinued, the Program Participant's landlord should be provided with a thirty-day notice.
- F. Signature and Date of Authorized Staff Persons: The Recertification Form should be signed and dated by the Case Worker and the RRH Coordinator (or Homeless Coordinator).

5. Staff Certification of Eligibility

A. When a New Form Is Required

If the staff conducting the recertification screening is a different person than the staff who conducted the initial certification screening, then a new Staff Certification of Eligibility for Rapid Re-Housing Assistance form must be completed on the date of recertification. This HUD form is to be signed and dated by a Case Worker and a Homeless Coordinator.

B. When a New Form Is Not Required

However, if the same person conducted both the initial certification screening and the recertification screening, then there is no need to complete a new Staff Certification of Eligibility for Assistance form. The original Staff Certification of Eligibility for Rapid Re-Housing Assistance form (or Staff Affidavit form) remains in effect.

Step III. Enacting the Determination

1. If Recertified

If the Program Participant is recertified for further RRH assistance, the Case Worker will:

- A. Notify the household and landlord accordingly.
- B. Utilize the Elite payment system to ensure payments are generated to the Property Owner correctly and on time.
- C. Update the clients' Case Notes on HMIS.

- D. Continue to perform case management for the household as per the terms outlined on the Recertification Screening Form.

2. If Graduated/Terminated

If the Program Participant is to be exited from the program, the Case Worker will notify the household and landlord accordingly, conduct an Exit Interview with the household, and follow the procedures for exiting a Program Participant outlined in Section 8: Program Exit Process.

Section 8: Program Exit Process

Step I. Understanding Causes for Program Exit

1. Graduating Households

“Graduating Households” are Program Participants who successfully completed the Rapid Re-Housing Program. In other words, they have become stably housed and no longer are in need of RRH assistance. Causes for graduation include but are not limited to:

- A. Completed the program
- B. Found another housing option
- C. Moved into permanent housing with family or friends

2. Terminated Households

“Terminated Households” are Program Participants whose participation in the Rapid Re-Housing Program was ended due to reasons other than completing the program. Causes for termination include but are not limited to:

- A. Non-compliance with the program
- B. Reached maximum assistance
- C. Needs could not be met by program
- D. Left before completing the program

Step II. Determining the Need for Program Exit (Graduation/Termination)

(Primary Persons Responsible = The Case Worker assigned to the Household and RRH Coordinator)

Before a household's participation in the Rapid Re-Housing Program may be ended, the RRH Coordinator must review and approve the decision. If the household is being terminated, the RRH Coordinator will review the program guidelines to verify the tenant is not in compliance with program rules and regulations. For information on addressing non-compliance by Program Participants, refer to Section 7: Case Management Process – Step VIII: Addressing Non-compliance to Case Management.

When the RRH Coordinator has approved the participation's exit from the program, the Case Worker will prepare letters to the Program Participant and the Program Participant's Landlord, to be reviewed by the RRH Coordinator and signed by the Director of the Community Services and Parks Department. For more information on Graduation/Termination Letters, refer to Step IV below.

Step III. Determining the Program Exit Date

(Primary Person Responsible = The Case Worker assigned to the Household)

1. Last Day of Period of Assistance

The Program Exit Date shall be effective on the last day of the period of RRH assistance. Typically, this is the last day of the month of the final rental subsidy. For example, if rental payments are due on the 1st of the month and the final rental subsidy is for the month of June, then the household's Program Exit Date will be June 30th.

2. Include a Thirty-Day Notice to Landlord

When discontinuing a rental subsidy, the household's landlord should be provided with a thirty-day notice. For example, if it is determined in May that the household will be exited from the program, the Case Worker will notify the landlord in the month of May that the household's final rental subsidy will be for the month of June. The household's participation in the Rapid Re-Housing Program will end effective June 30th.

Step IV. Informing Program Participants and Their Landlords

(Primary Person Responsible = The Case Worker assigned to the Household)

1. Participants Who Are *Graduating* from the Program

If the Program Participant has completed the program, the Case Worker will:

- A. Conduct an Exit Interview with the Program Participant.
- B. Send a Graduation Letter to the Program Participant's Landlord. For more information, refer to the Sample Graduation Letter to Landlord. In addition, a copy may be sent to the property manager. The letter should include the effective date of Program Exit and contact information for the Homeless Coordinator in case the landlord has any questions regarding the letter. A copy of the Letter should be kept in the client's hardcopy file. For more information, refer to the Sample Graduation Letter to Program Participant.
- C. Send a Graduation Letter to the Program Participant. This letter is to be reviewed by the RRH Coordinator, signed by the Director of the Community Services and Parks Department, and delivered to the Program Participant via certified mail. It should include the effective date of Program Exit and contact information for the Homeless Coordinator in case the household has any questions regarding the letter. A copy of the Letter should be kept in the client's hardcopy file. For more information, refer to the Sample Graduation Letter to Program Participant. (Optional: A copy of the Graduation Letter to Landlord may be sent to the household instead.)

2. Participants Whose Participation in the Program Is Being *Terminated*

If the household's participation in the program is to be terminated, the Case Worker will notify the household accordingly, schedule an Exit Interview with the household, and follow the procedures for terminating a Program Participant outlined in Section 9: Program Exit Process.

- A. Conduct an Exit Interview with the Program Participant.
- B. Send a Termination Letter to the Program Participant's Landlord. In addition, a copy may be sent to the property manager. This letter is to be reviewed by the RRH Coordinator, signed by the Director of the Community Services and Parks Department, and delivered to the Program Participant via certified mail. The letter should include the effective date of Program Exit and contact information for the Homeless Coordinator in case the landlord has any questions regarding the letter. A copy of the Letter should be kept in the client's hardcopy file. For more information, refer to the Sample Graduation Letter to Landlord.

- C. Send a Termination Letter to the Program Participant. This letter is to be reviewed by the RRH Coordinator, signed by the Director of the Community Services and Parks Department, and delivered to the Program Participant via certified mail. It should include the effective date of Program Exit and contact information for the Homeless Coordinator in case the household has any questions regarding the letter. The letter also should explain the cause for termination and the procedure and deadline for requesting a hearing to appeal the decision. A copy of the Letter should be kept in the client's hardcopy file. For more information, refer to the Sample Termination Letter to Program Participant.

Step V. Hearing Process

(Primary Persons Responsible = Case Worker assigned to the Household and Homeless Coordinator)

1. Written Request By Program Participant

If the Program Participant wishes to appeal the decision to end his/her household's participation in the program, he/she must submit a written request for an informal hearing by the deadline provided in the Termination Letter.

2. Informal Hearing

- A. If the Program Participant submits a written request for an informal hearing, and the request is submitted by the deadline provided in the Termination Letter, then the Homeless Coordinator will organize and book a location for the hearing and send a letter to the Program Participant notifying him/her of the hearing date.
- B. The Homeless Coordinator will prepare a packet for the informal hearing. For more information, refer to the Hearing Procedures Handbook.
- C. The Homeless Coordinator and the Case Worker assigned to the household will attend/participate in the hearing.
- D. After the hearing, the Homeless Coordinator will send a letter (to be signed by the Director of the Community Services and Parks Department) to the Program Participant informing him/her of the final hearing decision.

- 1) If the Program Participant's appeal is denied, the Homeless Coordinator will inform the household of the termination effective date, discontinue the RRH Assistance, and end the household's participation in the program.
- 2) If the Program Participant's appeal is approved, the Case Worker will continue providing RRH Assistance and case management for the household.

E. The Case Worker will update the landlord accordingly.

Step VI. Making Final Payments

(Primary Person Responsible = Case Worker assigned to the Household)

The Case Worker will arrange for any final rental payments on behalf of the household. For information on the generating payments, refer to Section 4: Financial Payment System.

Step VII. Recording Participants' Exit from the Rapid Re-Housing Program

(Primary Person Responsible = Case Worker assigned to the Household)

When a household is to be exited from the program, the Case Worker is responsible for ensuring that the appropriate electronic and hardcopy records are updated accordingly:

1. Update Client's Hardcopy File

The Program Participant's hardcopy file should be updated, re-labeled as a graduated/terminated client, and put into the appropriate filing storage. If the client is graduating from the Program, the green dot on the file will be replaced by a blue dot. If the client's participation in the Program is being terminated for non-compliance, the green dot on the file will be replaced by a red dot.

2. Update HMIS

All HMIS data (including Income, Case Notes, Services Provided page, Program Exit Questions) should be carefully updated for each household member prior to exiting the household from HMIS. For more information on exiting clients from HMIS, refer to Section 5: HMIS Data Entry, Maintenance & Reporting.

Abbreviations

- COC.....Continuum of Care
 HAP.....Housing Assistance Payment
 HMIS.....Homeless Management Information System
 RRH.....Rapid Re-Housing Program
 TTP.....Tenant’s Total Payment (the portion of rent to be paid by the Tenant)

Staff Roles and Names

- Director of Community Services and ParksOnnig Bulanikian
 Community Services ManagerIvet Samvelyan
 Homeless CoordinatorArsine Isayan
 HMIS IT Specialist.....Ivet Samvelyan
 Housing InspectorGuillermo Valenzuela

Roles	Areas of Responsibility
Director	Oversight of Rapid Re-Housing Program; Signatures and Approvals
Homeless Coordinator	Supervision of RRH Team; Back-up to RRH Coordinator; Signatures and Approvals
RRH Coordinator	HMIS Administration; Data Quality Control for HMIS and client files; Certification Approval ; Back-up to RRH Team
Case Worker	Lead Case Manager. Performs outreach, intakes, screening and intake; case management; HMIS data entry & reporting; financial payment system; re-certifications; back-up to RRH Team. Screening and Intake; Case Management; HMIS Data Entry; Recertification’s; Back-up to RRH Team.

Housing Inspector	Conducts Housing Quality Standards (HQS) Inspections and Visual Paint Assessments, prepares letters, and updates the master worksheet.
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Primary Roles:	Outreach, Program Promotion	Eligibility Intake, Screening	Housing Inspection, Placement	Rental/ Security Payments	Case Mgt	Correspondences with Landlords, Tenants	HMIS	Reports
Case Manager	✓	✓	✓	✓	✓	✓	✓	✓
Arsine	✓	✓	✓	✓	✓	✓	✓	✓
Ivet		✓	✓	✓	✓	✓	✓	✓
Jess						✓		
Guillermo			✓			✓		

Glendale CoC Continuum of Care
Centralized Intake
Operating Policies and Procedures
**Vision for a Coordinated Entry and Assessment System for
Glendale Continuum of Care**

Single centralized Intake and Coordinated Assessment for the entire population, with population-specific adaptations as necessary.

Model: Centralized - Single Location.

Fiscal Agent: City of Glendale Continuum of Care

Lead Agency: Strong nonprofit provider

Ascencia: 1851 Tyburn St, Glendale, CA 91204

Database: HMIS system as the coordinated entry and assessment system for all target populations

Assessment Process:

- 1) Initial screening for prevention/diversion and eligibility/VI-SPDAT/VI-FSPDAT
- 2) Comprehensive Assessment (HMIS intake)

Purpose

The purpose of these policies and procedures is to provide guidance to the Glendale Continuum of Care providers regarding implementation of the Centralized Intake Process. These policies and procedures will be incorporated, by reference, into Sub-recipient contract.

Establishing and Operating a Continuum of Care in accordance with the CoC Interim Regulations Subpart B

The Glendale CoC is responsible for establishing and operating a centralized or coordinated assessment system that will provide an initial, comprehensive assessment of the needs of individuals and families for housing and services. Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals.

A centralized or coordinated assessment system:

- covers the geographic area
- is easily accessed by individuals and families seeking housing or services
- is well advertised
- and includes a comprehensive and standardized assessment tool
- must be designed locally in response to local needs and conditions
- The CoC must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers

The benefits of centralizing intake and assessment include

- reducing the amount of phone calls and legwork clients have to do to get into a program;
- closing side doors where households can get in ahead of households that have been waiting longer;
- decreasing the amount of time housing providers spend processing requests for assistance;
- increasing the amount of time they can spend on direct service; and
- Improved data collection and quality that allows for data driven decision making based on client-level needs.

As detailed in the Emergency Solutions Grants program interim rule published on December 5, 2011, through the administration of the Rapid Re-Housing for Families Demonstration program and the Homelessness Prevention and Rapid Re-Housing program, as well as best practices identified in communities, HUD has learned that centralized or coordinated assessment systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Sub- Recipients and Sub-recipient Requirements

Sub-recipients must agree to use the centralized or coordinated assessment system established by the Continuum of Care, unless the recipient or sub-recipient is a victim service provider. Victim service providers may choose not to use the centralized or coordinated assessment system provided that all victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements. The interim rule proposes allowing domestic violence and other victim service providers to opt out of the coordinated assessment system, citing safety concerns for victims. In the meantime, the Glendale CoC will work to establish clear guidelines that meet the needs of victims, maintain confidentiality, reduce trauma, and increase victims' access to housing resources. As victim's access victim service programs and general housing and homelessness programs, these policies will be present in systems that include victim service providers and those that do not. At a minimum, these policies will be built on:

- shared tools and standards, not shared databases or other structures that inherently expose victims to unnecessary danger;
- meaningfully and significantly involve victim service providers in their design and implementation;
- proactively address safety and privacy concerns;
- adhere to confidentiality and safety policies with regard to record-keeping or sharing and physical locations; and
- Allow direct, immediate access to safe housing for victims.

Glendale CoC's centralized/coordinated assessment system includes: a central location within a geographic area where individuals and families must be present to receive homeless services; Ascencia Access Center has been designated as the agency responsible for centralized/coordinated system that screens and directs clients to appropriate homeless housing/service providers in the area; a specialized team of case managers provide assessment services to providers within the Continuum of Care.

The Glendale Continuum of Care Goals and Objectives

- Reducing the number of people who become homeless
- Reducing the length of homelessness
- Reducing the returns to homelessness
- Reducing overall homelessness
- Increasing jobs and income

Lead Agency

The lead agency will be responsible for implementing the centralized intake and assessment system for all populations. Ascencia should have high cultural competency and a strong background in working with clients whose age, needs, and barriers to housing stability are diverse. Working in collaboration with funders, providers, and other stakeholders, Ascencia must be able to design and implement a seamless process for all clients in which there is equal access to the resources that are most appropriate for their needs. Ascencia will provide first level screening and service matching, while the receiving program conducts further screening, assessment, verification, and makes final admissions decisions. Ascencia must be able to maintain a strong relationship with a variety of different stakeholders, including clients, providers, and funders. It must stay in close communication with providers to ensure up-to-date information on housing stock, inventory, and program eligibility requirements on all programs serving homeless populations in the Glendale Continuum of Care. More specifically, Ascencia should have strengths in these areas:

Knowledge

Crisis intervention, Diversion/Prevention, Rapid Re-Housing,

Existing homeless housing service providers in the City of Glendale Continuum of Care

Strength-based assessment and services

Coordination of Mainstream Services

Experience

Working with diverse populations (cultural, socio-economic, and persons with cognitive, language, and behavioral health challenges)

Ability

Create a system for documenting and evaluating program effectiveness

Partner with a variety of Glendale housing and human service organizations, including mainstream services

Coordinate communications with various stakeholders, including funders, housing and service agencies serving families

The following key points must be addressed when developing a Centralized Intake / Coordinated Assessment system: Access, Assessment, Data Entry and Sharing, Referral, Program Intake, and System Change.

1. **Access:** Are the assessment centers accessible? And do consumers know how to reach them?
2. **Assessment:** Are the processes for determining consumer needs consistent and standardized?
3. **Data Entry and Sharing:** Is the data system reliable? And is staff using it properly and effectively?
4. **Referral:** Are consumers directed to the appropriate resources based on their needs?
5. **Program Intake:** What happens when consumers enter the system?
6. **System Change:** Is your CoC changing programs and resources in ways that make them more efficient, effective, and better accommodating to consumer needs?

Accessible Point of Entry – Households with a housing crisis anywhere in the Glendale Continuum of Care can enter the system by contacting Ascencia or visiting the physical location 1851 Tyburn Street, Glendale, CA 91204.

Assessment Process

A key feature of a coordinated assessment system is the initial tool for identifying needs and assigning programs or resources. The lead Agency will utilize a two tiered screening process which involves an initial screening to identify immediate needs and to screen for prevention/diversion and general eligibility. Later, if the individual or family still needs services, a comprehensive assessment is conducted to identify needs and strengths. Homeless persons identified as victims of Domestic Violence. Staff will work with homeless persons identified as victims of Domestic Violence to assess where they can be placed and connect them with YWCA to develop a Safety Plan. If, later an initial intervention, individuals and families seek further support or cannot be diverted from the homeless system, a comprehensive assessment is conducted within a specified and agreed-upon number of days.

A uniformed assessment will be used that focuses on individuals and families strengths and housing barriers. This assessment seeks to identify an individual and families' history and key needs that, if met, will help the individual or family obtain and retain permanent housing. The information form is then uploaded into the HMIS to begin the process of matching individuals and families quickly to housing programs (and services, if needed) that have demonstrated success with clients who have similar issues and needs. A filter and drop-down menu ensure that only families who are eligible and meet their needs are available for referrals. Using this list, the

case manager and the client can discuss which option would best help the client reach identified goals. Once this decision is made, the client would then be referred to the program.

Screening

In this model, if an individual or family identifies as needing housing, a short, HMIS-based screening is conducted. The tool screens for prevention/diversion, determines basic eligibility or housing and services, and identifies immediate needs. Eligibility for diversion or prevention activities is a key component of the initial screening process. By positioning these activities at the front door, more individuals would be diverted or prevented from entering the system without making additional phone calls and participating in additional assessments. Clients whose needs could best be served with these resources would then be referred to agencies with diversion or prevention resources.

The Vulnerability Index- Service Prioritization Assistance Tool (VI-SPDAT) is the Pre-Screening standard which assists in assessing the client's acuity and vulnerability in four (4) (for singles) or five (5) (for families) areas and recommends a housing solution based on the acuity score (which ranges from one (1) to twenty (20)). The tool is used to target the most acute and vulnerable clients into housing.

The VI-SPDAT's data points are collected and are made to be part of the client's record, which allow City Homeless Services Organizations Housing Navigators, Housing Providers, Supportive Services Providers, and other users to know the necessary information about the client to better serve them. It is important to emphasize that the VI-SPDAT is one part of the client's complete record, meaning the VI-SPDAT will be required to complete the client's full HMIS intake record once the client has engaged. It is not a separate assessment tied to a specific program (application). Additional data points currently in HMIS will be collected in additional Eligibility and Client Preferences Forms, to complete the client's full HMIS record.

Another important point to consider is the overlap between the current set of Program Entry questions (asked upon enrollment) and the VI-SPDAT, client Eligibility, and Client Preference Forms. Prior to the implementation of the VI-SPDAT and its additional components, this overlap should be examined to avoid creating duplicative processes and work.

Prevention/Diversion

On site at intake, the intake case manager is assigned to assess household's eligibility for prevention or diversion services. The Intake Case Manager determines whether the household has income but needs financial assistance to obtain housing, and or, needs assistance with staying in their homes.

Prioritization List

One of the most important functions after a common, Coordinated Assessment is the ability to keep a list of prioritized clients for housing and supportive services. As with the Pre-Screening, the list is a shared list prior to enrollment into the program (and therefore part of HMIS central intake), and will show the list of clients of all who have been screened. However, there is also a need to sort and filter the list by several different elements, to match the client's needs and eligibility to the appropriate program(s). There are two halves to this part of the process.

- Client's Eligibility and Preference.
- Program's Eligibility and Services Provided.

In order to have proper implementation of a matching mechanism in a prioritization list, the Glendale CoC Service Providers set up a list of eligibility criteria (including eligibility for various housing program types funded under all Continuum of Care and Emergency Solutions Grant Programs).

PSH Higher VI score most suitable for PSH Higher barriers to housing higher service needs

PH with Supportive services, lower VI score, more suitable for PH with SS, lower barriers to housing, lower service needs, expected to stabilize in permanent housing.

Individuals and families with higher barriers to housing, and higher service needs who are waiting to obtain another permanent housing subsidy (e.g., PSH).

Target population:

The Glendale Continuum of care centralized intake will serve all people experiencing homelessness with priority given to chronically homeless individuals/families, chronically homeless veterans, with a priority to those with the history of homelessness in Glendale.

Referrals

The Glendale CoC uses HMIS to document client referrals and linkages among CoC system programs (not just the initial entry point). In addition, the Glendale CoC will adopt policies outlining the acceptable reasons a client referred to a project can be rejected/denied access by that project.

- Referrals are managed within the context of a centralized waiting list for limited service or housing slots; and
- Referrals for available service and housing slots are made based on a CoC-defined prioritization process.

Unfilled Openings

Expected openings: When a provider is aware that a unit or bed will become available, the time from the unit being vacated to the time a new client moves in should not exceed **14 days**.

Unexpected openings: When a client leaves a unit or bed unexpectedly and/or without notice, the time from the unit being vacated to the time a new client moves in should not exceed **30 days**.

Database

HMIS system will be adapted to include the capability to support a centralized intake and assessment system for all populations with the exception of Victim Service Providers. A shared database would make information sharing among providers easier and more efficient. In addition, it would make a comprehensive analysis of the entire homeless system in the City of Glendale Continuum of Care Programs. The HMIS system will include the following information: HEARTH outcomes, assessments (VI-SPDAT), contacts tracked, program entry requirements, resolution of the crisis, reservation process, waitlist, placements and inventory. Shared data will illustrate to every provider how the systems are working, where improvements are needed, how agencies in the network are performing, and whether households are becoming stable. The Glendale CoC shared HMIS database will have agreements and standards for protections that allow use of the HMIS. The City of Glendale Continuum of Care agencies will have partner agreements that set policies and procedures regarding client confidentiality. Each participating agency must complete and comply with the HMIS Memorandum of Understanding between the Fiscal Agent, Lead Agency and the partnering agencies. Each individual HMIS user must complete and comply with the User Code of Ethics, Policy and Responsibility statements.

Evaluation

The City of Glendale Continuum of Care will conduct ongoing evaluations of the system's performance according to both HMIS data and client surveys. This information will be used to make system improvements and to inform model and strategy development.

The Glendale Continuum of Care partnering agencies **MUST AGREE TO THE FOLLOWING**

- Designate a representative to attend planning team/central intake meetings
- Designate representatives to attend referral meetings
- Share responsibility of taking complete/accurate meeting notes and distributing them
- Participate in the referral process
- Remain confidential



City of Glendale –Glendale Continuum of Care CA-612 Coordinated Assessment System

Coordinated Entry System - Program Overview

The US Department of Housing and Urban Development (HUD) requires every Continuum of Care (CoC) to form a Coordinated Entry System (CES).

CES is a Los Angeles County wide collaborative network that ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used efficiently and effectively. Centralized or coordinated process is designed to create a standard community method for program participant intake and screening, assessment, and provision of referrals for individuals and families seeking Homeless assistance.

A centralized or Coordinated Entry System is required by HUD to:

- cover the entire geographic area;
- be well advertised;
- include a comprehensive and standardized assessment tool;
- provide an initial, comprehensive assessment for housing and services; and
- include a specific policy to guide the operation of the Coordinated Entry System to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

Ascencia is the CES Lead for Spa 2 that includes the City of Glendale. Ascencia's Access Center has been designated as the agency responsible for the centralized/coordinated system that screens and directs clients to appropriate homeless housing and service providers in the area; a specialized team of case managers provide assessment services to providers within the Continuum of Care.

Purpose of the Coordinated Entry System

The purpose of CES policies and procedures is to provide guidance to the Glendale Continuum of Care providers regarding implementation of a centralized intake process. These policies and procedures will be incorporated, by reference, into Sub-recipient contract.

The Glendale CoC's CES Policy intends to:

- Establish a streamlined and uniform method of serving clients in need of housing crisis services, using a single point of entry model;
- Reduce burden on both client and provider by having a unified systemic approach to quickly identify, assess, and refer clients to the best intervention to meet clients' specific needs at first contact;
- Increase collaboration between agencies in serving client needs more effectively and efficiently; and
- Collect data on community trends of housing needs to better target limited resources.

Benefits of the Coordinated Entry System

Centralized or coordinated assessment systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

- Reducing the amount of phone calls and legwork clients have to do to get into a program;
- Closing side doors where households can get in ahead of households that have been waiting longer;
- Decreasing the amount of time housing providers spend processing requests for assistance;
- Increasing the amount of time they can spend on direct service; and
- Improved data collection and quality that allows for data driven decision making based on client-level needs.

Definitions and Terms

Defining Homelessness

Clients seeking assistance to prevent or end a Homeless episode must meet the following HUD definition of Homelessness in order to be eligible for any type of service. HUD has four categories of circumstances that define Homelessness.

1. **Literally Homelessness** – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - A primary nighttime residence that is a public or private place not meant for human habitation. These places are not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs);
 - An individual who is exiting an institution where he or she resided for ninety (90) days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. **Imminent Risk of Homelessness** - An individual or family who will imminently lose their primary nighttime residence, provided that:
 - Residence will be lost within fourteen (14) days of the date of application for Homeless assistance;
 - No subsequent residence has been identified; and
 - The individual or family lacks the resources or support networks needed to obtain other permanent housing.

3. **Unaccompanied youth** under twenty-five (25) years of age, or families with children and youth, who do not otherwise qualify as Homeless under this definition, but who:
 - Are defined as Homeless under the other listed federal statutes;
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the sixty (60) days prior to the Homeless assistance application;
 - Have experienced persistent instability as measured by two (2) moves or more during in the preceding sixty (60) days; and
 - Can be expected to continue in such status for an extended period of time due to special needs or barriers.

4. **Fleeing/ Attempting to Flee Domestic Violence.** Any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - Has no other residence; and

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

HUD's Definition for Chronic Homelessness

- A "Homeless individual with a disability," as defined in the Act, who:
 - o Lives in a place not meant for human habitation, a safe haven, or in an Emergency Shelter; and

- Has been Homeless (as described above) continuously for at least twelve (12) months or on at least four (4) separate occasions in the last three (3) years where the combined occasions must total at least twelve (12) months
- Occasions separated by a break of at least seven (7) nights
- Stays in institution of fewer than ninety (90) days do not constitute a break
- An individual who has been residing in an institutional care facility for fewer than ninety (90) days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been Homeless.

Guiding Principles and Practices for the Glendale CES

In accordance with the Los Angeles County Coordinated Entry System, the Glendale CES service and housing providers and systems partners work together to address homelessness in the City of Glendale. The CES guiding principles and practices are provided with respect, accountability, consistency and integration. The following sets of practices arise out of these guiding principles.

Promote Person-Centered Processes

We will use client choice and strengths-based approaches to inform options for services, housing, and referrals in order to respect the whole person without reducing him/her/them to their housing need alone. We affirm and employ culturally competent and evidence-based practices, recognizing the unique needs of each population and subpopulation we serve.

Increase Access and Reduce Barriers

All people deserve safe and stable permanent housing. We work toward that outcome by “screening in” participants for interventions that are right for them. We help create opportunities for people to succeed by focusing on their strengths and abilities, and by using Housing First and other evidence-based practices that recognize the autonomy of the person being served.

Strategically Prioritize Resources

We use strategic prioritization to ensure that people are connected to housing and services appropriate to their needs and eligibility, and to match those with the greatest needs to limited resources.

Ensure Consistency in CES Processes

All people in the Glendale CoC have fair and equal access to CES. All CES locations and methods offer the same assessment approach and referrals using uniform and transparent decision-making processes, promoting consistency and efficiency across providers and regions.

Integrate Services between Providers and Across Systems

Service providers and systems partners across LA County and the Glendale CoC create continuity for CES participants by aligning programs within and allocating resources throughout CES.

Collaborate and Coordinate Among All Stakeholders

Service providers and other stakeholders across LA County and the Glendale CoC share a mutual responsibility for system improvement, sharing resources and knowledge, and working collectively to end homelessness across the county.

Coordinated Entry System (CES) Program Elements

❖ Marketing and Outreach Strategy
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Affirmative Marketing Policy

The Glendale CES shall affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of specialized outreach in order to promote every individual’s full and complete participation in CES.

1. All promotional materials (both printed materials and digital media) describing CES services, processes, and policies shall include clear and concise language directly describing how CES processes are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of special outreach or accommodation.
2. CES participating agencies are required to market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of special outreach.
3. All CES participating agencies shall retain copies of marketing materials with evidence of affirmatively furthering fair and equal access to all CES processes. Copies of marketing materials shall be provided upon request by funders, partners, and participants in CES services.

❖ Access

Definition of CES Access

Access is the entry point or process that allows persons experiencing homelessness into the crisis response system. There are many ways for a person(s) experiencing homelessness to learn about and enter the Glendale CES.

Prior to attaining access, individuals or households might encounter a **referral partner** – an entity or agency that can direct a person experiencing a housing crisis to a CES access point. Examples of referral partners include medical providers, law enforcement, CoC partner agencies and the Public Library. Though referral partners may not be able to secure access for an individual or household, they play a critical, guiding role in moving those person(s) toward CES resources.

Participants are not required to engage with a referral partner to access CES and can instead bypass this step and directly go to the CES Lead.

CES Access Model

Glendale CES uses **four (4) systems (CES for Families, CES for Single Adults, CES for Youth and CES for Domestic Violence Survivors)** to allow for people to receive referrals through those agencies who are familiar with the CES system resources.

➤ **CES for Single Adults**

As the CES Lead for SPA 2, Ascencia is responsible for coordinating homeless services for individuals. Ascencia is located at 1851 Tyburn Avenue, Glendale, CA 91204. Once clients are referred to Ascencia for services, their trained and expert staff members coordinate the intake process which includes

1. Enrollment in SPA 2 Coordinated Entry,
2. Assessment of eligibility and need,
3. Intake, case management and connection to a CES housing subsidy, emergency shelter or permanent supportive housing.

A broad network of providers in the Glendale CoC in partnership with the Ascencia street outreach team identify single adults in need of homeless services and connect them to Ascencia where they can access housing and support services.

➤ **CES for Families**

The CES for Families in the Glendale CoC includes referral to partners with trained staff available to conduct initial screenings, such as L.A. Family Housing (referrals@LAFH.org) and 211 LA County (a 24-hour central phone system). After an initial screening, these partners may refer a family to one of the 8 regionally-based Family Solutions Centers (FSC). Each FSC serves as an Access Point, and utilizes the

same intake process and coordinates housing interventions to assist homeless families to stabilize their situation.

➤ **CES for Youth**

Youth experiencing homelessness require developmentally appropriate outreach and services in order to successfully access CES. Access Points include youth drop-in centers serving as hubs for homeless youth to access a range of ongoing services and supports. The CES entry point for Glendale youth between the ages of 14-24 is Village Family Services TAY Drop-in-Center. Referrals should be placed by phone at (818) 755-8786.

➤ **CES for Domestic Violence Survivors**

YWCA of Glendale is the CES entry point for families experiencing domestic violence. The YWCA Domestic Violence Services Center offers case management, legal assistance, counseling, resources, referrals and childcare to survivors and their children. The YWCA 24/7 Hotline (888-999-7511) is available and offers confidential support, crisis assistance, community referrals and information about other programs and services. Once assessed, qualified clients are referred to the YWCA Sunrise Village Emergency Shelter. The Shelter provides a temporary community living environment for women and their children whose safety is in immediate risk. Services offered include case management, crisis intervention and counseling services.

CES Access Policies

Ensuring Open Access Policy

The Glendale CES will operate in a manner that promotes fair and open access to all available housing and services within CES. The system shall afford all eligible persons access to CES processes regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, or limited English proficiency. Additionally, CES processes ensure all people experiencing homelessness in different populations and subpopulations including people experiencing chronic homelessness, veterans, families with children, youth, persons involved with the criminal justice system, and persons who are fleeing, or attempting to flee, domestic violence, sexual assault, dating violence, stalking, or other dangerous or life-threatening conditions including human trafficking, will have fair and open access to the coordinated entry process.

Domestic Violence Service Integration Policy

CES shall not create barriers to access for individuals and families who are fleeing, or attempting to flee, domestic violence, sexual assault, dating violence, stalking or other dangerous or life-threatening conditions including human trafficking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee these dangerous conditions will have safe, confidential, and immediate access to emergency services (when available) such as emergency shelter, crisis housing, referrals, counseling, supportive services, therapy and any other available victim services.

Street Outreach Integration Policy

Glendale CES ensures that persons encountered by street outreach workers who are CES Access Providers are offered the same standardized process as persons who access coordinated entry through site-based Access Points.

Emergency Services Integration Policy

Glendale CES ensures that its processes do not prohibit or create barriers to available emergency services such as emergency shelters.

Accessibility of Access Points for those with disabilities or Limited English Proficiency Policy

Glendale CES ensures that Access Points are accessible to all individuals, including those with disabilities and Limited English Proficiency (LEP) in compliance with all applicable Federal, State and local laws. All CES Participating Agencies serving as Access Points shall develop protocols for:

1. Ensuring that physical locations are accessible to individuals with disabilities, including for individuals who use wheelchairs and/or other mobility devices.
2. Ensuring access to effective communication with individuals with Limited English Proficiency and/or with disabilities by providing appropriate auxiliary aids and services (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters).
3. Ensuring that CES process materials and instructions are available in multiple languages to meet the needs of minority and ethnic groups, as well as people with Limited English Proficiency (LEP).
4. Ensuring accessibility to people with any disability by providing reasonable accommodations by making changes to general rules, practices, policies and procedures to make sure that persons have equal access.

❖ Assessment Tools and Protocols

Standard Assessment Process and Policies

Standard Assessment Process Policy

The Glendale CES will utilize a standardized assessment process. Although different CES subpopulations may use different assessment tools (e.g. VI-FSPDAT, CES Survey Packet, and HMIS Enrollment and Intake Packet), the tools within each subpopulation (families with children, adults, youth, and DV survivors) shall be consistent and follow a standardized process flow.

Client Refusal or Inability to Provide Assessment Information Policy

During the course of CES assessment, participants shall have the right to decline to provide assessment information, or may be unable to provide assessment information. CES providers shall make every effort to assess and resolve a participant’s housing crisis based on the information available. When the lack of a response limits the variety of referral options available, CES providers shall communicate to participants that complete and accurate responses could increase referral options.

Provider Training Policy

The Glendale CES shall provide training opportunities at least once annually to organizations and/or staff persons at organizations that perform an assessment role. The purpose of the training is to provide all staff involved in standardized assessments with instruction and materials that clearly describe the methods by which assessments are to be conducted in accordance with the CES written policies and procedures. The Glendale CoC provides HMIS support to all CES participating agencies.

❖ Prioritization

Prioritization Policies

Nondiscrimination Policy

The Glendale CES will not use data collected from the assessment process to discriminate against anyone. The Glendale CES will not prioritize individuals or households for housing and services on the exclusive basis of characteristics or protected classes outlined in the CES Nondiscrimination Policy.

Interim Housing Exceptions Policy

Interim housing will not be prioritized using criteria referenced in the *Prioritization Order Table*.¹

Determining Interventions Policy

The Glendale CES will, to the greatest extent feasible, identify and prioritize persons with the greatest service needs and levels of vulnerability (determined by CES Triage Tools, full SPDAT assessment, and/or case conferencing) for available and appropriate housing and homeless assistance before those with less severe needs and lower levels of vulnerability.

Prioritization Policy

The LA County CES uses a coordinated entry process to prioritize the highest need, most vulnerable persons and households experiencing homelessness for services within LA County that best fit stated needs in order to ensure strategic use of limited resources and the best possible outcome for participants. Prioritization is based on a specific and definable set of criteria that are documented, made

publicly available, and applied consistently throughout CES for all populations. These criteria are referenced in the *Prioritization Order Table (Exhibit 2)*.

❖ Referral

All organizations required to participate in CES will utilize the coordinated entry process as the only referral source to fill any program vacancies.

Nondiscrimination Referral Policy

Coordinated Entry participating agencies will ensure that no client is screened out due to possible barriers to services and comply with equal access and nondiscrimination provisions of Federal civil rights laws. In addition, coordinated entry staff and participating agencies will ensure that no clients are referred to any particular housing program because of race, color, national origin, religion, sex, disability, or the presence of children.

❖ Evaluation

The Glendale CES will be regularly evaluated to ensure quality, consistency, and effectiveness, and to identify areas for improvement. System performance metrics will be reviewed regularly, and a full evaluation of the system will be conducted annually by the CES administrator. The CES administrator will further ensure adequate privacy protections of all participant information collected during the evaluation process.

❖ Matching

Matching Participants to Housing and Services in the Glendale CES

The Glendale CES uses a coordinated process to match persons and households experiencing homelessness to appropriate housing resources and services. The Glendale CES maintains a centralized list of persons and households – prioritized in accordance with the criteria established by the CES Prioritization Policy – from which participants are matched to available housing opportunities and services.

All permanent supportive housing and rapid re-housing vacancies will be filled exclusively through the Glendale CES matching process unless otherwise designated by a funding administrator.

Matching Policies

Nondiscrimination Policy

The Glendale CES and all CES participating agencies comply with the equal access and nondiscrimination provisions of federal civil rights laws. The CES matching process is informed by federal, state, and local fair housing laws and regulations and ensures participants are not directed to or discouraged from any housing facility or neighborhood on the exclusive basis of characteristics or protected classes outlined in the CES Nondiscrimination Policy.

Declining a Match Policy

A CES housing resource provider may only decline a match for permanent supportive housing and rapid re-housing if the individual or household does not meet standard program eligibility requirements. Eligibility criteria must be documented and made available to the CES administrator.

Matching to Permanent Housing Resources Policy

The Glendale CES will match eligible clients to permanent housing resources, prioritizing in accordance with the criteria delineated in the *Priority Order Table (Exhibit 1)* in the *Prioritization Policy (Exhibit 2)*.

➤ Matching for Single Adults

a. **Adults in acuity group 1** will be matched to permanent supportive housing, subject to resource availability, unless an alternative housing intervention is recommended by staff or preferred by the participant.

b. **Adults in acuity group 2** will be matched to permanent supportive housing or rapid re-housing as determined by recommended housing intervention, participant choice, and resource availability.

c. **Adults in acuity groups 3 and 4** will be matched to rapid re-housing, subject to resource availability. a. Youth and families with children in acuity group 1 will be matched to permanent supportive housing or rapid re-housing as determined by recommended housing intervention, participant choice, and resource availability.

➤ Matching for Youth and Families

Youth and families with children will be matched to permanent housing resources pursuant to the following:

a. **Youth and families with children in acuity group 1** will be matched to permanent supportive housing or rapid re-housing as determined by recommended housing intervention, participant choice, and resource availability.

b. **Youth and families with children in acuity groups 2, 3, and 4** will be matched to rapid re-housing, subject to resource availability.

In instances in which the circumstances of an individual case necessitate an exception to this policy, exceptions may be made through case conferencing.

Participant Choice Policy

The Glendale CES supports participant choice in the matching process. Prioritized participants who decline a match remain prioritized for available housing resource for which they are eligible in accordance with the Prioritization Policy.

Matching Participants with Disabilities to Fully Accessible Units Policy

The Glendale CES will ensure housing units with features designed for mobility and/or hearing/vision disabilities are matched to participants who need these features. Housing providers must indicate units' mobility and hearing/vision accessibility features when reporting a housing vacancy. Fully accessible vacant units will be matched to participants who need the mobility and/or hearing/vision features of these units.

If a fully accessible unit is not available, participants with disabilities will be offered any other housing resource for which they are eligible and prioritized. Participants with disabilities who choose to accept a housing resource which is not fully accessible will be able to be transferred to a fully accessible unit when one becomes available. Participants with disabilities also have the right to reasonable accommodations and modifications in any housing placement.

❖ Data Management

HMIS

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Glendale CES will use HMIS because the system has the capability to provide centralized intake and assessment for all populations with the exception of Victim Service Providers. A shared database would make information sharing among providers easier and more efficient. In addition, it would make a comprehensive analysis of the entire homeless system in the City of Glendale Continuum of Care Programs.

The Glendale CoC shared HMIS database will have agreements and standards for protections that allow use of the HMIS. The City of Glendale Continuum of Care agencies will have partner agreements that set policies and procedures regarding client confidentiality. Each participating agency must complete and comply with the HMIS Memorandum of Understanding between the Fiscal Agent, Lead Agency and the partnering agencies. Each individual HMIS user must compete and comply with the User Code of Ethics, Policy and Responsibility statements.

