

GOVERNANCE CHARTER

***Midlands Area Consortium
for the Homeless***

Updated 2/14/19





United Way
of the Midlands

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Section I – Governance

By-Laws (Adopted 4/20/04; Amended by resolution 09/15/17)

ARTICLE I

NAME OF ORGANIZATION, PURPOSE AND OFFICES

Section 1.1 The names of the organization shall be the Midlands Area Consortium for the Homeless, Inc., hereafter referred to as the “Consortium.”

Section 1.2 The mission of MACH is to expand capacity to address Homelessness within the South Carolina counties of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland and York (such counties collectively, the “MACH Service Area”).

Section 1.3 The known place of business of MACH (the “Principal Office”) shall be initially located in Columbia, South Carolina. The Board of Directors is hereby granted full power to change the Principal Office from one location to another within the MACH Service Area.

Section 1.4 The consortium is organized and shall be operated as a non-stock, not for profit Membership Corporation organized pursuant to Section 33-31-302 of the South Carolina Code of Laws, as amended.

ARTICLE II

MEMBERSHIP

Section 2.1 Membership within the Midlands Area Consortium for the Homeless is not restricted in any manner. Membership is open to organizations, agencies, and individuals that share the vision of service to our communities within the South Carolina counties of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York.

Section 2.2 To participate and/or receive voting rights, services, and other benefits through the Midlands Area Consortium for the Homeless, a member, organization/agency, or individual must attend a minimum of fifty percent (50%) of scheduled meetings during the prior twelve months. Attendance at any local level homeless coalition meeting may be used to satisfy the fifty percent meeting attendance requirement. Any organization or agency will only be allowed one vote on any voting matter.

There will be two classes of members of the MACH, individual and organizational membership.

Individual members will represent themselves and not any particular organization or group. The dues for individual members are \$25 per calendar year. Individual Members, not associated with an agency are voting members of the MACH.

Organizational members are open to any organization within the MACH service area. The dues for organizational members are \$100 per calendar year. Organizational members are voting members of the MACH. Two members of the organization shall be identified by the organization as members of the MACH. Organizations have one vote to cast in any matters that require a vote.



Dues are due and payable in January of each year. Voting, as well as, applying for funding through the MACH is contingent upon the receipt of the dues payment by the MACH.

Each Continuum of Care funded agency will contribute annually to support the infrastructure of MACH.

ARTICLE III

DIRECTORS

Section 3.1 The initial Board of Directors shall consist of not less than seven (7) and no more than fifteen (15) in number. Initially, two (2) members of the Board of Directors shall serve for a term of one (1) year: three (3) members of the Board of Directors shall serve for a term of two years: two (2) members of the Board of Directors shall serve for a term of three (3) years. Except as otherwise provided for filling vacancies, all directors shall be chosen by a plurality of the votes cast in such election. Upon completion of the initial term of service, Directors shall serve for a term of three (3) years. Current members of the Board of Directors shall be eligible for election for one consecutive term of service.

Section 3.2 Vacancies occurring in the Board of Directors may be filled for the unexpired term at any regular meeting of the Board of Directors, or at any special meeting thereof called for that purpose, by a vote of the remaining directors entitled to vote on such question. Wherever possible, the Board of Directors will be comprised of individuals representing all geographic areas of the Consortium, but shall consist of not less than thirteen (13) or more than twenty-one (21) in number.

Section 3.3 Directors shall not receive compensation for their services as directors and/or as members of committees.

Section 3.4 A Director representing the Consortium at any meeting that is in accordance with the approved budget of the Consortium may be allowed any proper expenses incurred in attending such meetings. Any non-budgeted expense requires advance approval of the executive committee of the Board of Directors.

Section 3.5 The Board of Directors must include a non-voting member representing the CoC Collaborative Applicant/HMIS Lead.

Section 3.6 The Board of Directors must include a homeless or formerly homeless person as a regular member.

Section 3.7 Pursuant to Section 33-31-808(i) of the South Carolina Code of Laws, as amended, the Board may, upon the affirmative vote of a majority of the Directors then in office, remove from the Board a Director who misses three consecutive Board meetings.

ARTICLE IV

OFFICERS

Section 4.1 The Board of Directors shall elect from its number a Chairperson of the Board. It likewise may elect one or more Vice-Chairpersons, a Treasurer and a Secretary. All officers shall serve at the pleasure of the Board of Directors for a term of one year and can serve a maximum of two consecutive terms in the officer position. The Board of Directors may create such other offices as it may determine



and appoint officers to fill such offices; fill vacancies in any office; delegate to one or more officers any of the duties of any officer or officers; and prescribe the duties of any officer.

Section 4.2 The executive committee, consisting of the Chairperson, Vice-Chairperson(s), Secretary, Treasurer and Collaborative Liaison Representative, shall have and may exercise, when the Board of Directors is not in session, all the powers of the Board of Directors with reference to the conduct of the business of MACH. Expenditure of funds on behalf of MACH must be acknowledged by signature of at least two of the four members of the executive committee.

Section 4.3 The Board of Directors shall fix the salary or compensation of the chief staff person.

Section 4.4 The chairperson of the board shall be the chief executive officer of the Consortium and shall have responsibility for the general direction of the affairs of the Consortium, except as otherwise prescribed by the board. He/She shall preside as chairperson at all meetings of the Consortium.

Section 4.5 All officers must be members in good standing and actively involved in Consortium activities for at least one year prior to nomination to the Board of Directors.

Section 4.6 Directors shall be elected at the Annual Meeting of the Consortium.

ARTICLE V

FISCAL YEAR

Section 5.1 The fiscal year of the Midlands Area Consortium for the Homeless shall be January through December.

ARTICLE VI

MEETINGS

Section 6.1 The Board of Directors shall hold a regular meeting during each quarter of the year at such time and place as the board may prescribe.

Section 6.2 Special meetings of the Board of Directors may be called by the Chairperson of the Board, or, in his/her absence or incapacity, by the Vice-Chairperson. The secretary shall provide notification to members of the Board of Directors of special meetings of the Board of Directors when requested in writing to do so by any three members thereof, or when ordered to do so by the executive committee.

Section 6.3 All meetings of the Board of Directors shall require a quorum of a simple majority of the total number of directors.

Section 6.4 Regular meetings of the executive committee may be held without call or notice at such times and places as the executive committee from time to time may fix. Other meetings of the executive committee may be called by any member thereof either by oral, electronic, or written notices not later than the day prior to the date set for such meeting.

Section 6.5 At any meeting of the executive committee three members shall constitute a quorum. Any action of the executive committee to be effective must be authorized by the affirmative vote of a majority of the members thereof present.



Section 6.6 Regular meetings of the general membership of MACH shall, in respect of each fiscal year, be established at the final general membership meeting of the immediately preceding fiscal year. Except as otherwise provided by law, written notice of each meeting of the members, annual or special, stating the place, date and hour of the meeting and, in the case of a special meeting, the purpose or purposes for which the meeting is called, shall be given not less than ten nor more than sixty days before the date of the meeting, to each member entitled to attend such meeting.

Section 6.7 The annual meeting of the Consortium (the “Annual Meeting”) shall be held in the last calendar quarter of each fiscal year unless otherwise determined by the Board. The purpose of the Annual Meeting shall be to receive annual reports from the Standing and/or Special Committees, elect Directors to the Board and conduct any other appropriate business.

Section 6.8 The secretary shall keep the minutes of the meetings of the Board of Directors, the executive committee and general membership and cause them to be recorded in a book kept at a designated location for that purpose. These minutes shall be presented to the Board of Directors at their next regularly scheduled meeting.

ARTICLE VII

PARLIAMENTARY AUTHORITY

Section 7.1 The rules contained in the current edition of Robert’s Rules of Order Newly Revised shall govern the procedures of the Board of Directors where applicable and in which they are not inconsistent with these by laws or any special rules or procedures of the Consortium.

ARTICLE VIII

AMENDMENTS

Section 8.1 These by-laws may be altered or amended by the Board of Directors at any meeting, with a fifteen day notification, by the affirmative vote of a majority of the Board of Directors. Any such alteration or amendment must be ratified by the membership of the Consortium.

ARTICLE IX

Dissolution

Section 9.1 Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of sections 501 (c)(3) of the Internal Revenue Code, it shall be distributed to the Federal Government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organization, as said court shall determine, which are organized and operated exclusively for such purposes.

Section II – Procedures

Ranking for the Annual HUD Application

- All HUD Continuum of Care grantees must be members of the Coalition
- Annual MACH funding priorities are determined by reviewing:

- Annual HUD Notice of Funding Availability stated priorities
- Results of MACH performance evaluation
- Agency capacity to administer grants programmatically and financially
- Impact of grant on Continuum of Care
- Overall program and organization sustainability
- The Collaborative Applicant will create a timeline and Grantee requirements that adhere to the NOFA's requirements and scoring criteria.
- During the competition, Grantees must comply with stated deadlines and requirements of MACH and HUD's NOFA.
- If a ranking is required, the ranking will be determined by an independent committee appointed by the board.
- The Collaborative Applicant is required to use the approved ranking in the Consolidated Application Priority Ranking Process.
- The final Ranking and Consolidated Application will be available for public review.

Reallocation Procedures

Collaborative Applicants have the ability to reallocate SSO, TH, or PH projects to create new permanent supportive housing, rapid re-housing, or HMIS projects. Through reallocation, CoCs can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are scarce. Therefore, MACH has created the following policy to align with HUD and HEARTH Act policy guidance; to be performance-based as specified with the annual HUD NOFA; and finally, based upon performance metrics of existing projects. Just as HUD's guidelines determine the program focus targeted in each CoC competition, MACH's reallocation decisions will similarly be driven by this focus, with additional emphasis on local needs, data and use of a common assessment tool.

Reallocation Process and Procedure

The MACH Ranking Committee understands and acknowledges that through the reallocation process very valuable projects may be defunded. Also, the MACH Ranking Committee desires to have a reallocation process that will ensure that projects submitted in the CoC Consolidated Application best align with the HUD CoC funding mechanism's priorities and contribute to a competitive application that collaboratively secures these dollars to improve our community. The MACH Ranking Committee seeks to make data-driven decisions based on information gathered from the common assessment tool and other HUD-recommended data tools. This does not mean that the MACH Ranking Committee does not value reallocated projects or the diversity of programs in our community. Rather, the MACH Ranking Committee anticipates that most reallocated projects will seek funders with priorities better suited to cultivate the unique contributions these projects make to our community that HUD's CoC funding mechanism is not designed to recognize. There will be two ways that currently-funded NOFA projects will be reallocated: Voluntary Reallocation or Involuntary Reallocation.

Voluntary Reallocation



Currently-funded NOFA project applicants interested in voluntarily reallocating should notify the MACH Ranking Committee in writing of their intent by the due date of HUD's Grant Inventory Worksheet (GIW). The GIW will serve as MACH Ranking Committee's tool to identify Project Applicants' intent to reapply for CoC funding.

For purpose of voluntary reallocated project funding, strong preference will be given to those organizations that voluntarily apply to reallocate projects, and especially for those within a compliance period.

Involuntary Reallocation

The MACH Ranking Committee will consider involuntary reallocation as appropriate and as necessary per results of the MACH Board approved Grantee Evaluation Process. The MACH Ranking Committee will establish a threshold percentage of project scoring reflected in the MACH Grant Evaluation Instrument. Project Applicants who do not meet threshold for the year will be notified that they will be responsible for completing a Corrective Action Plan. In addition, those who do not meet threshold will be reviewed by the MACH Ranking Committee for determination on reallocation. The MACH Ranking Committee shall seek feedback from MACH staff, explore previous years' performance, interview project staff, and seek guidance from HUD when making the decision to involuntarily reallocate a project.

Summary

The reallocation process will occur in a transparent, universal, and performance-based manner. This Reallocation Policy and Procedure incorporates the following general objectives:

To ensure the CoC's responsibility in submitting to HUD an application that is consistent with HUD guidelines and the HEARTH ACT; To ensure the amount to be reallocated is sufficient to fund effective PH program(s).

Continuum of Care Performance Monitoring

As a HUD Continuum of Care, MACH is required to monitor grantee performance annually. MACH's Data and Evaluation Committee has outlined the following process for 2018:

PROCESS

- MACH will use staff from the Collaborative Applicant (United Way of the Midlands) to conduct grantee monitoring. In addition, members of MACH's executive committee and Evaluation committee will be invited to participate in all monitoring visits. Finally, a Peer Reviewer will be matched for each visit. The purpose of including a Peer Reviewer is to promote process transparency and increase interagency networking and collaboration.
- Site visits to programs are used to develop a more complete understanding of the agency, housing offered, and condition of the property.
- Collaborative Applicant staff will randomly select a minimum of 3 client files to review.
- Collaborative Applicant staff, Grantee, and Peer Reviewer are encouraged to work together to complete the Monitoring Instrument so the responses are agreed upon.



- Only renewal projects included on the 2018 Grant Inventory Worksheet that operated during the 2017 fiscal year will be included in the Monitoring process (in other words – new 2017 grants or grants not renewed by HUD in 2017 will not be included in the Monitoring).

DOCUMENTATION

- Grantee should submit the following supporting documentation to the Peer Reviewer and designated UWM staff **prior** to the scheduled Monitoring visit:
 - Most recent HUD Annual Performance Report (APR)
 - Copy of APR acceptance/approval from HUD
 - HMIS Client ID for all clients housed through grantee (HUD funded only)
 - Address of all HUD funded housing units
 - Program eligibility criteria
 - HUD monitoring letter dated within the last twelve months, if applicable

MACH Grant Evaluation Scoring Form

Overview

In the mid-1990's the U.S. Department of Housing and Urban Development (HUD) developed the Continuum of Care (CoC) process to address issues of homelessness. Local communities form coalitions to apply for HUD funding and implement CoC requirements. The local homeless coalition in the Midlands is called the Midlands Area Consortium for the Homeless – known as 'MACH'. MACH is an all-volunteer coalition charged with carrying out federally mandated activities in order to be eligible to apply for HUD funding each year through a national competition. MACH agencies currently have almost \$4.3 million in HUD grants for housing programs through this CoC process. In 2012, one-year HUD renewals totaled over \$2.3 million.

Instructions

Grants will be scored on a 100 point system. As a peer reviewer, the review agency should provide their most recent APR. HMIS staff will provide an annual scorecard. During the visit, peer reviewers should also discuss non-scored areas such as timeliness of spending, program challenges, and program successes.

2018 MACH Grant Monitoring Instrument

Please base responses on your most recent APR submitted unless otherwise noted.

Name of Reviewers and Staff _____

Date of visit _____

Section I – General Information

Name of Agency:

Contact:

Email:

Phone:

Name of CoC-funded Program:

Grant Number:

Program Start and End Dates:



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Date most recent APR submitted to HUD:

Grant Amount:

Grant Amount/Percentage Expended at Closeout:

If not fully expended, please explain:

Amount of match reported in APR:

Cash:

In-kind:

Does the amount of both match and leveraged resources equal or exceed the amount committed in the original HUD application? Circle: YES or NO

Total Number of Persons Served:

(Categories may overlap)

Number of single individuals:

Number of families:

Number of single individuals with
disabilities:

Number of families with disabilities:

Number of chronically homeless
individuals:

Number of chronically homeless families:

Total Number of Housing Units Assisted:

Scattered site:

Number of 1 BR

Number of 2 BR

Number of 3 BR

Number of 4 BR

Shared housing:

Number units:

Number of beds:

Single family/duplexes/townhomes:

Number of units:

Number of beds:

Section II – HUD Housing Performance - Maximum points available = 35 points

HOUSING STABILITY – information found in the most recently submitted APR

Scoring Element	0	1	2	3	4	5
Client stability in housing	n/a	<70%	71-81%	82-86%	87-94%	95%+
Points						

Housing stability = _____ (points assigned above) X 7 = _____ Total weighted points

Section III – HUD Income Performance - Maximum points available = 35 points

MAINTAIN or INCREASING INCOME - information found in the most recently submitted APR (20 pts.)

Scoring Element	0	1	2	3	4	5
Client increase in earned income through employment/SSI or SSDI Standard of Living Increase	n/a	<10%	11-19%	20-42%	42-50%	51%+
Points						
Client increase in income through accessing entitlement benefits	n/a	<25%	26-49%	50-59%	60-69%	70%+
Points						

Employment = _____ (points assigned above) X 4 = _____ Total weighted points

Benefits = _____ (points assigned above) X 4 = _____ Total weighted points

The **highest score** should be used for the final point allocation for this section.

INCREASING INCOME - information found in the most recently submitted APR (15 pts.)

Scoring Element	0	1	2	3	4	5
Client increase in earned income through employment/SSI or SSDI Standard of Living Increase	n/a	<10%	11-19%	20-42%	42-50%	51%+
Points						
Client increase in income through accessing entitlement benefits	n/a	<25%	26-49%	50-59%	60-69%	70%+
Points						

Employment = _____ (points assigned above) X 3 = _____ Total weighted points

Benefits = _____ (points assigned above) X 3 = _____ Total weighted points

The **highest score** should be used for the final point allocation for this section.

Combine the scores for the 2 items above for the Total Weighted Points for Section III: _____

Section IV – HMIS Data Completeness – Maximum number of points = 5 pts

HMIS DATA COMPLETENESS – from the current year HMIS score card (to be provided by UWM staff)

Scoring Element	0	1	2	3	4	5
Score from HMIS Report	85% or less	86-90%	91-96%	97-99%	100%	

Points	0	1	2	3	5	
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Data quality = _____ (points assigned above) X 1 = _____ total weighted points

Section V – Bed Utilization Rates – Maximum number of points = 25 points

BED UTILIZATION - information found in the most recently submitted APR

Scoring Element	0	1	2	3	4	5
Average daily bed utilization	<50%	51-60%	61-85%	86-92%	93-96%	≥97+%
Points						

Bed utilization= _____ (points assigned above) X 5 = _____ total weighted points

Section VI – Prioritization

This section monitors the agency's implementation of MACH's Prioritization of the most vulnerable for housing. Responses are based on housing placements since October 1, 2016 and/or last 3 housing placements.

- Do all clients enrolled in the CoC funded program, since October 1, 2016, have a VI-SPDAT? **No – minus 5 points**
- For the agency's three most recent housing placements, did the agency comply with the MACH Prioritization Policy to identify and place potential clients? **No – minus 3 points per placement**
- For the agency's three most recent housing placements, does HMIS documentation reflect prioritization was followed correctly? This includes documentation for any clients that were higher on the prioritization list and were not housed. **No – minus 5 points per placement**
- Does the agency consistently participate in Permanent Supportive Housing or Rapid Rehousing Case Conferencing? **Non-Scoring Item**

Total points deducted = - _____

Section VII – Property Condition

Did the agency provide a Housing Quality Standards inspection for each unit that occurred within the last 12-months? **No – Minus 3 points**

Upon review, were the units in acceptable condition? Describe:

Total points deducted = - _____

Section VIII – HUD/HEARTH Priorities

	Points	Points Assigned
Program is dedicated to serving chronically homeless people	+5	
Lacking consumer representation on Agency Board or Governing Body	-5	
HUD Monitoring Findings (past 12 Months) Number of Findings: _____	-3 per Finding	
Agency has written standards reflecting Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs	-1	

Agency has written standards reflecting adoption of Preventing Involuntary Family Separation	-1	
Total Points		

Section IX – Participant File Review

Participant File Review will be a total of 30 points. Three different randomly selected files will be reviewed and scored independently (each file is worth 10 points). For each file review Program Eligibility will be a total of 6 points, Participant Income Documentation will be worth 2 points, and Supportive Services/Termination will be worth 2 points.

PROGRAM PARTICIPANT FILE RECORDKEEPING	Rec 1	Rec 2	Rec 3	COMMENTS
HMIS Client ID				
Program Eligibility				
A. Do the records demonstrate that the recipients/sub recipient followed the written intake procedures? [24 CFR 578.103(a)(3); 24 CFR 576.500(b)]				
B. Do the records contain:				
1. Documentation that program participant has been screened via centralized assessment system and determined eligibility for CoC Program assistance				

<p>2. Documentation for verification of homeless status:</p> <ul style="list-style-type: none"> a. a written referral by another housing or service provider; b. a printed record from HMIS or a comparable database used by a victim service provider or legal service provider; c. a written observation by an outreach worker of the conditions where the individual or family was living; or d. written certification by the individual or head of household seeking assistance? <p>Qualified as homeless because they were exiting an institution where they resided for 90 days or less, and had resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (<i>file must document both</i>)</p> <ul style="list-style-type: none"> e. discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution, or f. a written record of the intake worker's due diligence in attempting to obtain the information above and a written certification by the individual seeking assistance that stated he or she is exiting (or has just exited) the institution where he or she resided for 90 days or less? <i>Note: Intake workers must document the content of oral statements. Where the intake worker is unable to contact an appropriate official, the intake worker must documents his/her due diligence in attempting to obtain a statement from the institution.; and</i> g. a written referral by another housing or service provider; or h. a printed record from HMIS or a comparable database used by victim 				
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<p>service providers or legal service providers; or</p> <p>i. a written observation by an outreach worker of the conditions where the individual or family was living; or</p> <p>j. written certification by the individual or head of household seeking assistance?</p> <p>For youth and families who qualified under paragraph (3) of the homeless definition, does a review of the program participant files confirm that the unaccompanied youth or family with children and youth met the homeless definition of another federal statute as evidence by a certification of homeless status signed by the local private nonprofit organization or state or local governmental entity responsible for administering assistance under that statute</p> <p>k. Or other type of homeless documentation in 24 CFR 578</p>				
<p>3. Are program participants coming from the target population identified in the grant application; e.g. mental illness, etc.?</p>				
<p>4. Does the file include verification of the participant's disability? [For Permanent Supportive Housing]: (a) Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently; (b) written verification from the Social Security Administration; (c) the receipt of a disability check (ex., Social Security Disability Insurance check or Veteran Disability Compensation); (d) intake staff-recorded observation of disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence</p>				

in paragraph (c)(1), (2), (3), or (4) of [24 CFR 578.37(a)(i); 24 CFR 578.103(a)]				
Participant Income Documentation				
5. Documentation for all sources of income				
6. Summary of steps taken to verify that the participant does not receive other subsidies for rent. Utilities. etc.				
7. Documentation of search in HMIS for duplicative services AND prior rental/utility assistance to ensure maximum number of over payments are not exceeded.				
8. Does the file contain documentation of total adjusted income and rent calculation? Annual re-certification?				
9. Where an occupancy charge or rent was charges to a household, do records confirm that the recipient or its sub recipient retained the following documentation of annual income: a. Income evaluation form completed by the recipient; [24 CFR 578.75(h);24 CFR 578.103(a)(17)] 1. a. b. source documents for the assets held by the program participant and income received before the date of the evaluation (e.g., most recent wage statements, unemployment compensation statement, public benefits statements, bank statement); [24 CFR 578.103(a)(6)(ii)] c. if source documents were unavailable, a written statement by the relevant third party or the written certification by the recipient's intake staff of the oral verification by the relevant third party of the income the program				

<p>participant received over the most recent 3-month period; or [24CFR 578.103(a)(6)(iii)]</p> <p>d. if source documents and third party verification were unavailable, the written certification by the program participant of the amount of income that the program participant was reasonably expected to receive over the 3-month period following the evaluation? [24 CFR 578.103(a)(6)(iv)]</p>				
10. Are the most recent income FMR and Rent Reasonableness guidelines being used?				
Supportive Services/Termination				
11. Are all records regarding the program participant centrally located?				
12. Evidence that Race and Ethnicity data is tracked according to federal reporting requirements.				
13. Documentation supporting that CoC Program assistance has ended, that the household is no longer in need of services, and household has been exited out of HMIS. (if applicable)				
D. Did the recipient provide supportive services for residents of the project and homeless persons using the project – to the extent practicable, which may be designated by the recipient or participant? (If Applicable) Do the records include:				
1. Program intake/eligibility documentation; e.g. participant application. executed release of information forms, etc.				
2. Identification; e.g. government issued proof of citizenship: birth certificate, social security card, driver license, passport				
3. HMIS Consent to Release Information Form signed by both client and staff				

4. Is there a completed HMIS Entry/Exit form in the file (or other like form)? Is exiting data completed if the case is closed?				
5. Evidence of referrals to mainstream resources, etc.				
6. Copy of household budget and budget goals (only for applicable programs)				
14. Documentation for termination if the participant has been terminated from the program. Must include at least the following:				
a. The program participant's receipt of written program rules and the termination process before the participant began to receive assistance;				
b. The program participant's receipt of written notice containing a clear statement of the reasons for termination;				
c. A review of the decision, in which the program participant was 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				
d. The program participant's receipt of prompt written notice of the final decision?				

Section X - Additional questions (non scoring)

Describe the grantee agency's programmatic capacity to administer the HUD grant(s).

Describe the grantee agency's financial management capacity to administer the HUD grant(s).

In times of limited federal funding, can the grantee utilize non-CoC funding sources for all or a portion of the grant?

Totals for scoring categories - Transfer weighted points from sections to chart below:

Section #	Section Name	Maximum Points	Weighted Points
II	Housing Performance	35	
III	Income Performance	35	

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IV	HMIS Data Completeness	5	
V	Bed Utilization Rates	25	
VI	Prioritization	+/-	
VII	Property Condition	+/-	
VIII	HUD/HEARTH Priorities	+/-	
IX	Participant File Review	30	
	Total		

Scoring Definitions: Max Points = 135/Score adjusted to 100 point scale.

60 or below = Needs Improvement (corrective action plan required)

61-88 = Meets Expectations

89+ = Exceeds Expectations

Performance Evaluation of Emergency Solutions Grantees

Local Emergency Solutions Grant (ESG) funds are administered by the South Carolina Governor's Office of Equal Opportunity (OEO) as part of the State of South Carolina's Consolidated Planning process of the Department of Commerce. OEO has full-time staff dedicated to monitoring ESG recipients.

On 9/25/13, OEO agreed to the following monitoring and process for feedback into ESG allocations:

- MACH will provide annual feedback into resource allocation categories
- MACH will provide certification that local agencies may apply for ESG funds and the intended work in their applications meet a local need
- Once OEO awards funds, a listing of grantees will be provided to MACH
- MACH will be notified by OEO if grantees are found to have significant capacity or monitoring issues. Agencies with continued grants management or performance issues will not receive certification to apply for subsequent rounds of funding.

2019 Point-In-Time Count Methodology

Midlands Area Consortium for the Homeless partners with the other three Continuums in the state to conduct the Point-In-Time count (PIT) utilizing the same methodology. The following methodology was proposed and approved by a planning committee from the South Carolina Interagency Council on Homelessness. Three staff members from the collaborative applicant (United Way of the Midlands) were active members of the planning committee.

- **Date and Time** – In compliance with HUD Guidance, the date selected for the 2019 PIT Count is January 23, 2019. As with previous years this will be the 'night of reference' for the count and data collection will continue through Sunday, January 27, 2019.

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- **PIT Count Form** – The HUD-provided template will be adapted by the State Interagency Council on Homelessness PIT Count Planning Committee to serve as the 2019 PIT Count survey.
- **Sheltered Count** – The sheltered count will use a census style count of all individuals and families who are residing in emergency shelter, Safe Haven, and transitional housing projects on January 23, 2019. As stated in HUD Guidance, *“Rapid re-housing (RRH) is considered permanent housing. However, enrollment in RRH does not mean a household is permanently housed. Homeless households currently residing on the street, in an emergency shelter, Safe Haven, or transitional housing project, but who are also enrolled in a RRH program and awaiting placement should be counted based on where they resided on the night of the count. For example, a person residing in an emergency shelter and being assisted by an RRH project to obtain housing must be counted in the PIT count for emergency shelter. RRH assisted households who are still unsheltered on the night of the count (e.g., staying in an encampment and being assisted by a RRH project to obtain housing) must be included as part of the unsheltered count.”*
- **Unsheltered Count** – The unsheltered count will use a census style count of all individuals and families who are unsheltered on January 23, 2019, as defined by 24 CFR 578.3 of the Homeless Definition Final Rule: *“An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.”*
- **VI-SPDAT** – When beneficial, PIT count participants will participate in South Carolina’s common assessment tool, the VI-SPDAT. The VI-SPDAT will only be collected by individuals who have been trained to administer the assessment.

All MACH PIT Count activities are governed by the following **Point in Time Count Standards**, which are provided by HUD as the minimal standards that must be in place to conduct the count.

1. CoCs are responsible for planning and conducting, at least biennially, a PIT count of homeless persons within the geographic area that meets HUD’s requirements.
2. The sheltered and unsheltered PIT counts must be conducted during the last 10 days in January and represent all homeless persons who were sheltered and unsheltered on a single night during that period.
3. The final PIT count methodology must be approved by the CoC in accordance with the CoC’s governance charter.
4. All CoCs should consult and collaborate with all Con Plan jurisdictions in the geographical boundary of the CoC, including those that do not have ESG funding, to assist the jurisdictions in submitting PIT count data that is relevant to completing their Con Plans.
5. CoCs must provide PIT count data to the entity(ies) responsible for the Con Plan jurisdiction(s) associated with the CoC.
6. CoCs must account for and report on all sheltered homeless people residing in the CoC through a census (complete coverage) or one or more sampling and extrapolation methods that are consistent with HUD standards and guidance. HUD will evaluate the nature and basis for estimation and extrapolation of CoCs’ sheltered count in the annual CoC Program Competition.

7. CoCs must be able to verify that the sheltered homeless people identified in the count are sheltered on the night designated for the count, as defined at 24 CFR 578.3 of the **Homeless Definition Final Rule**: “An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).”
8. CoCs should use client data already collected and entered in HMIS as the primary data source for the sheltered PIT count for emergency shelter, Safe Haven, and transitional housing projects that participate in HMIS.
9. CoCs must account for and report on all unsheltered homeless people residing in the CoC’s geography through a census (complete coverage) or one or more sampling and extrapolation methods that are consistent with HUD standards and guidance. HUD will evaluate the nature and basis for estimation and extrapolation of CoCs’ unsheltered count in the annual CoC Program Competition.
10. CoCs may exclude geographic areas where the CoC has determined that there are no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts). CoCs must document the criteria and decision-making process used to identify and exclude specific geographic areas.
11. CoCs must be able to verify that the unsheltered homeless people identified in the count are unsheltered on the night designated for the count, as defined at 24 CFR 578.3 the **Homeless Definition Final Rule**: “An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.”
12. CoCs must ensure that during the PIT count homeless persons are only counted once. It is critical that the counting methods be coordinated to ensure that there is no double-counting. Therefore, CoCs must also collect sufficient information to be able to reliably de-duplicate the PIT count (i.e., ensure that the same homeless person was not counted more than once).
13. Surveys of people for the sheltered or unsheltered count must be administered in a manner that protects participant privacy and safety, as well as the safety of the person completing the survey.
14. CoCs are required to ensure that people conducting the PIT count, including project staff and community volunteers, are appropriately trained about count standards, data collection procedures, and protocols for privacy, security, and personal safety.

Section III – Policies

Board of Directors Code of Ethics Policy (Approved 2/15/13)

The Midlands Area Consortium for the Homeless (MACH) strives to end homelessness by making a difference in the lives of people who are experiencing homelessness. The MACH was founded in 1994. The MACH serves the counties of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York.

The MACH is comprised of over 60 agencies and is led by a Board of Directors. The MACH addresses

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homelessness by promoting collaboration and planning among state and local governments, corporate and non-profit organizations, and faith-based entities that support individuals and families in their quest to move from homelessness to housing.

The MACH provides resources for information sharing and advocacy. MACH member agencies provide a variety of services including: emergency, transitional, and permanent housing, supportive services, legal services, job training, transportation, medical and dental care, substance abuse and mental health programs, child care, and rent and utility assistance.

The MACH is committed to the highest ethical standards. Based on the unique trust placed in the MACH to serve the homeless in its member counties, we have a special obligation to act ethically. The success of the MACH and our reputation depend upon the ethical conduct of everyone affiliated with the organization.

The MACH Board of Directors and its officers must set an example for each other by their pursuit of excellence in high standards of performance, professionalism, and ethical conduct. This Code of Ethics is based upon our mission and fundamental values.

1. Personal and professional Integrity: A personal commitment to integrity in all circumstances benefits each individual as well as the organization. We therefore:
 - a. Strive to meet the highest standards of performance, quality, service and achievement in working toward the mission of the MACH.
 - b. Communicate honestly and openly to avoid misrepresentation
 - c. Promote a working environment where honesty, open communication and minority opinions are valued.
 - d. Exhibit respect and fairness toward all those with whom we come into contact.
2. Accountability: The MACH is responsible to its stakeholders, which include partner organizations, its members, grantees, the US Department of Housing and Urban Development, and those who receive our services. To uphold this trust we:
 - a. Promote good stewardship of the MACH resources, including membership fees, grants, and other contributions that are used to further the mission of the MACH.
 - b. Refrain from using organizational resources for non-MACH purposes.
 - c. Observe and comply with all laws and regulations affecting the MACH.
3. Solicitations and Acceptance of Gifts: The MACH prohibits the solicitation and acceptance of gifts or gratuities by members of the MACH Board of Directors for their personal benefit to excess of minimal value.
 - a. Violations of this standard result in termination of Board service.
4. Diversity and Equal Opportunity: The MACH is an equal opportunity employer and is committed to the principle of diversity. We therefore:

- a. Value, champion and embrace diversity in all aspects of the MACH activities and respect others without regard to race, color, religion, creed, age sex, national origin or ancestry, marital status, veteran status, sexual orientation or status as a qualified disabled or handicapped individual.
 - b. Support affirmative action and equal employment programs
- 5. Conflicts of Interest: We will avoid any conflict of interest or the appearance of conflict which could tarnish the reputation of the MACH as well as undermine the public's trust in the Collaborative Applicant, HMIS, VISTA's Interns, Volunteers, Staff, Board of Directors and any Committee Members.
 - a. Avoid any activity or outside interest which conflicts or appears to conflict with the best interest of the MACH, including the involvement with a current or potential MACH grantee or competing organization unless disclosed to and not deemed to be inappropriate by the MACH Board of Directors.
 - b. Ensure that outside employment and other activities do not adversely affect the performance of the MACH Board of Directors or the achievement of the mission of the MACH.
 - c. Ensure that travel, entertainment and related expenses are incurred on a basis consistent with the mission of the MACH and not for personal gain or outside interests.
 - d. Refrain from influencing the selection of staff, consultants, grantees, and members who are relatives or personal friends or affiliated with, employ or employed by a person with whom they have a relationship that adversely affects the appearance of impartiality.
 - e. Disclose all known conflicts or potential conflicts of interests in any matter before the Board, if they are Board members, or any committee upon which they serve, and abstain from participation during any discussion, review and voting in connection with such matter.
- 6. Confidentiality and Privacy: Confidentiality is a hallmark of professionalism. We therefore:
 - a. Ensure that all information which is confidential, privileged or non-public is not disclosed inappropriately.
 - b. Respect the privacy rights of all individuals in the performance of the MACH responsibilities.
- 7. Political Contributions: As a charitable organization, the MACH is prohibited from making contributions to any candidate for public office or to any political committee. We therefore:
 - a. Refrain from making any contributions to any candidate for public office or political committee on behalf of the MACH, including the use of MACH facilities for political campaign activities.

- b. Refrain from making any contributions to any candidate for public office or political committee in a manner that may create the appearance that the contribution is on behalf of the MACH.
- 8. Distribution and Posting of Updated Code of Ethics to all MACH Board of Directors members and officers.
 - a. MACH Board of Directors members will sign the MACH Code of Ethics annually.
 - b. A copy of the MACH Code of Ethics will be published on the MACH website upon approval by the MACH Board of Directors.
 - c. A copy of the MACH Code of Ethics will be made available by the Secretary or official records keeper for the MACH upon request by any MACH member, grantee, staff member, Board of Directors member, or member of the general public.

Document Retention Policy (Approved 3/12/12)

MACH records must be maintained in order to comply with federal, state and local regulations. This includes the articles of incorporation, bylaws and minutes of meetings of the board of directors and board committees. In addition, other organization-related records must be retained for specified periods.

With respect to other records, there are basic principles to be achieved:

1. Documents should be retained as necessary to provide a record of significant events and the conclusion reached in a particular issue, consistent with the need to ensure that the costs associated with record retention in terms of space and maintenance are not disproportionate to the value of retaining the records.
2. Document files, both hard and electronic copy, should be reviewed periodically to ensure that only required documents are retained, and that unneeded superseded drafts are destroyed.

Policy Implementation

Goals can best be achieved through the disciplined implementation of this policy. Each segment of the organization is responsible for ensuring that suitable records are retained in accordance with this policy and are disposed of when no longer required. The following Records Retention Schedule for hard and electronic files provides general guidelines.

Each segment is responsible for retaining the official file for those issues within its areas of responsibility. Questions concerning the appropriate disposition of records not listed in the Records Retention Schedule or any questions about application of the policy in specific circumstances should be directed to the corporate secretary.

Any correspondence or records that are relevant or related to or involved in any currently pending or threatened litigation or in any proceeding before any regulatory agency should promptly be brought to the attention of the general counsel or secretary.

Records Retention Schedule

<u>Category of Document</u>	<u>Retention Period</u>
Corporate Records: Articles of Incorporation; bylaws; minutes of meetings of the board of directors and board committees	Life of corporation
Accounting Records: General book of accounts Accounts payable and receivable Budgets Bank reconciliation and canceled checks Depreciation records Tax returns Year-end financial statements and audit reports FICA and FUTA payroll records	Life of corporation Seven years Four years Seven years Life of asset Life of corporation Life of corporation Seven years
Contracts and Agreements:	Completion/termination date of contract, plus six years
Insurance Policies:	Life of corporation
Leases and Deeds:	Completion date of lease or ownership and property plus ten years
Drafts of Any Documents:	Destroyed on execution of the final document except in special circumstances
Personnel Records: Applications for employment and resumes	Period of employment plus six years One year
Annual Report: Correspondence related to the foregoing should be filed with the documents.	Life of corporation

Whistleblower Policy (Approved 3/12/12)

If any member reasonably believes that some policy, practice, or activity of MACH is in violation of law, a written complaint must be filed by that member with the Board President.

It is the intent of MACH to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all members is necessary to achieving compliance with various laws and regulations. A member is protected from retaliation only if the member brings the alleged unlawful activity, policy, or practice to

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the attention of MACH and provides MACH with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to members that comply with this requirement.

MACH will not retaliate against a member who in good faith, has made a protest or raised a complaint against some practice of MACH, or of another individual or entity with whom MACH has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

MACH will not retaliate against members who disclose or threaten to disclose to a member or a public body, any activity, policy, or practice of MACH that the member reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

Youth Inclusion Policy

Purpose

The Midlands Area Consortium for the Homeless (MACH) and the United Way of the Midlands Youth in Transition Committee (YIT) value and seek input from young people these groups are organized to serve. The Youth Action Board (YAB) is established to assure that unique interests and concerns of young people are included in groups that are leading efforts to reduce homelessness. YAB is organized to inform and guide policies, programs, practices and services that affect young people.

YAB Membership:

- YAB participation is open to young people, ages 18 to 28, who are experiencing homelessness or who have experienced homelessness within the last three years.
- It is preferred that YAB members have the capacity to commit to a year's service, approximately 7 meetings annually.
- YAB will be comprised ideally of six to eight members. YAB will strive to include young people who have a range of experiences, representing the multiple ways young people find themselves experiencing homelessness

Policy: YAB will meet at times and places convenient for the YAB members. Resources may be made available for transportation to meetings and meeting attendance.

Policy: The YAB Chair serve on the YIT Steering Committee and the MACH Board of Directors.

Policy: All YAB members will be 'members in good standing' with full voting rights with MACH.

Process for HUD CoC Grantees Making Substantial Amendments

For Continuum of Care grants awarded through MACH, grantees requesting a substantial amendment after initial award should send a request to the Collaborative Applicant for review by the MACH Data and Evaluation Committee. Substantial amendments include significant budget changes, population changes, or other changes that require HUD contract changes. Grantees should allow 30 days for review.

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Written Standards for Services for HUD CoC and ESG Funded Programs and Sub Recipients

General

As a non-profit and HUD registered Continuum of Care (CoC), the Midlands Area Consortium for the Homeless (MACH) provides a collaborative and wide-reaching solution to homelessness in its 13-county geographic footprint of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland and York counties. MACH implements national best practices on a regional scale and emphasizes methodologies that support permanency in housing, client centered service provision, an overall reduction in barriers to receiving services and housing opportunities, equality in service and client treatment, reductions in occurrences and overall time that people spend in a homeless situation, member agency accountability, and reductions in recidivism.

MACH is organized as a membership coalition with a board of directors serving as the primary decision-making body with a designated Collaborative Applicant and Homeless Management Information System Lead to provide staff support. Throughout this document, when referring to 'the CoC' for reporting or compliance monitoring we are referring to the Collaborative Applicant staff.

To adequately serve the varying levels of need across our CoC, MACH must prioritize its approach to ensure that service provision mirrors national best practices, Federal initiatives and priorities, as well as those of our unique geographic area. To serve the immense and diverse levels of need in our geographic footprint, MACH must ensure that people in need have access to the housing and services that will best serve their needs.

We empower our clients to make a positive change and to connect themselves to a collaborative network of helping Programs. To ensure that MACH can both address local priorities while simultaneously placing the continuum as a whole in the best position to secure limited federal resources, MACH Programs, individual members, Board of Directors, Staff, and its lead agency hereby agree to adopt the following Written Standards.

The guidelines below are for Programs funded by HUD Continuum of Care (CoC) and Emergency Solutions Grants (ESG) and their sub recipients; however, MACH encourages participation from all members. **Throughout this document, the reference to "Programs" means those programs funded by HUD CoC and ESG and their subrecipients.** MACH requests all members support the standards and prevailing themes below in a thoughtful and conscientious manner. The CoC directs its members to develop implementation plans specific to their Programs as quickly as possible. It is essential to establish a unified approach to addressing homelessness across our continuum in an effort to maintain a 'no wrong door' approach to care. MACH Programs use a common methodology rooted in national best practices to confront homelessness. MACH must be willing to embrace a universal, consistent, and strategic plan, based both on Federal Guidance and justifiable local priorities.

The following Written Standards for CoC and ESG funded programs were established January 9, 2014, Revised January 23, 2015, Revised August 26, 2016, Revised June 16, 2017, Revised August 17, 2017, 12/8/17, 1/31/17 and most recently Revised 2/14/19 (to reflect changes approved by the Board 10/28/18). These Written Standards will be reviewed at least annually to ensure compliance with [HUD Notice CPD-17-01](#).

I. Standards for CoC and ESG Funded Programs

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- a) Programs will refrain from discriminating against clients or potential clients on the basis of age, race, color, religion, national origin, sex, disabling conditions, sexual orientation, gender identity, marital, or familial status.
- b) Programs must have written policies and procedures detailing their services and target population in our continuum. Each program must consistently apply the policies and procedures to all participants.
- c) Programs will have written eligibility guidelines that are compliant with HUD regulations with the Program applying these guidelines universally to all potential Program participants.
- d) Programs will have policies & procedures to streamline eligibility requirements and reduce barriers when providing services and/or housing for individuals and families.
- e) Programs will provide copies of their written eligibility guidelines to the CoC annually.
- f) Programs will inform the CoC immediately of any changes in their non-profit or other legal entity status that would affect eligibility to receive federal or grant funds.
- g) Programs will participate in the established CoC HMIS platform. Programs providing domestic violence or legal services may opt out of HMIS participation but must still collect HUD required data elements.
- h) Programs will implement a [Housing First approach](#) to guide their efforts towards achieving client choice and autonomy, permanency efforts, self-determination, and overall programmatic achievement. MACH supports this national best practice and encourages housing providers to implement this approach into their program structure.
- i) Programs will eliminate unnecessary barriers to housing whenever possible to ensure compliance with a Housing First approach.
- j) Programs will participate in annual monitoring as approved by the MACH Board.
- k) Programs will use the following standards for determining a client's disabling condition:

When documenting a disability (especially if not documenting via SSDI), in the CoC Program disabled means:

An individual who is homeless, and has a disability that is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury and must include the below three conditions:

1. Is expected to be long-continuing or of indefinite duration; and
2. Substantially impedes the individual(s) ability to live independently; and
3. Could be improved by the provision of more suitable housing conditions.

Under the CoC program, substance abuse is considered a disability as long as:

1. The documentation states the condition is expected to be long-continuing or of indefinite duration AND
2. Substantially impedes the person's ability to live independently, AND
3. Could be improved by the provisions of more suitable housing conditions.

The documentation must indicate ALL of the above criteria is met.

Licensed professionals that can treat and diagnose a disability in the State of South Carolina:

- Doctor of Medicine
- Doctor of Osteopathic Medicine
- Physician

- Surgeon
- Psychologist
- Psychiatrist
- Licensed Independent Social Worker – Clinical Practitioner (LISW-CP)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)

South Carolina Professionals licensed to diagnose and treat a disability with supervision of another licensed professional are listed below: (HUD will accept disability documentation from the below professionals. The Supervising Professional's name and license number must be provided on the disability documentation and if requested, the supervising professional must be readily available to verify and sign disability documentation.):

- Licensed Master Social Worker (LMSW) - Under clinical supervision within a social, medical, and/or governmental agency
- Clinical Nurse Specialist (CNS) - Under general supervision of a physician, if within approved written protocols
- Nurse Practitioner (NP) - Under general supervision of a physician, if within approved written protocols.
- Physician's Assistant (PA) - Under supervision of a physician, if included in PA's approved written scope of practice guidelines.

Overview of Coordinated Entry

The Midlands Area Consortium for the Homeless (MACH) provides collaborative and wide-reaching solutions to homelessness in its 13-county area of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland and York counties in South Carolina. MACH is one of South Carolina's four designated Continuums of Care (CoC) by the U.S. Department of Housing and Urban Development (HUD). United Way of the Midlands (UWM) serves as the CoC Collaborative Applicant and administrator for the CoC's Homeless Management Information System (HMIS). The CoC is supported by staff at UWM, a Board of Directors, and six Committees. The Policy Committee is the CoC Committee that oversees and ensures compliance with HUD regulations, policy notices, and Coordinated Entry.

The CoC operates a Coordinated Entry System (CES) across the CoC's 14 counties to help people with a housing crisis find help quickly no matter how or where they seek assistance. CES is designed to ensure that all people experiencing homelessness have fair and equal access to housing, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. The system aims to work with households to understand their strengths and needs, provide a common assessment, and connect them with housing and homeless assistance. Through the use of a standardized assessment and vulnerability screening tools, CES strives to provide assistance to anyone in need and prioritize those with the highest service needs for federally funded housing. The target population of CES are people experiencing homelessness or imminent risk as defined by HUD. All CoC agencies funded by HUD Continuum of Care, Emergency Solutions Grant (ESG), Projects for Assistance in Transition from Homelessness (*PATH*), Runaway and Homeless *Youth* Program (RHY), Supportive Services for Veterans and their Families (SSVF), Veterans Affairs Supportive Housing (VASH), Veterans

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Affairs Grant Per Diem (GPD), Cooperative Agreement to Benefit Homeless Individuals (CABHI), and United Way of the Midlands funding are required to participate in CES, and all CoC homeless serving agencies and mainstream providers are invited and are critical components in the system.

The CES operates with the following guiding principles:

- ✓ Promote client-centered practices by ensuring every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for client participation in the development, oversight, and evaluation of coordinated entry. People should be offered choice whenever possible.
- ✓ Prioritize the most vulnerable as the primary factor among many considerations. Limited resources should be directed first to persons and families experiencing homelessness who are most vulnerable with the longest time experiencing homelessness.
- ✓ Eliminate barriers to housing access by identifying system practices and individual project eligibility criteria which may contribute to excluding clients from services and work to eliminate those barriers.
- ✓ Promote transparency by making thoughtful decisions and communicate policies and procedures openly and clearly.
- ✓ Promote collaborative and inclusive planning and decision making practices.
- ✓ Use culturally and linguistically competent practices that reduce cultural and linguistic barriers to housing and services for special populations.

MACH's CES provides a structured process for entry, assessment, scoring, prioritization, determining eligibility, and referral for homeless housing and services. The goal is to efficiently and fairly allocate resources by prioritizing severity of service needs and vulnerability in combination with the MACH Coordinated Entry System Policy and Procedures.

Coordinated Entry and Prioritization Basic Procedures

MACH utilizes a Multisite Centralized Access approach for the Coordinated Entry System (CES) that allows access to referrals and services at any point in the Continuum across all of MACH's 14 counties.

CES utilizes a phased system that includes:

- a. Screening for diversion or prevention
- b. Assessing shelter and other emergency needs
- c. Identifying housing resources and barriers
- d. Evaluating vulnerability to prioritize for assistance

CES conducts a brief screening (CES Phase I form – See Appendix L) to assess needs with a more in-depth vulnerability screening (The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) see Appendix M) conducted, when appropriate based on level of engagement. Three versions of the VI-SPDAT (individual, family, and youth) are available. While initial HMIS screening may be conducted over the phone or in person it is **not** recommended to conduct VI-SPDAT vulnerability screening over the phone. Agency providers should be trained at least annually on CES and must be trained in-person or online for use of the VI-SPDAT. The CoC utilizes a single client prioritization listing for long-term housing placements and case conferencing meetings to fully discuss client needs related to housing and services.

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MACH's CES is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

MACH's CES prohibits screening people out of programs due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

MACH's CES uses the following privacy protections:

1. Agencies must receive written participant consent (preferred) or verbal implied consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process. See Appendix K for consent and information release details.
2. Participants must also be free to decide what information they provide during the assessment process.
3. CoCs are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information necessary to establish or document program eligibility per the applicable program regulation.
4. Agencies are also prohibited from denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.
5. Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Further, 578.103(b) requires that records containing PII are kept secure and confidential and the address of any family violence project not be made public.
6. The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.
7. Participants must be informed of the ability to file a nondiscrimination complaint.

MACH's CES programs secure appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.

Additional details about MACH's Coordinated Entry System can be found in MACH's CES Policies and Procedures.

Strategies for Preventing Homelessness – For CoC and ESG Funded Programs

MACH proactively works to help low-income individuals and families avoid entering the homeless system of care when other feasible and safe housing alternatives are present. Diversion is defined as attempts to intervene before a person becomes homeless. Successfully administering diversion techniques and

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emphasizing a preventative approach during initial service interactions with people experiencing a housing crisis will ensure that those who receive assistance are most likely to become homeless without CoC intervention. MACH and its members seek to promote an inclusive, client focused, standard of service provision for all. Additionally, by incorporating a standardized assessment and prioritization tool to codify potential clients with the most appropriate service need, MACH will effectively be able to prioritize those in need by severity of need rather than the traditional first come first serve methodology.

The Coordinated Entry System (CES), which provides both a virtual and physical, “front door” into the homeless services system, will rely on prevention and diversion techniques to ensure that CoC resources are appropriately allocated to those in the most need first. Although the intent is to serve those most in need first, MACH prevention strategies will not ignore those who have not exhausted all resources, yet it will empower clients to pursue those options in an effort to gain self-sufficiency without using limited CoC resources that could be used to assist someone with more complex needs or at a higher risk of homelessness.

I. Diversion

Programs will attempt diversion before administering prevention assistance. MACH considers this to be good stewardship and the proper allocation of resources according to the intentions of the program. This strategy does not imply that individuals or families in lesser need will not be assisted; instead, it merely states that before administering CoC assistance for homeless prevention, the provider will diligently explore all other options in an attempt to direct the potential client towards other resources that could accomplish the same end. Prevention funding should be allocated only after these diversion attempts have been completed.

II. Service Prioritization

Programs will prioritize service provision for those who are most at risk of becoming homeless before serving those who have alternative housing options. As mentioned in the first strategy, Programs will attempt to divert those who may utilize other resources to maintain housing. In so doing, these actions will serve as a method of prioritizing those who are most at risk of becoming homeless.

III. HMIS Use

All Programs are required to use the standard Homeless Management Information System (HMIS) for recordkeeping and to facilitate participation in CES. Not only will HMIS allow the provider to evaluate and improve data accuracy, but as HMIS is the cornerstone to MACH’s CES. Participation will ensure that potential prevention assistance recipients will be connected with a coordinated, geographically expansive, and well-targeted platform for people in need to efficiently access services that will most likely pair with their individual needs.

IV. Monitoring

Programs will be required to participate in the Emergency Solutions Grant (ESG) Monitoring Process. Data on ESG funded Prevention Services will be shared with the State Office of Administration. Additionally, MACH will consider HMIS data quality, program performance, CES and HMIS use, and MACH participation in granting certification for ESG applications for funding.

V. Participation in Coordinated Entry

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Programs must participate in MACH's CES. Upon initial contact with a person experiencing a housing crisis, the provider will attempt to divert the person to other available resources outside of CoC assistance. Examples of diversion techniques and basic diversion services may include but are not limited to: seeking assistance from family or friends, asking church members or mission programs for help, landlord mediation, budgeting skills, and referrals to Programs that help with finding affordable housing. Individuals and families will be assessed through CES, which utilizes a universal assessment tool and scripting process that emphasizes diversion in the first interaction, MACH will ensure that prevention funding is prioritized to those individuals and families who are most at risk of becoming homeless without CoC assistance.

VI. Permanency Plan

Programs will be required to implement and follow a Permanency Plan including budgeting and budget reviews for at least six months after housing placement. This plan will be left to the discretion of the individual agency, but its purpose is to assist providers and their clients maintain focus on a benchmark that will determine the success of prevention providers. In addition to promoting permanency, Programs, through continued contact with their clients, will be able to connect their clients with much needed mainstream resources, employment sustainability assessments, and a periodic revisiting of the housing barriers previously identified before assistance was provided. As a last resort to maintain permanency, the Program could offer assistance again to keep their clients in housing or in a worst case scenario when a case manager determines that losing housing is imminent and all resources are exhausted to keep the client in their home, refer the client to a programmatic housing solution through CES reentry.

VII. Outreach

MACH's street outreach workers (also a method of CES entry) must be trained to know prevention resources and will focus on offering assistance to sub populations that are commonly considered difficult to engage. MACH's array of talented outreach professionals, although primarily focused on the unsheltered homeless, will often interact with individuals or families in need of prevention assistance. To ensure that the outreach worker can connect the persons in need with the most appropriate resource, MACH outreach workers will be trained on the CES and the best practices of an initial interaction during the process of assessment and referral using CES.

VIII. Discharge from Institutions

Programs will actively target people exiting institutions. MACH strives to provide a comprehensive approach to reducing homelessness. A well-advertised and geographically expansive statewide CES, coupled with experienced outreach workers and case managers with established community relationships, will provide opportunities for people exiting prisons, hospitals, foster care, or treatment facilities to use prevention resources and ultimately avoid an entry into the homeless system upon their release and/or discharge.

Standards and Expectations by Housing Type – All CoC and ESG Funded Programs

1. Emergency Shelter Programs – ESG funded

Programs serve an important role, especially in “front door” interactions with individuals and families experiencing homelessness. Programs can be immensely effective for engaging potential clients as these facilities may often facilitate the assessment and referral process for the CES. MACH will

continue to support the use of these facilities throughout our area because the need for affordable housing, PSH, and TH far outweigh the current inventory. MACH also recognizes and will support the unique service that Emergency Shelter Programs provide, especially during periods of severe weather, by offering an alternative for unsheltered homeless people. These clients are often difficult to find, engage, and are often unlikely to seek services. They may also, however, have the longest history of homelessness combined the most severe level of need. MACH will work to build its capacity and develop an infrastructure that will focus on best practices in permanent housing. While Programs are free to establish their own eligibility criteria, the CoC strongly encourages a reduction in barriers to entry. Emergency Shelter Providers will be amenable to piloting alternative solutions rooted in established national best practices and previous local success.

- a) Programs will accept referrals from CES in addition to traditional enrollment methods such as walk-ups.
- b) Participants will meet the HUD definition of homelessness.
- c) Programs will participate in the CoC HMIS system (unless a domestic violence facility).
- d) Programs Providers will provide current eligibility guidelines with the CoC

2. Transitional Housing Providers (TH)

Exits from TH programs in which a return to homelessness or an exit to a Program must be considered an undesirable and last result. Programs should utilize a harm reduction model to minimize these occurrences.

- a) If ESG or CoC funded, TH participants will meet the HUD definition of homelessness
- b) Programs will fill programmatic vacancies from CES referrals
- c) A Client's maximum length of stay cannot exceed 24 months
- d) Assistance in transitioning to permanent housing is provided
- e) Support services or case management are offered throughout the duration of stay in transitional housing
- f) Program participants in transitional housing will enter into a lease or program agreement for a term of at least one month. The lease is automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months
- g) Programs will alert the CoC to changes in program eligibility or requirements. Additionally, vacancies and available units should also be communicated as they become available to aid in keeping the CES updated and accurate. Programs will facilitate the movement of homeless individuals and families to permanent housing within 24 months of entering TH.

3. Rapid Re-Housing Providers – CoC and ESG Funded

Rapid Re-Housing (RRH) Programs provide housing relocation and stabilization services including short or medium term rental assistance to help a homeless individual or family move from homelessness to permanent housing as quickly as possible.

- a) Program participants or the head of household must meet the HUD definition of homelessness.
- b) MACH supports RRH as a best practice to end episodes of homelessness for families with dependent children and in addition to those who have the most severe service needs, MACH

will prioritize this subpopulation when generating referrals derived from the CES using the Prioritization Policy.

- c) Program participants will pay a percentage of their income to account for the portion of the rent if the program participant has regular and sustainable income. Programs must implement strong methods of follow-up and aftercare case management to periodically assess client need until permanency is achieved. Follow-up should include but is not limited to accessing employment success and sustainability, linkage to appropriate mainstream services, money management techniques, and other life skills identified by the provider will ensure that housing is maintained.
- d) If a RRH client does not have regular and sustainable income, the client may not be responsible for any portion of the rent. The RRH provider will work with the client intensively to ensure that a plan for permanency is established and implemented. Case management will be more intensive in this situation and assistance may be allocated until permanency occurs in accordance to the regulations established by the Office of Economic Opportunity.
- e) Programs should partner with their clients to develop a written and mutually agreed upon case plan including a needs assessment that identifies barriers that their clients would have to overcome to obtain and maintain housing. A written plan to overcome the identified barriers should dictate the interactions with the client and case manager throughout the permanency plan.

4. Permanent Supportive Housing

MACH acknowledges that the most proven and effective manner of solving chronic homelessness is through facilitating the development of more affordable housing units and increasing the supply of Permanent Supportive Housing (PSH) units in the continuum.

- a) Programs will prioritize existing PSH beds, upon turnover, to people experiencing [chronic homelessness](#).
- b) MACH, as a CoC, is committed to increasing the amount of beds dedicated to people experiencing chronic homelessness over time.
- c) Programs will prioritize program vacancies to serve those experiencing the highest severity of needs and length of homelessness according to the board approved Housing Prioritization policy.

Housing Prioritization Policy – All CoC funded and Only ESG funded RRH programs

1. Purpose and Philosophy

MACH is a strong continuum of care with excellent and effective homeless service providers. Unfortunately, resources are limited, and there is not enough housing and shelter to meet demand. As a result, the most vulnerable people often remain unserved or do not succeed at traditional services, causing them to continue to experience homelessness. Thus, in accordance with the HUD CoC Program regulations, MACH has developed and agreed to the **following Written Standards for prioritization of permanent supportive housing, rapid rehousing, and transitional housing funded under the HUD CoC or ESG programs and their sub recipients**. These standards support MACH's existing Coordinated Entry infrastructure, ensuring that people experiencing homelessness are referred to the most appropriate and effective services.

2. Special considerations and exceptions for all housing types. While it is the responsibility of MACH to serve all people experiencing homelessness, the following exceptions are allowed for CoC (all) and ESG (RRH only) funded programs as 'special exceptions'.

- a) Geography: Clients cannot be denied a housing placement if located in an area of the CoC. In order to ensure that clients in rural counties have access to housing, priority for housing placement will be given to people experiencing chronic homelessness living in the same county as the service provider's location, provided that they:
 - i. are experiencing chronic homelessness
 - ii. are highest priority based on assessment score and length of homelessness
- b) Funded population: If a project is funded by HUD to serve a particular population such as Veterans or survivors of domestic violence, they must follow this protocol and choose the highest scoring person with the longest length of homelessness who satisfies their project criteria.
- c) Housing placement will be based on eligibility for a unit.

3. Transfer Policy

For permanent supportive housing and rapid rehousing Programs out of CoC transfers will not be considered. For inter-CoC transfers, client transfers between programs will be considered on a case-by-case basis and supporting documentation should be maintained indicating a client/voucher transfer outside the Coordinated Entry System.

4. Permanent Supportive Housing Programs

Permanent Supportive Housing (PSH) Programs provide housing and supportive services to assist people who have a disability and are experiencing homelessness to live independently. The goal of this policy is to ensure that people experiencing chronic homelessness are prioritized for placement into PSH Programs.

- a) PSH Eligibility Criteria
 - i. For dedicated PSH beds, participants must be homeless according to HUD's definition of chronically homeless.
 - ii. Case management must be made available to clients, but is not required for participation in housing.
 - iii. Clinical services may be made available, but acceptance is not required for participation.
- b) The [VI-SPDAT](#) will be used to assess participant's vulnerability and degree of service usage. If a participant chooses not to complete a VI-SPDAT survey, providers may complete a survey on their behalf by estimating the appropriate responses in order to ensure that they are included in MACH's prioritization list.
- c) For people with perceived social isolation or lack of high service usage levels, providers may use the full SPDAT, which is a longer version of the VI-SPDAT. The VI-SPDAT and the full SPDAT have

the same comparable scoring bands. Additional training is needed for the full SPDAT. Participants must have a VI-SPDAT score of 8 or higher to be considered for PSH.¹

5. PSH Prioritization Order

CoC Program-funded PSH Programs agree to prioritize housing assistance according to VI-SPDAT scores. VI-SPDAT scores will be used to measure severity of service needs, thus satisfying HUD's priority requirement of [Notice CPD-016-11](#). Length of time homeless will be used as a tiebreaker for people with the same severity of needs, and the person who has been homeless longest will receive the bed offer. The person with the highest VI-SPDAT score will be matched to the provider with bed availability with the following factors.

a) For Programs with housing dedicated or prioritized to people experiencing chronic homelessness:

Clients will be prioritized on a CoC listing for housing based on persons experiencing chronic homelessness that is based on the family's severity needs based on VI-SPDAT assessment score and the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

b) For Programs not dedicated or prioritized for chronically homeless people:

- i. First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in a Programs but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
- ii. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an Programs and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
- iii. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Programs Without Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an Programs where the individual or

¹ Orgcode, the VI-SPDAT creator, recommends that people with scores of 8 or higher be referred to permanent supportive housing. Those scoring 4-7 are recommended for rapid rehousing, and scores of 3 or lower are recommended for diversion.

family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

- iv. **Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.** An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

c) For PSH Programs Unable to Successfully fill a Vacant Unit

If a PSH CoC grantees is unable to locate and eligible client to fill a vacant unit or and eligible client willing to accept a unit within 30 days of search according to CoC Written Standards the agency may request CoC staff approval to fill the unit with an eligible client lower on the Prioritization listing. Client files and HMIS should be documented with search efforts.

6. Transitional Housing Programs

Transitional Housing Programs provide housing for an extended period of time. The goal of this policy is to ensure that people with the longest histories of homelessness are placed into transitional housing before others with lower housing barriers.

a) TH Eligibility Criteria

- i. Participants must be homeless according to HUD's definition including those fleeing domestic violence and at eminent risk.
- ii. The VI-SPDAT will be used to assess participant's vulnerability and degree of service usage. If a participant chooses not to complete a VI-SPDAT survey, providers may complete a survey on their behalf by estimating the appropriate responses in order to ensure that they are included in MACH's prioritization list.
- iii. Participants should have a VI-SPDAT score of 4 to 7 or higher.

7. TH Prioritization Order

Programs will prioritize admissions according to VI-SPDAT scores; when a TH bed becomes available, MACH will refer the person with a score of 4 to 7 on the VI-SPDAT list to the provider with bed availability. While people scoring 8 and higher are traditionally recommended for permanent supportive housing, Programs retain the option to take someone scoring higher than 7 if they believe that person will succeed in their Program with the understanding they lose their chronically homeless status (if applicable) and limiting exit strategies such as PSH in the future.

8. Rapid Rehousing Programs

Rapid rehousing programs will use the Prioritization listing. Rapid rehousing is ideally utilized for those individuals scoring 4 to 7; however, it can be used for clients scoring in bands 8-16, if an appropriate housing intervention. Once all clients scoring 4-16 have been served lower scoring clients may be served.

Updated 2/14/19

If a client is housed using Rapid Rehousing, but the case manager recommends remaining on the prioritization list for a Permanent Supportive Housing placement contact the Homeless Services Coordinator to remain on the listing.

9. Diversion

Diversion is defined as attempts to intervene before a person becomes homeless. All clients should be asked diversion questions prior to initiating a housing placement intake. Diversion techniques should be utilized to assist those with lower barriers remain safely housed rather than enter the homeless services system. Diversion includes strategies such as asking if the person can safely stay where they are currently living (even if doubled up or precarious). Additional strategies may include landlord mediation, prevention, or case management to help address housing barriers such as under or unemployment, etc. All clients should be asked diversion questions prior to initiating a housing placement intake. Any project accepting clients with a VI-SPDAT score of 3 and below should supply documentation to the files detailing the rationale of the placement. Clients with a score of 3 and below should not be added to the MACH Prioritization listing, but the agency should assist with referrals to needed services.

10. Referral and Recordkeeping Requirements for Use of Prioritization

- a) Programs will contact the Collaborative Applicant's Homeless Services Coordinator to report a housing vacancy which will be advertised across the CoC.
- b) Programs will review MACH's prioritization list to identify the next person on the list based on Section IV's Prioritization Policy and contact the Homeless Service Coordinator for assistance, when needed.
- c) Once identifying a person(s), the agency must contact him or her to determine interest in housing. If the highest ranking person cannot be found within **3 business days**, the Program may move onto the next person on the list and follow this process until someone is contacted and the bed is filled. Programs must document their efforts at contacting people in HMIS and client records.
- d) If the identified person is interested, the Program will begin project specific eligibility screening and documentation.
 - i. If the person is ineligible, the HMIS record should be updated to reflect this and prevent additional ineligible referrals to that Program. This can be done by provider staff or by CoC HMIS staff.
- e) If the person is eligible, he or she should be admitted to the Program and have an entry recorded in HMIS then contact the Homeless Services Coordinator to remove the client from the prioritization listing.
- f) For client files, Programs must document the VI-SPDAT score and selection reasons including the client's placement on the CoC Prioritization listing.
- g) If the person is denied, he or she will be added to a roster of clients to be reviewed by Case Conferencing to review people's housing barriers and identify other resources. The MACH Policy will review agency adherence to Prioritization Policy.

11. Policy Review and stakeholder feedback

MACH will review this policy periodically (at least annually) in order to accommodate new or changed mandates from HUD and evaluate needs of the current population of people experiencing homelessness.

Updated 2/14/19

Training on Coordinated Entry will be conducted at least annually including client centered practices such as cultural and linguistic competency. At least annually, feedback will be solicited on the effectiveness of CES from CES active stakeholders including, but not limited to: surveys, one-on-one or group input session, and focus groups. Consumer feedback will also be included in this process. MACH's Policy Committee and CoC staff will review stakeholder feedback for updates to policies and procedures.

Other Policies – For CoC and ESG Funded Programs

Guidance for Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities

Recipients operating ESG-single-sex emergency shelters (or other ESG- and/or CoC facilities) must follow HUD's guidance regarding placement for transgender persons, [HUD Notice CPD- 15-02](#), and the Equal Access Rule. A recipient that makes decisions about eligibility for or placement into single-sex emergency shelters (or other facilities) must place an applicant or participant in a shelter (or facility) that corresponds to the gender with which the person identifies, taking health and safety concerns into consideration. This placement should not be based on complaints of another person when the sole stated basis of the complaint is an applicant's or participant's nonconformance with gender stereotypes. The recipient must take reasonable steps to address safety and privacy concerns; the recipient should provide for privacy in bathrooms and dressing areas. For instance, recipients may install privacy curtains or partitions.

Preventing Involuntary Family Separation

In an effort to maintain family unity, for housing serving families with children, the age and gender of a child under age 18 shall not be used as a basis for denying any family's admission. [24 CFR § 578.93\(e\)](#). Additionally, recipients may not deny admission to any member of the family (e.g., 15-year old son). In follow-up, all reports on non-compliance should be reported to the CoC Collaborative Applicant, who is determined by MACH.

Discrimination Based on Household Composition

A recipient receiving ESG or CoC funds cannot discriminate against a group of persons presenting as a family based on the composition of the family, the age of any family member, the disability status of any member, marital status, actual or perceived sexual orientation, or gender. However, housing may be limited to families with children who are under 18 years of age.

MACH McKinney-Vento Education Policy

The McKinney-Vento Act covers all children and youth who meet its definition of homelessness. This means those children who "lack a fixed, regular, and adequate nighttime residence." 42 U.S.C. 11434a(2). The McKinney-Vento Education for Homeless Children and Youth (McKinney-Vento) program is authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act, most recently re-authorized December 2015 by the Every Student Succeeds Act (ESSA). The Midlands Area Consortium for the Homeless (MACH) requires that all housing facilities within its 1413 -county area comply with federal McKinney-Vento requirements. Children experiencing homelessness must be able to enroll in school immediately, even if they are unable to produce records normally required for enrollment, such as previous academic records, medical records, proof of residency, or other documentation. Homeless children must have services available that are comparable to those offered to non-homeless children. Homeless children with disabilities must have equal access to FAPE under Part B as would be provided to other children with disabilities. Their ability to participate in special education programs cannot be hindered by homelessness or such related factors as frequent school transfers.

Updated 2/14/19

Agencies serving people in the MACH area with housing for families experiencing homelessness must ensure:

- Contact is made with the McKinney-Vento homeless liaison coordinator (school-age) and local Head Start program (pre-school) within 24 hours of a child residing on its property.*
- May not restrict the geographic choice of schools. They should work with the McKinney-Vento Homeless Liaison/Coordinator to ensure this area is addressed by the schools and provide advocacy, if necessary, at the district and/or school level.*
- Should provide written educational information to parents/custodians on student rights.*
- Facilities must include questions related to the family's children during intake:*
 - o Identifying current school enrollment*
 - o Disabilities of the family's children*
 - o Involvement in special programs such as special education, afterschool, athletic participation, English as a Second Language and gifted & talented programs.*
- Must have release forms that allow for communication of information and school activity participation to McKinney-Vento school coordinators.*
- May not deny residence to a family based on a child's afterschool activity conflicting with shelter 'curfew' hours.*
- Are strongly encouraged to MACH agencies must designate an agency contact for school district communications. Contact information will be shared with the S.C. Department of Education state-wide.*

Victim Service Provider Rights

This information is provided to support the rights of victims of domestic violence and incorporate appropriate policies and procedures into the Midlands Area Consortium for the Homeless Standards. In December of 2016, HUD implemented the [Violence Against Women Reauthorization Act of 2013](#): Implementation in HUD Housing Programs. Compliance with the VAWA regulatory requirements at 24 CFR, part 5, subpart L, is required for grants awarded under NOFAs published on or after December 16, 2016.

Terms

Victim service provider – Is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Violence Against Women Reauthorization Act (VAWA) of 2013 – A law that protects anyone who is a victim of actual or threatened domestic violence, dating violence, sexual assault, and stalking, or an affiliated individual of the victim, AND living in, or seeking admission to, a federally assisted housing unit covered

Updated 2/14/19

by VAWA. The protections apply to all victims regardless of sex, gender identity, sexual orientation, disability or age.

Client Eligibility (24 CFR 578.3)

Fleeing or Attempting to Flee Domestic Violence - An individual or family fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Victim Service Providers and HMIS (24 CFR 580.25)

Victim service providers will use a comparable database to support reporting requirements for CoC and ESG programs. Comparable database means a database that is not the Continuum's official HMIS, but an alternative system that victim service providers and legal services providers may use to collect client-level data over time and to generate unduplicated aggregate reports based on the data, and that complies with the requirements. Information entered into a comparable database must not be entered directly into or provided to an HMIS. A victim of domestic violence accessing a non-victim service provider has the right to decide what information is entered and shared in an HMIS.

Participation in the Coordinated Entry

Coordinated Entry System (CES) (24 CFR 578.7(a) (8) and CPD-17-01)

- Centralized or Coordinated Assessment System: The CoC policy that guides the operation of the CES supports 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 policy includes adherence to the areas below and any other references in the Standards supporting victims of domestic violence.
- Safety Planning: The CES process will not jeopardize the safety of the individuals and families seeking assistance. Therefore, people fleeing or attempting to flee domestic violence and victims of trafficking will have safe and confidential access to the coordinated entry process and victim's services, and immediate access to emergency services such as domestic violence hotlines and shelters. People accessing these services will not be prioritized based on the severity of service need or vulnerability.
- Participants may not be denied access to the CES process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.
- Participants should not be screened out of the CES process due to a domestic violence history.

Exceptions by Program Type

Permanent Housing Programs 24 CFR 578.51(c) (3) 24 CFR 578.103(a) (5)

Victims of domestic violence who are housing recipients and qualify under "imminent threat" can retain assistance and move to another CoC.

Notice of Occupancy Rights under the Violence Against Women Act (24 CFR 5 (L) – Consistent with HUD requirements, housing providers will provide to each applicant and tenant the notice of occupancy rights

Updated 2/14/19

and the certification form approved by HUD to document incidents of domestic violence, dating violence, sexual assault or stalking. The notice is to be provided: at the time the applicant is denied assistance or admission under a housing program; at the time the individual is provided assistance or admission under the housing program; with any notification of eviction or notification of termination of assistance.

Emergency Shelters/Safe Havens

VAWA protections prohibit denial of admission or eviction or termination to an individual solely on the basis that the individual is a victim of domestic violence, dating violence, sexual assault and stalking. (See §§ 574.604(a)(2), 576.409(f), and 578.99(j)(9)).

Other Program Requirements

Emergency Transfer Plan (24 CFR 578.99)(j) and (576.409) – Consistent with HUD requirements, the CoC has adopted an emergency transfer plan to provide protections for those who make a request and believe there is a threat of imminent harm from further violence if they remain in the same dwelling unit they are currently occupying; or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

- The policy allows survivors of domestic violence, dating violence, sexual assault, and stalking to find safe alternative housing through one of the covered housing programs (permanent housing and transitional housing) for which Continuum of Care program funds are used for acquisition, rehabilitation, new construction, leasing, rental assistance, or operating costs without waittimes or additional CES screening.

The requirements also apply where funds are used for homelessness prevention, but only where the funds are used to provide short- and/or medium-term rental assistance.

Limited English Proficiency

Agencies will take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against Page 12 National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007).

Program Exit Procedures

Programs must have written termination, denial, and grievance policies and/or procedures and procedures that allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and services without retribution or limiting their access to assistance. The policies and/or procedures should be readily available to applicants and participants of assistance. With the exception of high volume shelters where it is acceptable to have policies posted in a public place, applicants and participants must receive written information about program policies. It is important to effectively communicate these policies and/or procedures to ensure that they are fully understood.

a. Denial and Grievance

Causes of denial of assistance include, but are not limited to, the person's ineligibility or failure to provide verifiable evidence of eligibility, etc. Established procedures should describe:

- i. Circumstances in which persons may not qualify or would be denied;
- ii. Notification of denial; and
- iii. A person's right to review a recipient's decision.

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State and local-mandated exceptions that would permit Program's to exclude certain individuals are location-specific (example: If the state law and/or local ordinance/law restricts registered sex offenders from living within a certain distance of a school, the Program's housing would have to be located within that proximity of a school in order to use that exclusion, and if a Program wishes to use the Housing First Approach and still exclude certain individuals based on local or state law, the Program and CoC must document specifically which state or local ordinance applies, and how it applies (i.e. how it is appropriate in that particular location).

An addendum to the Written Standards provides a current listing of the local, state, or federal laws reported by CoC Programs that may limit client access. The CoC maintains this addendum listing real-time as reported by agencies and verified by staff.

Termination of Housing Assistance – Permanent supportive, transitional, and rapid rehousing

- i. Non-payment of rent may be considered after a minimum period of 30 days after attempts to work with the client. Longer periods of time can be considered at the discretion of the agency.
- ii. Lease violations or violations of occupancy agreements can also be the basis for termination of housing assistance. Note – CoC/ESG funded vouchers must use standard leases that follow South Carolina state laws without additional stipulations because the client is homeless.
- iii. Confirmed abandonment of the unit may be considered for immediate termination of housing assistance at the discretion of the agency.
- iv. The agency may still provide services to the clients if housing assistance is terminated.

b. Grievance Procedures

Involuntary termination from any project funded under the HEARTH Act places the participant at great risk because (s)he will likely exit to a place that is less safe than the project in which (s)he is currently participating. Termination is a last option. Recipients are encouraged to limit rules of participation to only that which constitutes immediate danger and lease violations.

There may be instances where termination cannot be avoided. The written grievance procedure must include:

- i. Written notice to the participant containing a clear statement of the reason(s) for termination;
- ii. A review of the decision, in which the participant is given the opportunity to present written or oral objections; and
- iii. Prompt written notice of the final decision.
- iv. For sheltering settings, immediate termination of housing may be necessary for situations of imminent danger.

For Programs where participants are required to request a review of the termination decision, participants must be given an adequate amount of time to submit their request. The review must be held at a mutually agreeable time.

Reallocation Policy and Procedures – For CoC funded programs

1. Background

Collaborative Applicants have the ability to reallocate CoC funded Programs to create new Programs (as eligible under current HUD regulations). Through reallocation, CoCs can create new, evidence-informed Programs by eliminating Programs that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are scarce. Therefore, MACH has created the following policy to align with HUD and HEARTH Act policy guidance; to be performance-based as specified with the annual HUD NOFA; and finally, based upon performance metrics of existing Programs. Just as HUD's guidelines determine the program focus targeted in each CoC competition, MACH's reallocation decisions will similarly be driven by this focus, with additional emphasis on local needs, data and use of a common assessment tool.

2. Reallocation Process and Procedure

The MACH Ranking Committee understands and acknowledges that through the reallocation process very valuable Programs may be defunded. Also, the MACH Ranking Committee desires to have a reallocation process that will ensure that Programs submitted in the CoC Consolidated Application best align with the HUD CoC funding mechanism's priorities and contribute to a competitive application that collaboratively secures these dollars to improve our community. The MACH Ranking Committee seeks to make data-driven decisions based on information gathered from the common assessment tool and other HUD-recommended data tools. This does not mean that the MACH Ranking Committee does not value reallocated Programs or the diversity of programs in our community. Rather, the MACH Ranking Committee anticipates that most reallocated Programs will seek funders with priorities better suited to cultivate the unique contributions these Programs make to our community that HUD's CoC funding mechanism is not designed to recognize. There will be two ways that currently-funded NOFA Programs will be reallocated: Voluntary Reallocation or Involuntary Reallocation.

a) Voluntary Reallocation

- i. Currently-funded NOFA project applicants interested in voluntarily reallocating should notify the MACH Ranking Committee in writing of their intent by the due date of HUD's Grant Inventory Worksheet (GIW). The GIW will serve as MACH Ranking Committee's tool to identify Project Applicants' intent to reapply for CoC funding.
- ii. For purpose of voluntary reallocated project funding, strong preference will be given to those organizations that voluntarily apply to reallocate Programs, and especially for those within a compliance period.

b) Involuntary Reallocation

- i. The MACH Ranking Committee will consider involuntary reallocation as appropriate and as necessary per results of the MACH Board approved Grantee Evaluation Process. The MACH Ranking Committee will establish a threshold percentage of project scoring reflected in the MACH Grant Evaluation Instrument. Project Applicants who do not meet threshold for the year will be notified that they will be responsible for completing a Corrective Action Plan. In

addition, those who do not meet threshold will be reviewed by the MACH Ranking Committee for determination on reallocation. The MACH Ranking Committee will seek feedback from Collaborative Applicant, explore previous years' performance, interview project staff, and seek guidance from HUD when making the decision to involuntarily reallocate a project.

3. Summary

The reallocation process will occur in a transparent, universal, and performance-based manner. This Reallocation Policy and Procedure ensures the CoC's responsibility in submitting to HUD an application that is consistent with HUD guidelines and the HEARTH ACT and ensures the amount to be reallocated is sufficient to fund effective new program(s).

IX. Emergency Solutions Grant Certifications – For ESG funded programs

The CoC is responsible for providing certification to annual applicants to the State's Emergency Solutions Grant program. Collaborative Applicant staff will certify ESG applicants according the following criteria:

- a) Acceptable participation levels and data quality in HMIS (unless prohibited as a domestic violence provider)
- b) Active participant in the Coordinated Entry System
- c) Membership and participation in MACH
- d) Program performance

V. Record Keeping Requirements - For CoC and ESG Funded Programs

1. HUD Required (minimum recordkeeping are as follows):

- a) Records containing personally identifying information must be kept secure and confidential
- b) Programs will have written confidentiality/privacy notice signed by the client with a copy of which should be made available to participants if requested
- c) Documentation of homelessness and disability condition, if applicable (following HUDs guidelines)
- d) A record of services and assistance provided to each participant
- e) Documentation of any applicable requirements for providing services/assistance
- f) Documentation of use of Coordinated Entry System
- g) Documentation of use of HMIS
- h) Records will be retained for the appropriate amount of time as prescribed by HUD
- i) Documentation for all costs charged to the grant
- j) Documentation that funds were spent on allowable costs
- k) Documentation of the receipt and use of program income
- l) Documentation of compliance with expenditure limits and deadlines
- m) Retain copies of all procurement contracts as applicable
- n) Documentation of amount, source and use of resources for each match contribution
- o) Code of Conduct/Ethics for the Organization

X. Occupancy Standards for Housing Units - For All CoC Funded Programs and ESG Rapid Rehousing Programs

1. HUD Required:

All housing units, including scattered site programs owned and/or managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate

of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards).

- a) Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
- b) Units must be inspected according to HUD current standards prior to lease execution and client move-in and must be re-inspected annually.
- c) Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
- d) Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
- e) Each room must have a natural or mechanical means of ventilation
- f) Must provide access to sanitary facilities that are in operating condition, private and clean
- g) Water supply must be free of contamination
- h) Heating/cooling equipment must be in working condition
- i) Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
- j) Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
- k) Building must be maintained in a sanitary condition and meet HUD requirements for size.
- l) Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

Coordinated Entry System Policy and Procedures

I. Overview of the Coordinated Entry System

The Midlands Area Consortium for the Homeless (MACH) provides collaborative and wide reaching solutions to homelessness in its 13 county area of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland and York counties in South Carolina. MACH is one of South Carolina's four designated Continuums of Care (CoC) by the U.S. Department of Housing and Urban Development (HUD). United Way of the Midlands (UWM) serves as the CoC Collaborative Applicant and administrator for the CoC's Homeless Management Information System (HMIS). The CoC is supported by staff at UWM, a Board of Directors, and six Committees. The Policy Committee is the CoC Committee that oversees and ensures compliance with HUD regulations, policy notices, and Coordinated Entry.

The CoC operates a Coordinated Entry System (CES) across the CoC's 14 counties to help people with a housing crisis find help quickly no matter how or where they seek assistance. CES is designed to ensure that all people experiencing homelessness have fair and equal access to housing, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. The system aims to work with households to understand their strengths and needs, provide a common assessment, and connect them with housing and homeless assistance. Through

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the use of a standardized assessment and vulnerability screening tools, CES strives to provide assistance to anyone in need and prioritize those with the highest service needs for federally funded housing. The target population of CES are people experiencing homelessness or imminent risk as defined by HUD. All CoC agencies funded by HUD Continuum of Care, Emergency Solutions Grant (ESG), Projects for Assistance in Transition from Homelessness (*PATH*), *Runaway* and Homeless *Youth* Program (RHY), Supportive Services for Veterans and their Families (SSVF), Veterans Affairs Supportive Housing (VASH), Veterans Affairs Grant Per Diem (GPD), Cooperative Agreement to Benefit Homeless Individuals (CABHI), and United Way of the Midlands funding are required to participate in CES, and all CoC homeless serving agencies and mainstream providers are invited and are critical components in the system.

The CES operates with the following guiding principles:

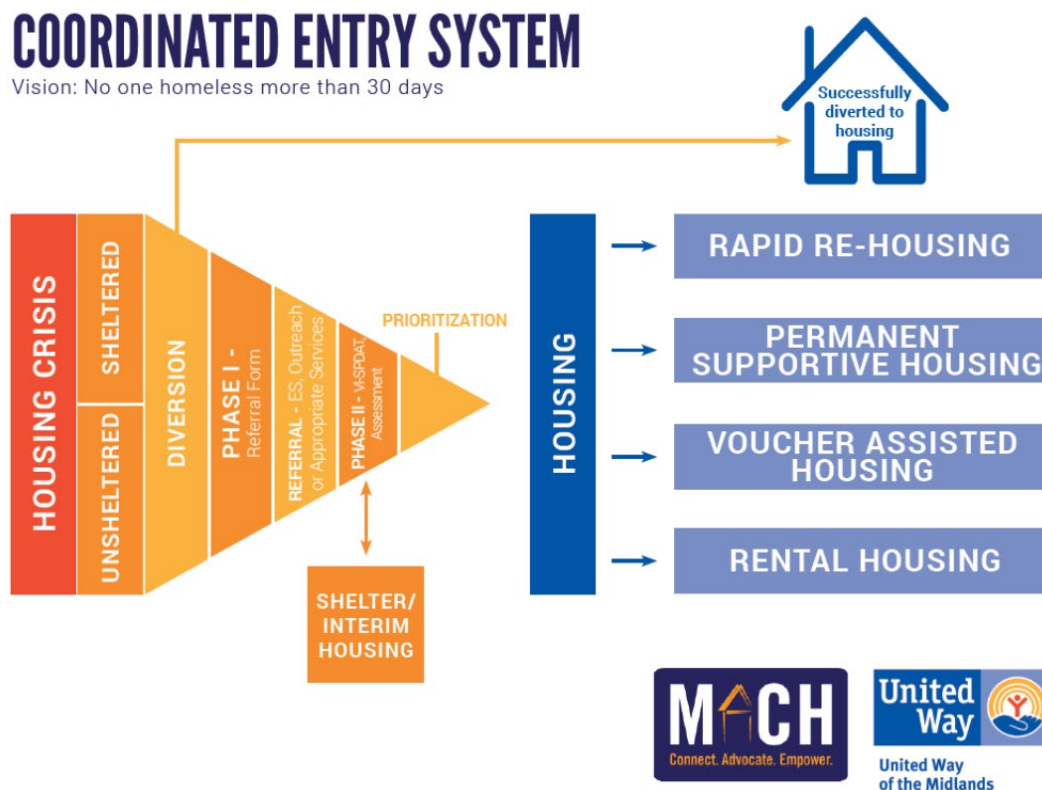
- ✓ Promote client-centered practices by ensuring every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for client participation in the development, oversight, and evaluation of coordinated entry. People should be offered choice whenever possible.
- ✓ Prioritize the most vulnerable as the primary factor among many considerations. Limited resources should be directed first to persons and families experiencing homelessness who are most vulnerable with the longest time experiencing homelessness.
- ✓ Eliminate barriers to housing access by identifying system practices and individual project eligibility criteria which may contribute to excluding clients from services and work to eliminate those barriers.
- ✓ Promote transparency by making thoughtful decisions and communicate policies and procedures openly and clearly.
- ✓ Promote collaborative and inclusive planning and decision making practices.
- ✓ Use culturally and linguistically competent practices that reduce cultural and linguistic barriers to housing and services for special populations.

MACH's CES provides a structured process for entry, assessment, scoring, prioritization, determining eligibility, and referral for homeless housing and services. The goal is to efficiently and fairly allocate resources by prioritizing severity of service needs and vulnerability in combination with the MACH Written Standards.

HUD guidance for the CES Policies & Procedures includes the Coordinated Entry Brief, the Coordinated Entry Notice, and the Coordinated Entry Self-Assessment. These documents establish the requirements and guidance for CES Policies & Procedures. MACH Written Standards and CES Policies and Procedures, using HUD guidance, provide direction on project eligibility and prioritization. HUD also provides additional information on defining and documenting chronic homeless status in the Defining Chronically Homeless Final Rule, Flowchart of HUD's Definition of Chronic Homelessness, and Homeless Definition Eligibility.

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The following details MACH's Coordinated Entry System:



Policies and Procedures Purpose

The Policies & Procedures detailed in this document focus on intake/access, assessment, prioritization, and referral to homeless resources and housing for literally homeless individuals and families. The policies and procedures in this document define the process and guiding principles for the implementation of the MACH Coordinated Entry System (CES). Procedures establish a series of steps to complete the coordinated entry process with guidance on eligible individuals and services. Policies develop the specific purpose of the program and the widespread application of specific components of CES.

Coordinated Entry System Stakeholders and Stakeholder Requirements

Individuals Experiencing Homelessness

The Coordinated Entry System (CES) is designed to serve persons that are experiencing literal homelessness, as defined by HUD, or under imminent risk of homelessness and are seeking or would benefit from homeless resources or services.

UWM – Collaborative Applicant

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UWM, in collaboration with the MACH Board of Directors and Committees, is responsible for overall management, operation, monitoring, and evaluation of the CES. Specifically, the UWM will:

- Recruit, train, and onboard participating partner agencies into the CES.
- Make ongoing site visits and implement quality assurance strategies for CES process.
- Maintain information about all providers' available housing and service programs, client eligibility, and housing inventory. All information will be updated at least annually.
- Assure data and application quality, and when appropriate work with providers to improve submission processes.
- Manage by-name list and housing referrals, in accordance with the CoC Written Standards and CES Policies & Procedures.
- Facilitate case conferencing processes with veterans group and other groups as needed with the goal of assuring clients are referred to appropriate interventions.
- Serve as a MACH Access Point
- Create and implement a strong marketing strategy for the CES that targets providers who serve homeless individuals and families, and educates the broader community about how to access the CES.
- Provide stakeholders with information on auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters.
- Convene various CoC groups to keep stakeholders updated and aware of changes to the CES.
- Lead efforts for evaluation and continuous quality improvement which include both provider feedback and client input, including outcome reports.
- Provide ongoing updates to the MACH Board of Directors and relevant committees of the CoC.
- Review and update training protocols on an annual basis.
- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a), and ensure clients should not be motivated to choose a certain housing or service location based on race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Access Points

MACH Access Points (MAPs) are the places – either virtual or physical – where an individual or family in need of assistance accesses the CES process. Access Points may include any crisis service provider, such as emergency shelters, social service agencies, and providers of mainstream services. A comprehensive list of MAPs can be found in Appendix A. MAPs are responsible for identifying staff who will complete Phase I of CES process, entering all data into HMIS, or providing data in a format that can be uploaded or entered into HMIS by the UWM. MAPs staff will also address the client's immediate crisis needs, and serve as the point-of-contact for the client until they choose to exit services, are housed, or are connected to another service provider. Each Access Point must have trained individuals administer the standardized

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CES Phase I Assessment (Appendix B). Training for MAPs will be provided at least quarterly. In accordance with HUD guidelines, the CES may provide separate Access Points for specific subpopulations. An individual or family may not be denied access to the CES due to being a victim of domestic violence, dating violence, sexual assault, or stalking. In cases where client safety is at risk, Access Points may work with the UWM to make alternative accommodations for access to homeless housing and services, including but not limited to providing anonymized client information to the UWM.

MAPs must comply with applicable Written Standards and meet the following requirements:

- Use HMIS to enter all required data, or provide data to the UWM using a mutually negotiated process, based on organizational capacity.
- Require staff who will be supporting clients entering CES to complete required training at least annually and ensure that at least one staff member is up-to-date in training at all times.
- Provide staff with training on cultural and linguistic competency, trauma-informed assessment, and safety planning.
- Confirm that the individual or family has not already completed the CES Phase I Assessment prior to assessment, conduct updated assessment if older than six (6) months, and ensure that all contact and eligibility-related information is current.
- Must use standard CES Phase I Assessment at intake
- Provide shelter diversion services, referral, connection to mainstream benefits, and connection to supports and services to individuals and families who have completed the CES Phase I Assessment, as appropriate.
- For clients who receive a Phase II assessment, provide the client with an in depth explanation of available housing and service choices and ensure the client understands the Written Standards Denial and Grievance procedure.
- Provide client with connections to community based emergency assistance services like supplemental food assistance and applications for income assistance.
- Be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.
- Participate in case conferencing as requested.
- Allow participants autonomy to freely refuse to answer assessment questions unless the information is necessary to establish or document program eligibility and to refuse housing service options without retribution or limiting their access to assistance.
- Ensure appropriate data protections are in place as defined in the CoC HMIS Policies and Procedures.
- Participate in ongoing evaluation and quality improvement processes.
- Identify individuals who face safety risks, especially individuals fleeing domestic violence. If risk of harm is determined, refer individuals or families to appropriate Access Points.
- Identify individuals with a risk of harm to self or others, and refer them to crisis mental health services when appropriate.

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- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a). In addition, clients should not be motivated to choose a certain housing or service location based on race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Homeless Housing and Service Providers

The Continuum of Care (CoC) and recipients of CoC program, Emergency Solutions Grants (ESG), Projects for Assistance in Transition from Homelessness (PATH), Runaway and Homeless Youth (RHY), Grant Per Diem (GPD), HUD-VASH and Supportive Services for Veteran Families (SSVF), and United Way of the Midlands funding must participate in the CES to screen, assess, and refer clients to homeless housing and services.

These resources include:

- Permanent Supportive Housing (PSH) – Funded Entity and/or Sub-Recipient
- Rapid Re-Housing (RRH)
- Prevention Services
- Emergency Shelter/Operations
- Street Outreach

Other non-CoC and ESG funded providers with homeless housing and services may be included in the CES. In order to serve as a CES Service Provider, agencies must comply with applicable Written Standards and meet the following requirements:

- Provide housing and service inventory data or anticipated housing and service inventory data to UWM within three (3) business days of any changes to the number of available units.
- Serve as a MACH Access Point
- PSH and RRH providers agree to use the CES as the only referral source for filling vacancies in designated housing and/or services projects.
- Follow MACH Prioritization Policy, if applicable to housing type.
- Document instances when a client declines the housing opportunity in HMIS and notify UWM.
- Verify documentation of client eligibility provided by Access Points or other case management provider, or collect and submit required eligibility documentation if not provided by the Access Point or UWM.
- Upon referral, provide the client clear information about the project, what the participant can expect from the project, expectations of the project including transfer policies, and written information on the CES grievance procedure.
- Coordinate with partners and the UWM to provide housing navigation assistance that may include housing referrals, developing a housing stability plan, assisting with housing search and placement, assisting clients with submitting rental applications and understanding leases, and addressing barriers to project admission.
- Provide ongoing case management to enrolled clients in accordance to CoC Written Standards.
- Participate in Case Conferencing meetings.

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- Ensure appropriate data protections are in place as defined in the CoC HMIS Policies and Procedures.
- Participate in ongoing evaluation and quality improvement processes.
- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a). In addition, clients should not be motivated to choose a certain housing or service location based on race, color, national origin, religion, sex, disability, or the presence of children.

Street Outreach

Street outreach is critical for connecting unsheltered households to services and housing. ESG Program-funded, PATH funded, and United Way of the Midlands Program Funded Street Outreach projects must be entry points, and non-ESG Program-funded Street Outreach projects should be entry points for households experiencing unsheltered homelessness. This will ensure that people sleeping on the streets access the housing crisis response system and are included in the prioritization for assistance. Street Outreach must offer the same standardized process as persons who access Coordinated Entry through site-based MAPs. Due to the nature of street outreach, it is okay if it takes several engagements to complete an assessment.

Access and Assessment

MACH utilizes a Multisite Centralized Access approach for the CES that provides clients access to referrals and services at multiple points throughout the Continuum's 14-counties. CES works in two phases – initial assessment (Phase I) and vulnerability screening/prioritization (Phase II). People can enter CES in a variety of ways including visiting an in-person MACH Access Point (located regionally across the CoC), accessing the referral form at the CoC website (www.midlandshomeless.com), being referred by one of the many mainstream providers that participate in CES, and engaging with a street outreach worker. People fleeing domestic violence can also call a 24-hour confidential hotline for assistance. CES can also be accessed by calling the 211 24/7 hotline for basic information on resources.

Phase I starts with diversion to determine if stable housing can be maintained without a homeless service intervention. All MAPs are provided with diversion resources (Appendix C). If an immediate intervention is still needed after diversion attempts a CES Phase I Assessment (Appendix B) is completed in HMIS based on the HUD universal data elements. If a client contacts MAPs during a time when no one is available, a message will direct them to call back during the timeframe when they are open or in case of an emergency call 911. They will be instructed to leave a message and someone will return their call the following business day. A paper-based CES Phase I Assessment is available for mainstream non-HMIS providers and is submitted to staff at UWM for entry into HMIS. After initial assessment, the client is referred to resources that best meet their needs and eligibility. Referrals may include prevention funds and sheltering. Referrals are made via email to designated agency staff noting the client HMIS identification number without identifying information. Domestic violence providers complete the same initial assessment, but is maintained in a database separate from the CoC HMIS. Those fleeing domestic violence

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are eligible for all CoC services that meet their needs not just specific to those experiencing domestic violence. Training for Phase I is conducted quarterly and resources are also available on the CoC website. If the client is assessed to have further long-term needs for housing Phase II is initiated. Phase II includes use of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) vulnerability screening tool. CES uses an individual, family, and youth version. Training to conduct the three vulnerability screening tools are available online at the CoC website. Agency staff must participate in training and pass a certification test before administering any of the three VI-SPDAT tools. The CoC operates a single, prioritization listing that incorporates the results of the vulnerability screening tool in an addition to length of time homeless (rather than individual agency waitlists). Those with the highest vulnerability and length of time experiencing homelessness are prioritized for federally funded permanent supportive housing. UWM staff maintains the prioritization listing that is sent to CoC agencies to fill housing units. Domestic violence agencies use the same vulnerability screening tools, but referrals for housing are sent without identifying information to UWM staff to protect confidentiality. If agencies are unable to house the next client on the prioritization listing due to program eligibility or other factors, notes are added to HMIS. Use of CES and the prioritization listing is a factor in annual monitoring of HUD funded programs. Details are available in the board approved CoC Written Standards.

Case conferencing meetings are held monthly for permanent supportive housing programs, rapid rehousing programs, Veterans and strategic Access Points throughout the continuum, along with a monthly street outreach worker meeting to locate and discuss hard to find clients (this meeting also includes local law enforcement). Programs ended agency level waitlists in October 2016 for use of the single prioritized CoC listing. UWM works closely with the Veteran Affairs Medical Center (VAMC) under a data sharing agreement to check monthly for those identifying as veterans via the Veteran Affairs system for eligibility for services. If the client is deemed not eligible due to discharge status, length of services, or other factors we move them from the veteran's portion of the prioritization listing to the non-vet listing. People fleeing domestic violence can assess CES and immediate shelter by calling the confidential hotlines of the CoC's domestic violence programs. Clients of domestic violence programs are entered into a parallel database to protect confidentiality, but are screened for domestic violence and non-domestic violence resources.

The MACH Policy Committee and MACH Board of Directors must ensure that all people in different populations and subpopulations that are experiencing literal homelessness or fleeing or attempting to flee domestic violence have fair and equal access to the system, regardless of the location or method by which they access the system. Local MAPs must be accessible to all households experiencing literal homelessness or fleeing or attempting to flee domestic violence, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Prioritization

Homeless Housing and Service Providers are required to use the MACH Board of Directors approved Housing Prioritization Policy. A copy of the current Housing Prioritization Policy can be found in Appendix D. The following are basic principles guiding prioritization:

- a) Programs must actively participate in the Coordinated Entry System (CES).
- b) Key agency personnel will attend trainings to achieve proficiency in CES.
- c) Programs will submit eligibility guidelines to the CoC at least yearly.
- d) Programs will notify the CoC of programmatic changes that effect eligibility when they occur to maintain up to date and accurate information in the CES.
- e) Programs will inform the CoC immediately of any changes in their non-profit or other legal entity status that would affect eligibility to receive federal or grant funds.
- f) Program rules and regulations should be designed or altered to reduce barriers to housing and/or services. Programs will furnish Tenant Rights & Responsibilities to all clients, including detailed consequences and appeal process should a violation occur. These Rights & Responsibilities must be applied consistently among clients, but may differ between Programs.
- d) Programs will actively target and prioritize homeless individuals and families with the most severe service needs and longest time period homeless.
- e) MACH will work to achieve the goals established in [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness](#) and through implementing its guidance and that of HUD Guidance.

Referrals

UWM will be responsible for overseeing referral processes in accordance with MACH's Written Standards and CES Policy & Procedures regarding prioritization. A housing and service match can be made at any time when there is an opening at a housing and homeless service provider. Referral and recordkeeping requirements for prioritization are:

- h) Programs will contact the Collaborative Applicant's Homeless Services Coordinator to report a housing vacancy which will be advertised across the CoC.
- i) Programs will review MACH's prioritization list to identify the next person potentially eligible (based on unit) on the list based on Section IV's Prioritization Policy and contact the Homeless Service Coordinator for assistance, when needed.
- j) Once identifying a person(s), the agency must contact him or her to determine interest in housing. If the highest ranking person cannot be found within **3 business days**, the Program may move onto the next person on the list and follow this process until someone is contacted and the bed is filled. Programs must document their efforts at contacting people in HMIS and client records.
- k) If the identified person is interested, the Program will begin project specific eligibility screening and documentation.

- ii. If the person is ineligible, the HMIS record should be updated to reflect this and prevent additional ineligible referrals to that Program. This can be done by provider staff or by CoC HMIS staff.
- l) If the person is eligible, he or she should be admitted to the Program and have an entry recorded in HMIS then contact the Homeless Services Coordinator to remove the client from the prioritization listing.
- m) For client files, Programs must document the VI-SPDAT score and selection reasons including the client's placement on the CoC Prioritization listing.
- n) If the person is denied, he or she will be added to a roster of clients to be reviewed by Case Conferencing to review people's housing barriers and identify other resources.
- o) The MACH Policy Committee is responsible for reviewing agency adherence to Prioritization Policy.

Case Conferencing will include case workers and individuals working with clients to provide additional information, expedite the referral process, or address grievances with housing matches. Case Conferencing will not be able to change prioritization, unless new information is presented at case conferencing that is relevant to CoC Written Standards prioritization and eligibility guidelines. Households highest on the prioritization list that match program eligibility have the opportunity to accept or deny housing and services. In addition, if multiple housing opportunities are available the highest prioritized client that is eligible must have the opportunity to choose which housing option best fits their needs. It is essential that the CES maintain client choice during the referral process.

The referral process below is to be followed for each stated stakeholder:

1. **Mainstream Providers** (example of a mainstream providers - school districts, hospitals and behavioral health organizations). See Appendix E for Roles of MACH Mainstream Providers.
 - a) Referral is made to MAPs (follow procedures described under MAPs)

-OR-

 - b) Send a paper CES referral for to the Homeless Services Coordinator with copy of ID (if available)
 - c) Referral form requires basic diversion questions be administered prior to referral
 - d) Basic screening will be conducted to include demographics, financial, and details of current crisis
 - e) UWM conducts an screening over the phone to complete basic entry assessment in HMIS
 - f) Electronic referral is made via HMIS to appropriate agency followed by an email with the client ID
 - g) Reminder email is sent to agency within 48 hours to document results in HMIS

2. **CoC and ESG Funded Programs**
 - a) Ask diversion and basic screening questions
 - b) If not a population served or not eligible, document the interaction in HMIS and make electronic referral to appropriate agency followed by an email with the client ID
 - c) If a population served by your agency, conduct assessment and entry into program to satisfy basic needs (example – sheltering)
 - d) At earliest opportunity based on level of engagement, conduct a VI to assess for vulnerability and housing prioritization
 - e) Call 2-1-1 if assistance is needed to identify other resources for referrals if unable to assist client
3. **Permanent Supportive Housing Programs (CoC funded)**
 - a) Accept referrals from all sources
 - b) Follow MACH Prioritization Policy and document in HMIS efforts to reach clients
4. **2-1-1**
 - a) Ask diversion and basic screening questions
 - b) Make verbal referral to appropriate services and housing providing information to client on eligibility criteria, hour of operation, procedures for access, and other information, as available in HMIS/2-1-1 resources database.
5. **Prevention Programs**
 - a) Ask diversion and basic screening questions
 - b) Conduct assessment and entry into program to satisfy basic needs (example – prevention funding or a motel voucher)
 - c) Conduct a VI to assess for vulnerability and housing prioritization
 - d) Make electronic referral to appropriate agency for additional needs followed by an email with the client ID
6. **Access Points (MAPs)**
 - a) Ask diversion and basic screening questions
 - b) Document an entry assessment into HMIS and complete a VI (if appropriate depending on the level of engagement)
 - c) If not a population served or not eligible, document the interaction in HMIS and make electronic referral to appropriate agency followed by an email with the client ID
 - d) If a population served by your agency, satisfy basic needs (example – sheltering)
 - e) Call 2-1-1 if assistance is needed to identify other resources for referrals if unable to assist client

II. Data Management

MACH's CES is maintained with HMIS quality security standards. All participating agencies must have a signed agreement with the CoC's HMIS administrator and individual staff are required to participate in initial and follow-up training. Access to HMIS is restricted those with a valid user ID and password. As detailed in the HMIS Policies and Procedures, the following data management protocols are required for all agencies participating in HMIS:

- Privacy Statement explaining the reason for collecting data and the general use and disclosure of such information must be posted at each intake desk or on the agencies website.
- Unless consent is provided by a client, no client data may be shared with other agencies. Agencies may use an implied consent provided no disability information is shared.
- Agencies are strongly encouraged to have clients sign the *Acknowledgment of Receipt of Notice of SCIC Privacy Practices and Release of Information* (Appendix F).
- All clients must be informed, via a Posted Policy Statement and/or the Acknowledgment of Receipt of Notice of SCIC Privacy Practices and Release of Information that all Protected Personal Information restricts how much information is disclosed without consent.

Evaluation

For an effective and continually improving CES system there must be an evaluation that is unbiased, comprehensive, efficient and used for system improvement. The following are the key principles measured to ensure a comprehensive system:

- There is broad participation among homeless prevention and intervention services, including mainstream services, crisis services, emergency services, emergency shelters and housing.
- CES is well integrated and there is a collaborative community of service providers.
- Community stakeholders have confidence in the system and report high levels of satisfaction with the system.
- Consumers are knowledgeable about how to access the system.
- The system is properly resourced with homeless services and housing.
- There are high rates of exits to and retention in permanent housing.
- There is a continual decrease in the rates of first-time homeless.

The following are the key principles measured to ensure unbiased system:

- CES reaches all populations, regardless of race, ethnicity, gender, sexual orientation, veteran status, disability status, and geography
- The prioritization standards are observed.
- Participating housing providers use a Housing First approach.
- Consumers are assessed consistently across all sites.

The following are the key principles measured to ensure an efficient system:

- Consumers are appropriately matched to homeless housing and services.
- Continual increasing rates of diversion.
- Housing vacancies are filled quickly.

- The reduction of length of time homeless.

Evaluation data will be collected by the UWM by annually obtaining qualitative data (online surveys, focus groups, and/or interviews) from CES stakeholders and utilizing system performance measures and annual from HMIS. The UWM will annually survey community leaders through electronic surveys. In addition, annual Performance Monitoring of Continuum of Care Grantees, developed by MACH's Data and Evaluation Committee, along with feedback from Emergency Solutions Grants grantees will be used to evaluate the overall effectiveness of CES and report results out to the MACH community. Data from all sources will be annually incorporated into the CES Annual Assessment. The CES Annual Assessment will be completed on an annual basis with full reports given to the CoC Board of Directors and Members, Access Points, Service Providers and other stakeholders.

Homeless Management Information System Policies and Procedures

(Version 7/20/2007 – Revisions: (9/30/07, 10/8/2009, 7/29/2010, 8/20/2010, 06/22/2012, 2/21/13)

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This document defines the Policies and Procedures of the South Carolina Information Collaborative (SCIC) and includes the organizational structure. The Homeless Management Information System (HMIS) currently encompasses two of the four South Carolina homeless coalitions: the Eastern Carolina Homelessness Organization (ECHO) – Chesterfield, Darlington, Dillon, Clarendon, Marion, Florence, Horry, Georgetown, Marlboro, Sumter, Georgetown, and Williamsburg County, and the Midlands Area Consortium for the Homeless (MACH) – Allendale, Aiken, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York County. This document has been approved by the MACH Board (HMIS oversight), United Way of Midlands, (HMIS grantee and HMIS lead agency), and ECHO Board (HMIS grantee and HMIS lead agency). All **Users** of SCIC must be provided a copy and be familiar with this document. **Agencies may not deny services or housing to clients for failure to participate in the HMIS.**

1 Organizational Structure

Policy:	1. The primary decision-making body of the Continuum of Care (CoC) is the governing body of the HMIS. The grantee, if different from the CoC, guides the implementation of the system. However, the CoC is ultimately responsible for the HMIS. The CoC ensures participation of all qualified agencies in the HMIS. The CoC, if different from the grantee, can designate the grantee to assist in ensuring MOAs are executed with all qualified Contributory HMIS Organizations (CHO) . The CoC ensures that the HMIS is being carried out according to the guidelines set forth in the HMIS Data Standards.
Procedure:	1. The CoC’s HMIS lead agency’s designee is the representative to the SCIC Steering Committee.

2 Steering Committee

Policy:	<ol style="list-style-type: none">1. Primary decisions regarding SCIC that affect all lead agencies (i.e. CoC, HMIS grantee) are made by the Steering Committee. The HMIS sharing contract defines the Steering Committee and its responsibilities.
Procedure:	<ol style="list-style-type: none">1. As defined in the Participant HMIS Sharing contracts, the Steering committee is comprised of one person designated by each Participant and the HMIS Lead System Administrator. It shall meet, as needed, to make decisions regarding:<ul style="list-style-type: none">• Implementation• Expansion• Project management• Oversight• Enforcement• Coordination• Contracts• Policies and Procedures2. Meetings shall be called by the HMIS System Administrator or at the request of any of the Participants. Meeting times and places are arranged by the HMIS System Administrator who will also chair all meetings. Meetings may be conducted by email or telephone provided all participants are in agreement.

3 HMIS Committee

Oversight Committee of CoC's HMIS

Policy:	<p>Each CoC designates a local committee to oversee the implementation of the HMIS and establish policies governing the HMIS. Policies must adhere to the guidelines set forth in the U.S. Department of Housing and Urban Development (HUD) HMIS Data Standards. This committee makes recommendations to the Steering Committee regarding:</p> <ul style="list-style-type: none">• Implementation• Expansion• Project management• Policies• Oversight• Enforcement• Coordination• Contracts• Policies and Procedures
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Procedure:	The CoC or the authorized agency (i.e. grantee) ensures the establishment of the HMIS Committee and that its responsibilities are tracked and documented.
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4 SCIC Participation

4.1 Agreements to Participate

Policy:	<p>All participating agencies in the SCIC must have a signed agreement with the HMIS grantee. The HMIS grantee must execute a Memorandum of Agreement, Memorandum of Understanding or some form of an agreement with each Contributory HMIS Organization (CHO). The agreements must reference these SCIC Policies and Procedures and the baseline requirements of the HMIS Standards that the partner agency must follow as a condition for participation in the HMIS, including requirements for data collection, data quality, data sharing, privacy and security.</p> <p>The agreements must define the terms of participation for all parties as well as the obligations and authority of the HMIS Lead Agency.</p>
Procedure:	The Agreements must be signed by the CHO Executive Director and an authorized official at the grantee level.

4.2 Terms of Participation

Policy:	All agreements will include the following terms of participation: the disclosure of universal data and additional local elements at least once annually; compliance with local, state, and federal laws with respect to data retention, transfer, use and disclosure. Defined responsibilities of all parties either explicitly or by reference to other documents.
Procedure:	The terms of participation are outlined in the MOA or MOU between all participants.

4.3 Contributory HMIS Organization (CHO)

Policy:	<p>Participation will be limited to all those providing housing and/or services to the homeless and those at risk of homelessness as defined by HUD.</p> <p>Participating agencies are defined as a CHO and can operate the following programs: Contributory CoC Program, Contributory Non-CoC Program, a CoC Program (i.e. Homeless Assistance Program or Homeless Prevention Program).</p>
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	<p>First priority for participation as determined by the HMIS Standards are: (1) Shelters, (2) permanent supportive housing, (3) service agencies targeting the homeless population, and (4) Other agencies serving at-risk populations.</p> <p>Domestic Violence shelters are prohibited by HUD from participating in HMIS.</p>
Procedure:	All parties seeking to participate must contact the CoC and provide information on the agency and demonstrate ability to comply with the SCIC Policies and Procedures.

5 Access to SCIC

Policy:	<ol style="list-style-type: none"> 1. Access to the SCIC is restricted to those with a valid user ID and password. Only an agency that has signed the MOA or MOU with the HMIS grantee may apply for a user ID. All potential users must receive training on the HMIS before an ID and password are provided. 2. User IDs may not be shared. It is one ID per user. The only exception is where the users job share, i.e., are never on the system at the same time, and only if a log is kept of when each user is logged into HMIS.
Procedure:	<p>The steps to obtain a valid user ID and password are:</p> <ol style="list-style-type: none"> 1. Agency must have a signed MOA with a Participant. The individual accessing the HMIS must be an employee or volunteer of the CHO. 2. Agency must request access to the SCIC for specific individual(s) through their coalition or Participant. 3. Agency must select one or more individuals who will use SCIC and request training for those individuals. The number of users may be limited by the Participant's HMIS HUD grant. 4. The new user must complete training, which consists of four components: <ul style="list-style-type: none"> ○ ServicePoint Application ○ Data Quality ○ Security ○ Privacy 5. Prior to training, each user must sign and initial the Request for SCIC User ID form. The form must also be signed by the user's immediate supervisor and the CHO's Executive Director. Training may be provided by the SCIC System Administrators, or other persons or organizations authorized by the System Administrator. 6. If the CHO utilizes a subcontractor to enter client data, the CHO should provide a copy of the subcontractor agreement and a written statement of their authorization to access the system on behalf of the CHO. The SCIC User form must be signed by the CHO, Executive Director of the subcontractor agency, and system user.

	<ol style="list-style-type: none"> 7. Each user must complete the SCIC Privacy Questionnaire. 8. Each user must read the SCIC Privacy Policy and the SCIC Code of Ethics. 9. The CHO is responsible for informing their regional HMIS System Administrator within 24 hours when a staff member who is an HMIS user leaves their employment or for other reasons should no longer have access to HMIS. <p>Users are required to follow the Policies and Procedures defined in this document which may be updated at any time. All users will be kept informed of changes to this document by email, and the most recent version is always available at: http://echohomeless.org or http://uway.org/homeless_management_information_system/. Failure to comply may result in the suspension or revocation of a User ID.</p>
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6 Types of Users (User ID privileges)

Policy:	<p>Depending on the need and training level, HMIS users may have different access to the data and functions of the HMIS. The SCIC defines four primary levels of user access:</p> <ol style="list-style-type: none"> 1. Volunteer – Non-paid staff members of an agency may be given Volunteer User IDs. This User ID enables client data input and shelter bed check-in and check-out. 2. Case Manager – Most agency users will be assigned a Case Manager User ID. This ID enables new client entry and exiting, data entry and editing of case notes and service transactions, and bedlist check-in and check-out. All case managers within an agency have complete access to all data entered by all other case managers and volunteer users within their agency as well as most data entered and shared by other agencies. Case Managers who enter data for more than one agency must sign a Business Associates Agreement (BAA) with their Participant, as these users will have access to data from multiple agencies. Copies of the signed BAA should be provided to the HMIS system administrator. 3. Agency Administrator – This User ID provides the same access rights as Case Manager, plus access to provider profiles. This User may assign and activate/deactivate User IDs, and reassign temporary passwords for users in their agency. Agency Administrators may also create and delete flash news articles for their agency. Each coalition and large agencies (those with more than 3 users and at the discretion of the System Administrators) may request an Agency Administrator User ID. System Administrator II – This user has complete access to all data records within the HMIS and to all administrative functions within the HMIS. Each CoC has one or more System Administrator II users, and these individuals have access to provider profiles and all data entered by all individuals. They must sign a Business Associates Agreement (BAA) with the
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Updated 2/14/19

	HMIS grantees or be an employee of the HMIS Grantee. This agreement specifically states that he/she will not disclose any HMIS data to any third party. A copy of the signed agreement will be available from the CoC Board.
Procedure:	A CHO must contact the System Administrator to request training for potential new HMIS users. Once trained, a user ID and password are created and provided. The Agency Administrator or HMIS System Administrators ensure that training is consistent with the user level and need.

7 Data

7.1 Ownership of Data

Policy:	The CoC is the custodian of the data and each agency owns the client data they enter. If an agency is inactive in HMIS or leaves the system for six consecutive months, ownership of the client level data reverts to the CoC. However, as a partner in the SCIC, each agency agrees to share data with other organizations for referral and coordination of services. Data may also be shared with organizations outside of HMIS, provided no client identifiers are shared, or with the SC Office of Research and Statistics (ORS) for research purposes with identifiers, provided there is a signed MOU between the CoC, HMIS grantee and ORS stating client identifiers will not be released to any third party and are destroyed after a period of time.
Procedure:	Data is stored on a server in a secure location at Bowman Systems.

7.2 Data Privacy

7.2.1 Privacy Notice (Statement)

Policy:	Each agency must post a copy of the Privacy Statement at each intake desk and/or on the agency's web page (or comparable location) that explains the reasons for collecting data and the general use and disclosure of such information.
Procedure:	Agencies may modify this statement or combine it with existing privacy statements; however, any modifications must be approved by the HMIS grantee.

7.2.2 Privacy Policy

Policy:	Each agency will abide by the SCIC Privacy Policy which defines the privacy practices.
Procedure:	Each agency must have a copy of the SCIC Privacy Policy (included in the Appendix). The SCIC Privacy Policy must be provided to clients if requested.

7.2.3 Acknowledgement of Receipt of Notice of SCIC Privacy Practices and Release of Information

Policy:	Clients are the real owners of the data they provide. Unless consent is provided by a client, no client data may be shared with other SCIC agencies. Agencies may use an implied consent provided no disability information (HIV/AIDS, substance abuse, mental illness or other disability whose release is covered by state or federal release regulation) is shared.
Procedure:	<p>Data collected is essential to the administration of local assistance programs. We recommend all agencies have clients sign the <i>Acknowledgement of Receipt of Notice of SCIC Privacy Practices and Release of Information</i>. This form has a place for the client to sign indicating they have read and understand what data is collected and how it might be used. The <i>Release of Information</i> has a separate section where the type of information released is identified and a separate signature block is available. Clients are encouraged to sign this section. The <i>Alternate Notice of Privacy and Release of Information</i> is used when a signature is not obtained, but a staff member certifies that the client was given the notice. The <i>Acknowledgement of Receipt of Notice of SCIC Privacy Practices and Release of Information</i> form is provided in the Appendix.</p> <p>This sharing practice is useful in creating unduplicated client counts and to facilitate effective client case management. All clients should be encouraged to sign. Data is only shared with other agencies that have access to the SCIC or as specified elsewhere in this document.</p> <p>The default setup is ALWAYS to share data with all other agencies with client's consent. The release of information initiates the sharing of information. Agencies that have sensitive data that should not be shared may request a deviation from this policy.</p> <p>The Acknowledgement of Receipt of Notice of SCIC Privacy Practices and Release of Information expire after one year and should be updated each year when the client's assessment is completed.</p> <p>After the release of information expires, the information remains in the system, but any new information added is not shared.</p> <p>Any changes to the Privacy Policy and Acknowledgement of Receipt of Notice of SCIC Privacy Practices must be approved by the HMIS grantee.</p>

7.2.4 Protected Personal Information (PPI)

Policy:	Information that uniquely identifies an individual is Protected Personal Information (PPI) and state and federal regulations restrict how such information may be released and disclosed. The Client Profile (Name, Date-of-birth, Social Security Number, Race and Ethnicity) are the key primary identifiers we collect.
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Procedure:	All clients must be informed, via a posted Privacy Statement and/or the Acknowledgement of Receipt of Notice of SCIC Privacy Practices and Release of Information form that we do not release this or any other information to other users on the system or anyone else without their consent.
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7.3 Data Quality

Policy:	The HUD HMIS Standards define specific data elements that must be collected and entered into HMIS. HUD defines two categories of data elements: <i>Universal</i> data elements - required to be collected from all homeless clients served by any agency, and <i>Program Specific</i> data elements - collected from all clients if agencies receive HUD grant funds (i.e. SHP, S+C, SRO, and HOPWA).
Procedure:	See the Appendix for the most recent SCIC Data Quality Plan.

7.4 Other Data

Policy:	A CHO may enter additional data on each client as it feels is useful.
Procedure:	<p>HMIS includes a large number of assessment screens designed to collect additional data. The System Administrator creates each agency's set of assessment screens at the direction of the agency. Some of the possible assessment screens include:</p> <ul style="list-style-type: none"> • Children • Children Immunizations • Client Budget and Expenses • Education • Employment • Insurance • Legal • Medical • Mental Health • Personal Strengths • Psychosocial • Addiction • Family / Residence • PATH (PATH grants ONLY)

7.5 Data Integrity and Accuracy

Policy:	Users must make their best efforts to obtain accurate and complete information. The most important data elements to enter are the full name, date of birth and gender. Users may not intentionally enter invalid or incorrect data. Data may be entered, and corrected if necessary, within 72 hours of when the data is provided by the client. Disability information should NOT be collected or entered until after acceptance into programs.
Procedure:	<p>Data is reviewed periodically by Agency Administrators and the HMIS System Administrator for accuracy and completeness.</p> <p>To improve data quality, the HMIS System Administrator shall run data reports which show clients with missing <i>Universal Data</i> elements and clients with missing <i>Program Data</i> elements. These reports will generate emails to all users with data entered or updated within the last 30 days from when the report is run listing clients with missing data and the data items that are missing. Reports are to be run at least every two weeks.</p> <p>HUD CoC data quality benchmarks for null data are:</p> <ul style="list-style-type: none">• Gender – 0.3%• Ethnicity – 3.4%• Race 7.7%• Age 1.0%• Veterans Status – 7.5%• Disability Status – 22.0%• Living Arrangement Prior to Program Entry – 21.3%• Length of Stay - 28.9%• ZIP Code of last permanent Address – 27.1%

7.5.1 Data Timeliness

The preferred method of data collection and entry is real-time with data being entered into HMIS as it is collected. When this is not possible or practical, data must be entered into HMIS within 72 hours of when the data is collected, but sooner if possible.

Policy:	Users must make their best efforts to enter data collected from client interviews within 72 hours.
Procedure:	A data timeliness reports showing number of clients with data entered more than a week after collection will be reviewed monthly, and agencies with a significant number of late entries will be notified.

8 Privacy and Security Plan

The privacy of client data is the utmost concern for all agencies and users of SCIC.

Updated 2/14/19

8.1 Desktop Security

Policy:	ServicePoint, the software used for the SCIC, is accessed via the Internet. A broadband Internet connection is necessary. To maintain security, computers used to access SCIC must be secured by firewall. Both a hardware firewall (router) and a software firewall is required, as well as anti-virus and anti-spyware applications.
Procedure:	<p>The following are standards to ensure desktop security:</p> <ul style="list-style-type: none">• A recent release of a browser that supports and is configured for 128-bit SSL encryption, such as Google Chrome, Internet Explorer latest version or Mozilla Firefox latest version.• All computers, including a single computer not on a network, must connect to the internet (usually via a cable or DSL modem) through a broadband router. A DIRECT CONNECT TO A CABLE MODEM that does NOT include a router IS NOT ALLOWED! Most cable modems supplied by cable companies DO NOT include a router/firewall and one must be placed between the modem and the computer. If the modem includes connections for more than one computer it includes a router and is ok, otherwise a router must be added.• If you have computers networked with wireless connections, it is recommended that you have WPA security (not WEP) and the network is password protected. MANY ROUTERS DEFAULT TO UNSECURED WIRELESS, so if your modem and/or router include wireless, you must check to ensure that you have not set-up an unsecured wireless network.• The computer used to access SCIC must be protected by a personal firewall as well as anti-virus and anti-spyware software. Anti-virus/anti-spyware software must include a subscription service to keep it up-to-date, and the subscription must be kept current.• If the computer used to access SCIC is on a network, ALL computers on the network must be protected as described above.• All desktops used for access to SCIC that are not in a locked room must use a screen saver set for 10 minutes or less and require a password to reactivate. The HMIS Systems Administrator can help set up desktop computers, if needed.• HMIS user passwords must not be written down and left near computers used to access SCIC. If they must be written down they should be carried in a wallet or purse, not left in or on your desk.

8.2 Data Security

Policy:	There are a number of state and federal regulations covering the release of client identifiable data. The HUD HMIS Data and Technical Standards also specify minimum security requirements for the HMIS. Client identifiers include name, date-of-birth and social security number.
Procedure:	<ul style="list-style-type: none">• All users are issued a User ID and Password to access the system.• All users must sign confidentiality statements and attend training that includes information on data security.• Hard copies of data must be stored in a locked file cabinet.

	<ul style="list-style-type: none"> Files must be disposed of appropriately in accordance with current industry standards after a minimum of 7 years. When removing files from an individual computer the fields must be overwritten at least three times. Computers must be set to lock after inactivity and must be protected with a screen saver. Computers are not to be left alone with PPI data displayed The HMIS software will lock users out after inactivity. After 3 failed log-ins the User's password will be inactive. All data transmitted electronically must be encrypted Any data with PPI stored on a computer must be encrypted in accordance with the current industry standard.
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8.3 Client Data Sharing

Policy:	<p>SCIC has five types of data:</p> <ol style="list-style-type: none"> 1. Client Profile (as defined elsewhere in the document). If set to share in the Provider's Profile, does not require an ROI to be entered to be shared. 2. Primary Assessment data. This data is the primary Assessment page used by the agency (provider) as well as the Household Data Sharing Assessment. 3. Client Needs and Services provided. 4. Goals and Case Notes 5. Other Assessment data not included in 1.or 2. Above. <p>We define three levels of data sharing:</p> <ol style="list-style-type: none"> 1. Not shared. 2. Shared Globally (all other users on the HMIS). 3. Selective sharing (specified provider list for each type of data defined above for each provider. <p>Typical settings:</p> <ul style="list-style-type: none"> Client Profile data is shared Globally and does not require an ROI to be shared. Primary Assessment, Household Data Sharing, and Needs/Services are shared Globally, but require an ROI with positive Permission and active date range to be entered before data is shared. All other data is closed (not shared), but agencies may request any specific Assessment or group of data defined in HMIS to be shared, either Globally or to specific agencies. <p>ALL providers for mental health services or agencies whose primary clients are youths, or agencies whose primary services are for HIV/AIDS or substance abuse, are set to only share Client Profile, and this may be set to not shared if requested. (Note: Client Profile data does NOT include any information about what agency entered the data.)</p>
Procedure:	The majority of Provider Profiles in the HMIS are set to share Globally.

	<p>Thus, all agencies must use the Privacy Policy and Acknowledgement of Receipt of Notice of SCIC Privacy Practices and Release of Information, which explicitly states the purposes for which the agency collects data and provides places for signatures and date. Two of the stated purposes for collection of data must be: continuity of care, and research.</p> <p>NOTE: The Systems Administrator(s) has access to ALL client data. This access is primarily used to provide technical support to users. The Systems Administrator(s) has signed a BAA agreement prohibiting release of any data to any individual or organization.</p>
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8.4 Sharing Client Profile (Name, Age, SSN, race and gender)

Policy:	Client Profile is shared by default. This data is shared if the client has signed a release form indicating that the client has agreed to share this data with all HMIS agencies or there is an implied consent.
Procedure:	Provide all clients with a copy of the Privacy Policy and have all clients sign the <i>Acknowledgement of Receipt of Notice of SCIC Privacy Practices and Release of Information form</i> . This should be the one provided by your HMIS System Administrator(s) or one that has been approved by the CoC. If the agency is using implied consent an agency staff member should sign the <i>Notice</i> indicating the client has been informed of the Privacy Policy and consents.

8.5 Sharing Assessments and Other Data

Policy:	Agencies share additional client data with other HMIS agencies for the purposes of facilitating a referral for services or housing, only if the client has signed a release (Acknowledgement of Receipt of Notice of SCIC Privacy Practices and Release of Information) and a release of information with permission to share has been entered by the user in the system . Clients may not be denied housing or services based on a failure to sign a ROI. Agencies may use an implied consent if desired, but agency staff should sign the <i>Notice</i> indicating the client has been informed and consents.
Procedure:	<p>To Share Assessment Data:</p> <ol style="list-style-type: none"> 1) Have the client sign the Acknowledgement of Receipt of Notice of (SCIC) Privacy Practices And Release of Information (included in the Appendix). This includes consent to enter data into the system and consent to share additional information. Two (2) signatures are required. The <i>Release</i> document may also be used for implied consent and only the agency staff needs to sign. 2) There are certain agencies that do not share data globally. These include agencies whose primary function is to serve those with mental health conditions and HIV/AIDS.

8.6 Aggregate Data Sharing and Release

Reports:

Policy:	Reports generated by any CHO or the HMIS Systems Administrator may be made public and/or shared with other agencies and organizations PROVIDED the report contains NO CLIENT IDENTIFIERS. Client level data will be used by the HMIS Grantee/CoC for research and CoC planning purposes.
Procedure:	Any reports that include a client's name, date of birth and/or social security number MAY NOT BE shared outside of your agency with the exception of ORS as elsewhere noted in this document.

8.7 Data Extracts:

Policy:	<p>General extracts (Excel worksheets, CSV or any other format) of data in HMIS may not be shared with any other agency or organization if it contains any client identifiers (name, data-of-birth, and/or social security number).</p> <p>The exception to this policy is that extracted data with client identifiers may be shared with another organization for research purposes PROVIDED there is an agreement in place between the CoC and HMIS Lead Agency and the third party. The agreement must include a provision that restricts use of client identifiers to creating a unique id for the client record for the purpose of matching this client with clients with the same identifier from other data sources. However, the data with client identifiers cannot be reproduced in any form, and it must be deleted once its purpose of data matching is complete. The CoC and HMIS Lead Agency must review research findings and authorize release of findings based on HMIS data.</p>
Procedure:	To share data with a third party for the purpose of research and aggregate reports with data matched from other data sources, the Participant must have a signed Memorandum of Agreement (or contract) with the third party explicitly detailing the constraints of access to, reproduction of, and distribution of the data as outlined above. The MOA must be reviewed by the HMIS System Administrator prior to signing.

9 Technical Support and System Availability

Policy:	The System Administrator(s), Agency Administrators, or the designated technical assistance contact for the CoC shall provide technical support as needed.
Procedure:	<p>Users should call or send an email to the HMIS System Administrator or the designated technical assistance contact for the CoC.</p> <p>In addition, a 'Toolbox Checklist' of HMIS Requirements, Response (compliance), Assessment and Action Items is included in the Appendix. This document should be used by the CHO to ensure compliance with the Policies and Procedures. The CoC</p>

	designated HMIS person may periodically review agency compliance with Policies and Procedures and assist, where practical, with technical support to help agencies comply.
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Appendices

Included in the Appendix are copies of a number of forms used by each coalition. Those included in these Appendices are representative examples of those forms which may be different for each coalition. Electronic copies of the latest version of your coalitions current forms are available online – contact your HMIS System Administrator for access and be sure that you are using the most recent forms, as these may change from time to time.

Appendix A: Definition of Terms

Appendix B: Confidentiality Guidelines

Appendix C: Request for User Account

Appendix D: Acknowledgement of Receipt of Notice of (SCIC) Privacy Practices And Release of Information

Appendix E: Privacy Policy

Appendix F: Privacy Statement

Appendix G: SCIC Code of Ethics

Appendix H: Complete HMIS Intake Form

Appendix I: Universal Intake Form

Appendix J: Data Quality Plan

Appendix K: Agency/Site Data Standards Compliance Checklist

Please contact your HMIS System Administrator for electronic versions of these documents.

Definition of terms

Business Associates Agreement (BAA) – An agreement signed between the authorized entity providing oversight for the SCIC and the individual that manages data for multiple agencies participating in the SCIC.

Client Profile – Primary client identifiers in the HMIS: name, date-of-birth, social security number, race and gender.

Continuum of Care (CoC) – The primary decision making entity defined in the funding application to HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency.

CoC Program – A program identified by the CoC as part of its service system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis. Continuum of Care Programs may include:

Homeless Assistance Program – A program whose primary purpose is to meet the specific needs of people who are literally homeless. These programs include outreach, emergency shelter, transitional housing, rapid re-housing, permanent housing and permanent supportive housing; and

Homelessness Prevention Program – A program whose primary purpose is to meet the specific needs of people who are at risk of homelessness. These programs include those funded by HPRP and other homelessness prevention programs identified by the CoC as part of its service system.

Contributory HMIS Organization (CHO) – An organization that operates a contributory homeless assistance program or homelessness prevention program or contributory non-homeless assistance program. Programs can be part of a CHO or an organization can operate programs independent of a CHO. These programs can include a CoC Program, Contributory CoC Program, and/or a Contributory Non-CoC Program

Contributory CoC Program – A homeless assistance program or homelessness prevention program that contributes Protected Personal Information (PPI) or other client level data to an HMIS.

Contributory Non-CoC Program – A program that is neither a homeless assistance program nor a homelessness prevention program that contributes PPI or other client-level data to an HMIS.

End User (Users) – An employee, volunteer, affiliate, associate, and any other individual acting on behalf of the CHO or HMIS Lead agency who uses or enters data into the HMIS or another administrative database from which data are periodically uploaded to the HMIS; anyone with a valid user ID and password to SCIC.

Grantee – This is an agency receiving funds from the federal government (in this case the Department of Housing and Urban Development [HUD]). In some cases, the grantee is also the project sponsor, and the fiscal agency for the grant.

Homeless Management Information System (HMIS) - The information system designated by a CoC to process Protected Personal Information (PPI) and other data in order to create an unduplicated accounting of homelessness within the CoC. HMIS may provide other functions beyond unduplicated accounting. The SCIC database includes information on client records, services needed and provided, shelter bed stays, case notes, and case plans.

Department of Housing and Urban Development (HUD) - The Department of Housing and Urban Development is a part of the U.S. federal government that is responsible for policies that relate to providing housing.

HMIS CoC Administrator – Each CoC may have an HMIS Administrator who may add and remove users and providers to the HMIS and has less authority than the HMIS System Administrators in that they are not authorized to perform functions or make changes to the HMIS that would affect users in other CoC's, nor can they share data with outside entities.

HMIS Lead Agency – An organization designated by a CoC to operate the CoC's HMIS on its behalf. In the case of the SCIC an organization in partnership with the CoC with a written agreement.²

HMIS Lead Systems Administrator – Has complete control and access to all functions of the HMIS. All changes to the system that affect all users on the system are coordinated and agreed upon by the SCIC Steering Committee and made by the HMIS Lead System Administrator.

HUD HMIS Data and Technical Standards – The federal notice with guidelines governing an HMIS. All CHO's using an HMIS must comply with these standards. *HMIS Data Standards, Revised Notice, March 2010; US Department of Housing and Urban Development, Office of Community Planning and Development; The previous notice was the HMIS Data and Technical Standards Final Notice, (FR 146, July 30, 2004).*

Participant – A South Carolina coalition that has signed the HMIS Sharing with ECHO for access to SCIC. ECHO has the contract with Bowman Internet Services, LLC (BIS) for the SCIC application.

Privacy Policy and Acknowledgement of Receipt of Notice of (SCIC) Privacy Practices And Release of Information – A document detailing the SCIC Privacy Policy similar to standard HIPAA consent forms. The document addresses the client's confidentiality rights; information rights; information security; benefits of agency information sharing; risk in sharing information and questions; and risk you should

consider. The standard Acknowledgement of Receipt of Notice of (SCIC) Privacy Practices form includes a place to sign indicating the client has been informed of the agency's policy and a place to sign the consent to release information with All agencies participating in the SCIC.

MOA or MOU – A Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) must be executed between the grantee and all participating agencies. The documents must be signed by the Executive Director of the CHO.

Protected Personal Information (PPI) – Any information maintained by or for an organization about a client or homeless individual that: (1) Identifies, either directly or indirectly, a specific individual; (2) can be manipulated by a reasonable foreseeable method to identify a specific individual; or (3) can be linked with other available data to identify a specific individual. The HUD HMIS Standards lists: Name, SSN, Date of Birth (DOB), Zip Code of last permanent address, program entry and exit dates, and any unique internal identification number generated from any of these items as PPI. PPI must have special protections to ensure that casual observers do not have access to this data.

PKI – Public Key Infrastructure certificates or extranets that limit access based on the Internet Provider (IP) address, or similar means. This term is part of the HMIS System Administrator Toolbox - Agency/Site Data Standards Compliance Checklist.

Privacy Statement – A notice that must be placed at the point of intake and posted on the CHO's website. When posted, consent of the individual may be inferred from the circumstances of the collection of data. Thus, client information can be entered but not shared without the signed consent forms.

Privacy Training Questionnaire – A questionnaire developed to ensure users are aware of and comply with the privacy standards of the HMIS. All users must complete privacy training and the questionnaire prior to accessing the system.

ServicePoint – The HMIS application we are using. It is licensed from Bowman Internet Services, LLC (BIS). ServicePoint meets HIPAA security requirements.

South Carolina Information Collaborative (SCIC) - The shared HMIS between ECHO and MACH.

SCIC Code of Ethics – A set of guiding principles for agencies and users of the SCIC.

CONFIDENTIALITY GUIDELINES

The CHO agrees to abide by all present and future federal and state laws and regulations relating to the collection, storage, retrieval, and dissemination of client information for the South Carolina Information Collaborative (SCIC). The CHO will only release general client information (NOT including alcohol or drug abuse, HIV/AIDS, or mental health) with written consent or implied consent where client has been informed of the SCIC Privacy Policy and has been offered a copy. CHO will only release client confidential information that includes alcohol or drug abuse, HIV/AIDS or mental health issues with **written** consent of the client. Federal laws include, but are not limited to, the federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2., regarding the disclosure of alcohol and/or drug abuse record: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), when applicable.

1. The CHO will only collect Protected Personal Information that is relevant to the SCIC and to their program operation and to comply with the regulations governing the HMIS.
2. The CHO will provide a verbal explanation of the SCIC to clients and arrange, when possible, for a qualified interpreter, and/or make responsible accommodations for persons with disabilities to include sign language, Braille, audio or larger type. **Note: This obligation does not apply to CHO's who do not receive federal financial assistance and who are also exempt from the requirements of Title III of the Americans with Disabilities Act because they qualify as "religious entities" under that Act.**
3. The CHO will make a copy of the SCIC Privacy Statement, available to any client requesting a copy.
4. The CHO agrees to limit access to information furnished by the SCIC to its own employees specifically for the purpose of inputting or verifying client data and/or entering into the system records of services provided.
5. The CHO agrees to use due diligence and care in assigning staff to use HMIS. All such employees will be required to sign a statement of confidentiality, which includes a pledge of compliance (**Attachment B**). Each statement of confidentiality will be forwarded to and maintained by the System Administrator. The UserID of the person who is entering information is a part of the computer record. The CHO will verify that the person is authorized to enter data into the system.
6. The CHO shall be responsible for the maintenance, accuracy, and security of all of its homeless assistance records and terminal sites and for the training of agency personnel regarding confidentiality.
7. The CHO Executive Director must accept responsibility for the validity of all records entered by their agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities for verifying the accuracy of information.

REQUEST FOR SCIC (ServicePoint) USER ACCOUNT

South Carolina Information Collaborative

Account Type (check one):

☐ **Case Manager**

☐ **Volunteer**

☐ **Agency Administrator**

This request/certification must be completed by all users and existing users on an annual basis. If you have any questions, please contact the

HMIS Systems Administrator: MACH Users: 803-733-5101 or ECHO: 843-484-0257. MACH users please mail/email completed request/certification to:

Cecilia Rodriguez at United Way of the Midlands (crodriguez@uway.org):

1800 Main Street, Columbia, SC 29201

ECHO users please fax completed request to: David King (866-814-8732)

Agency Administrator users have full access to all aspects of ServicePoint for their agency, and in addition, can update their agency profile, change user access rights and use passwords, and delete client records.

Case Manager users have full access to all aspects of ServicePoint for their agency, but have no administrative rights.

Volunteer users can enter data, assign beds, and refer clients, but can only view name, date-of-birth, and SSN of client data for their agency.

Please complete the following:

Employee Name:

Employee Email Address:

Agency Name:

USERS RESPONSIBILITIES/PROCEDURES

Updated 2/14/19

- Except in job-sharing situations, each user requires a unique username and private password. Use of another user's username and/or password or account is grounds for immediate termination of participation in the SCIC (removal of all access for all users).
- A User ID will be assigned and emailed to the user. Upon receipt the user should call the HMIS System Administrator for their temporary password.
- All End Users must obtain and review a copy of the SCIC Policies and Procedure to include Privacy Statement, Security, and Data Quality sections.
- After reviewing the Confidentiality Guidelines (**Attachment A**) please sign the Confidentiality and Responsibility Certification (**next page**).

CONFIDENTIALITY AND RESPONSIBILITY CERTIFICATION

I have read the Confidentiality Guidelines and I agree to maintain strict confidentiality of information obtained through the South Carolina Information Collaborative (SCIC). This information will be used only for legitimate client service and administration of the above named agency. Any breach of confidentiality will result in immediate termination of participation in the SCIC.

Initial each item

- _____ I understand that my username and password are for my use only (or job-sharing counterpart).
- _____ I understand that I must take all reasonable means to keep my password physically secure. Specifically, passwords are not to be left on or near the computer or my desk.
- _____ I understand that the only individuals who can view data within the SCIC are authorized users and the clients to whom the information pertains.
- _____ I understand that I may only view, obtain, disclose, or use the database information that is relevant and necessary in performing my job.
- _____ I understand that these rules apply to all users of SCIC whatever their role or position.
- _____ I understand that hard copies of SCIC data must be kept in a secure file.
- _____ I understand that once hard copies of SCIC data are no longer needed, they must be properly destroyed to maintain confidentiality.
- _____ I understand that if I notice or suspect a security breach I must immediately notify the System Administrator (see below).
- _____ I understand that I may not intentionally enter incorrect data.
- _____ I will notify the appropriate parties within 24 hours of termination of employment.
- _____ I have completed the SCIC Privacy Questionnaire.
- _____ I have read and understand the SCIC Confidentiality Guidelines.

Updated 2/14/19

_____ I have read and understood the SCIC Privacy Policy.

_____ I have read and understood the SCIC Code of Ethics.

I understand and agree to the above statements.

Employee's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Executive Director's Signature: _____ Date: _____

System Administrator

**Acknowledgement of Receipt of Notice of
South Carolina Information Collaborative (SCIC) Privacy Practices
And Release of Information**

Notice of Privacy

I, (Client Name) _____, have received the Notice
Print Client Name

of Privacy Practices from an SCIC participating agency.

X _____ Date: _____
Client/Parent/Guardian Signature

Release of Information

Type of information to be released is may include:

- | | |
|-------------------------------------|--|
| - Profile and Assessments | - Financial/Work-History/Residential Information |
| - Mental Health Assessment/Progress | - Substance Abuse Assessment/Progress |
| - Medical / Health Information | - Needs and Services Provided |

This information is to be released for the purpose of continuity of care/case management and or client advocacy and is valid for one year unless otherwise specified.

Updated 2/14/19

X _____
Client/Parent/Guardian Signature

Date: _____

Alternate Notice of Privacy and Release of Information (not to be used if client information to share includes: alcohol or drug abuse, HIV/AIDS, or mental health diagnosis or treatment)

*In lieu of client signature, I _____, a staff member of an SCIC
Print Staff Name

participating agency, state that _____, has been given our current Notice of Privacy Practices.

Print Client Name

Staff Signature

Date: _____

South Carolina Information Collaborative (SCIC) Privacy Policy

This Privacy Policy guides the operation of SCIC and all of its users. All users should be familiar with this policy and must be provided a copy prior to receiving a user ID and access to HMIS. The Privacy Statement (APPENDIX E) is to be posted at intake/assessment station where clients can see it, must be described to each new client, and a copy must be offered to each new client.

The SCIC was developed to meet a data collection requirement made by the United States Congress to the Department of Housing and Urban Development (HUD). Congress passed this requirement to obtain a more accurate count of individuals who are homeless and to identify the need for and use of different services by those individuals and families. To provide documentation toward improving homelessness, Congress implemented the collection of statistical information on clients who access services documenting that information in a central data collection system.

Partner agencies in the state of South Carolina also use the SCIC to keep computerized case records. With the client's permission, most agencies share information with other agencies on the SCIC. The information that you agree to allow SCIC to collect and share includes demographic and assessment information and services provided. Sharing information with the SCIC and other agencies helps to better understand the number of individuals who need services from more than one agency. This assists us in meeting your needs and the needs of others in the community by allowing SCIC and its partner agencies to develop new and/or more efficient programs. Sharing information through SCIC also helps making referrals easier, often with less paperwork for you.

Maintaining the privacy and safety of those using the services of SCIC and its partner agencies is very important. Information gathered about you is personal and private. **We collect information only when appropriate to provide services, to manage our organization, for research, or as required by law.** Your record will be shared only if you give your permission. Depending on your individual situation, there may be benefits and/or risks which you should consider carefully before you decide whether or not to consent to release of any identifying information to another agency. You cannot and will not be denied services that you would otherwise qualify for if you choose not to share information.

Please note, even if you do not want your information shared with other agencies or your actual name entered into the system, we must still report some information to the central data collection system. This system contains provisions to protect your name and privacy.

CONFIDENTIALITY RIGHTS

The partner agency has a confidentiality policy that has been approved by its Board of Directors. The policy follows all HUD and HIPAA confidentiality regulations that are applicable to the agency, including those covering programs that receive HUD funding for homeless services (HMIS Data Standards (March

Updated 2/14/19

2010). The HIPAA privacy and security rules govern confidential health information, such as the diagnosis or treatment of a mental health disorder, a drug or alcohol disorder and AIDS/HIV condition or domestic violence situation. Even if you choose to allow us to share information with other agencies, records about substance abuse, physical and mental health, HIV and domestic violence will **not** be shared without your specific written release of information.

This agency is restricted to using or disclosing personal information from the SCIC only in the following circumstances:

- To provide or coordinate services to an individual
- For functions related to payment or reimbursement for services
- To carry out administrative functions including, but not limited to, legal, audit, personnel, planning, oversight and management functions.
- Contractual research where privacy conditions are met and prior written approval has been obtained from the HMIS Grantee and CoC. Research findings must be reviewed by the HMIS Grantee and CoC and written approval granted prior to release of findings.
- Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances in which this might occur are during a medical emergency, to report a crime against Agency staff, or to avert a serious threat to health or safety

INFORMATION RIGHTS

As a client receiving services at this agency, you have the following rights:

- Access to your record. You have the right to review your SCIC record. At your request, we will assist you in viewing the record within 7 working days.
An agency may deny you the right to inspect or copy your personal information for the following reasons: (1) information is compiled in reasonable anticipation of litigation or comparable proceedings; (2) information about an individual other than the agency staff would be disclosed; (3) information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information; or (4) disclosure of information would be reasonably likely to endanger the life or physical safety of an individual.
- Corrections to your record. You have the right to request to have your record corrected so that information is current and accurate to ensure accuracy. You have 45 days from the date the information is entered to request a correction.
- Refusal. You have the right to refuse consent to share your information with other agencies. You cannot be denied services that you would otherwise qualify for if you refuse to share information. Please note, that if you refuse this permission, information will still be entered into the system for statistical purposes.
- End of Consent and Withdrawal of the Release of Information. You have the right to change your mind about consent or release of information that you have already granted. You have 45 days from the date you signed the consent or release to revoke it.

- Harassment. The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies your request for access or correction, you will be provided written documentation regarding your request and the reason for denial. A copy of that documentation will also be included in your client record.
- Grievance. You have the right to be heard if you feel that your confidentiality rights have been violated, if you have been denied access to your personal records, or you have been harmed or put at personal risk. Send a written statement to the local Continuum of Care lead agency within 7 business days of an incident.
- Note: We do not share any personally identifiable information collected with law enforcement agencies, except by court order or subpoena.

INFORMATION SECURITY

Protecting the safety and privacy of individuals receiving services and the confidentiality of their records is of paramount importance to us. Through training, policies and procedures, and software we have taken many steps to ensure your information is kept secure.

- The computer program we use has the highest degree of security protection available.
- Only trained and authorized individuals will enter or view your personal information.
- Your name and other identifying information will not be contained in local reports.
- Employees receive training in privacy protection and agree to follow strict confidentiality guidelines.
- The server/database/software allows only authorized individuals access to the information.
- The server/database will communicate using 128-bit encryption – an Internet technology intended to keep information private while transporting data. Furthermore, identifying data stored on the server is also encrypted or coded.
- The System Administrator(s) supports the daily operation of the database. Administration of the database is governed by agreements that limit the use of personal information to providing administrative support and generating reports.

BENEFITS OF AGENCY INFORMATION SHARING

Information you provide us is important to the ability of all agencies to continue to provide the services that you and others in our community are requesting.

Allowing us to share your real information results in a more accurate count of individuals and services used and helps us to:

- Better demonstrate the need for services and the specific types of assistance needed in our area
- Obtain more funds and other resources to provide services
- Plan and deliver quality services to you and your family
- Assist the agency to improve its work with families and individuals who are homeless
- Keep required statistics for state and federal funders

You may choose to share additional information with other agencies in order to:

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- Promote coordination of services so your needs are better met.
- Make referrals easier by reducing paperwork.
- Avoid having to repeat information to get assistance from other agencies using the SCIC.

RISKS IN SHARING INFORMATION

While this system is secure and promotes better service delivery to the homeless or those at-risk of becoming homeless, there are risks that may lead clients to choose to do the following:

- Allow only your name, age, date of birth, social security and services to be shared with other agencies. All other information kept confidential.
- Allow some statistical or demographic information to be shared to include assessment information.
- Allow demographic information and services, but not assessment information to include mental health, drug/alcohol use/history and domestic violence information.
- Close all information and only the System Administrator(s) can see the information.

QUESTIONS AND RISKS YOU SHOULD CONSIDER

- Could there be physical harm or other negative consequences to you or members of your family if someone knew that they could find you from the information shared with other participating agencies?
- Could there be physical harm or other negative consequences to you or members of your family if someone found out you were provided with help, especially if you or your child has experienced domestic violence, sexual assault, stalking or child abuse?

Privacy Notice Amendments: The policies covered under this Privacy Notice may be amended over time and those amendments may affect information obtained by the agency before the date of the change. All amendments to the Privacy Notice must be consistent with the requirements of the Federal Standards that protect privacy of consumers and guide the implementation and operation.

Privacy Statement

Please read the following statements (or ask to have someone it read to you), and make sure you have had an opportunity to have your questions answered.

_____ is a participant in the South Carolina Information Collaborative (SCIC) which is used by provider agencies to record information about clients they serve. This information helps the agencies to plan for and provide services to clients. It also allows for the sharing of information among agencies to improve coordination and delivery of services to you. We wish to notify you of the following information regarding data collection and storage in a client information system.

We collect personal information directly from you to coordinate services and continuity of care. We may be required to collect some personal information by law or by organizations that provide funds to operate this program. Other personal information we collect is important to operate our programs, to improve services to you, and to better understand the needs of persons experiencing homelessness. We only collect information considered to be appropriate.

Only summary information **without** your name or other personal identifiers will be reported to offices and organizations that plan and fund homeless services. We do not share any personally identifiable information collected with law enforcement agencies or any other organizations outside of SCIC without your written consent, except as provided herein or by court order or subpoena. **You cannot be denied housing or services for failure to provide written consent to share your information.**

Any information about the **diagnosis or treatment of a mental health, drug or alcohol disorder, HIV/AIDS, or domestic violence, or any medical information will not be disclosed without your written, informed consent.**

Besides coordinating services and continuity of care, information collected about you may be used and disclosed to:

- Improve the quality and care of services provided.
- Administer programs.
- Comply with legal requirements.
- Protect victims of abuse and neglect.
- Participate in research.
- Avert serious threat to health/safety.

We will take reasonable precautions to protect personal information in the system from unauthorized modification, use, and disclosure.

SCIC Code of Ethics

As a participating member/CHO of the South Carolina Information Collaborative (SCIC) I will:

Agree to abide by all policies and procedures of the SCIC.

Agree to abide by all present and future federal and state laws and regulations relating to the collection, storage, retrieval and dissemination of client information for the SCIC.

Agree to only collect Protected Personal Information that is relevant to the SCIC and to comply with the policies and procedures governing the Homeless Management Information System (HMIS).

Agree to limit access to information furnished by the SCIC to its own employees specifically for the purpose of inputting or verifying client data and/or entering into the system records of services provided.

Agree to be responsible for the maintenance, accuracy, validity and security of all of the homeless assistance records and terminal sites utilized for the purpose of inputting and/or updating information into the HMIS.

Agree to immediately notify the SCIC System Administrator of any suspected security breach.

Agree to make a copy of the SCIC Privacy Statement, available to any client requesting a copy.

Agree to complete and provide updates of all required documents for system use.

Agree to ensure information entered is valid to the best of my knowledge.

Agree to declare conflicts of interest in relation to the SCIC and take appropriate action.

Agree not discuss information entered into the SCIC in none business settings outside of the agency.

HMIS grantees reserve the right to immediately suspend SCIC usage and agreements when any terms of this Code of Ethics are violated or are suspected to be violated. Upon receipt of satisfactory assurances that such violations did not occur or that such violations have been fully corrected or eliminated, HMIS grantees in their discretion may resume usage and agreements.

SCIC DATA QUALITY PLAN**SCIC Quality Assurance (QA) Plan Overview**

The following are policies and procedures the CoC will implement to ensure the data integrity of agencies/programs by the 5th working day of the month.

Policy: CHO will provide the following levels of data accuracy, completeness and timeliness:

- All names will be accurate
- Blanks or 'unknown' entries in required data fields will not exceed 5% per month
- All users should AIM to have 0 % of null data
- All services provided will be compatible with the services actually provided by the program
- In all reports of shelter provided for a client, the client must be eligible to receive shelter services from the listed provider
- Data entry for all services provided during one calendar month must be entered into the SCIC by the fourth (4th) working day of the following calendar month

Procedure: The SCIC System Administrator(s) will perform regular data integrity checks on the SCIC system. Any patterns of error at a CHO will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to correct data entry errors and will be monitored for compliance.

- 1.) The SCIC System Administrator(s) shall generate data reports showing clients with missing *Universal Data* elements and clients with missing *Program Data* elements.
- 2.) The SCIC System Administrator(s) will generate Data Completeness reports, and submit to Agency Administrator with findings and timelines for correction.
- 3.) The SCIC System Administrator(s) reports (i.e. Missing Universal and Program Data elements) will generate emails to all users with data entered or updated within the last 30 days from when the report is run, with a list of clients with missing data and the elements that are absent.
- 4.) The SCIC System Administrator(s) can also generate custom report for funded programs filtered on required fields for program types.
- 5.) The SCIC System Administrator(s) can rerun reports for errant agencies/programs and follow up with Agency Administrator, if necessary
- 6.) The data is to be corrected within 14 calendar days and reviewed to make sure corrections are made appropriately.

- 7.) The Users can monitor their own data by running Entry/Exit Reports, HUD 40118 APR Reports, Clients Served Reports or Daily Bed Reports to ensure, that they do not have any “null” or missing data in both the *Universal* and *Program* elements.

SCIC Quality Assurance Plan Details

Purpose: *Establish minimum client tracking & QA standards for connecting agencies to collect and maintain records for every client receiving services and assure the accuracy and completeness of such records in the HMIS.*

A. CHO Responsibilities:

The CHO agree to:

1. Assure the accuracy of information entered into the system. Any updates in information, error or inaccuracy that comes to the attention of the CHO will be corrected by such agency.
2. Perform routine Quality Assurance (QA) procedures to monitor data quality and promptly correct inaccuracies.
3. Run data quality reports frequently.

B. Confidentiality Responsibilities:

1. The CHO agrees to abide by all present and future federal and state laws.
2. The CHO Agency Administrators must accept responsibility for the validity of all records entered by his/her agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities for verifying the accuracy of information. The CHO will provide the HMIS System Administrator with the name(s) and title(s) of the staff member(s) authorized to supervise data entry personnel.
3. As a partner in the SCIC, each agency agrees to share data with other organizations, including organizations outside of HMIS users, provided no client identifiers are shared.
4. To facilitate an unduplicated count of persons accessing services through the community’s homeless services network the CoC recommends that agencies enter all clients served into the database and encourage clients to sign a Consent and Release of Information form³ to facilitate the sharing of the name, date of birth, partial social security number, and services received. The only expectation would be if entering the client will cause danger to the client or a family member.
5. In adherence to the regulations governing the HMIS, a Privacy Notice is posted at: www.uway.org and should also be posted on-site at each agency. However, the posting of this notice only implies the consent of the individual for data collection and is inferred from the circumstances of the collection. This means that the client’s information can be entered, but not shared.

³ See Appendix of the HMIS Policies and Procedures

C. Data Tracking of Client Services:

1. The agency implements a written plan for delivery of services and tracking of clients that includes the process for determining and recording outcome/exits.
2. The agency implements a written intake and client record keeping procedures and files that include:
 - ✓ Intake interview
 - ✓ Record of services provided.
3. Shelter and supportive housing programs maintain an up-to-date residence list that includes, at least, the name of each person residing in the program.
4. To meet HUD requirements, the mandatory data that **MUST** be captured and entered for ALL clients that are identified as homeless and seen by an agency are:

Note: Use the key to determine when information is collected (the corresponding number(s) are listed to the left of the standard):

- (1) This information collected at Every program entry on All clients.
- (2) This information is collected During client assessment and Near program entry.
- (3) This information is collect at least Once Annually during program enrollment (only if the period between the program entry and exit exceeds one year).
- (4) This information is collected at least Once every 3 months (only if the period between the program entry/exit exceeds 3 months).
- (5) This information is collected at Every program Exit.
- (6) Every Contact.
- (7) Every instance of Financial Assistance.
- (8) When services provided⁴.

- Name **(1)**
- Social Security Number (last 6 digits of SSN are acceptable) **(1)**
- Date of Birth (and date of birth data quality) **(1)**
- Race **(1)**
- Ethnicity (Hispanic/Latino) **(1)**
- Gender **(1)**
- Housing Status **(1)(5)**
- Disabling Condition (Yes/No) **(1) (2)**
- Program Entry Date **(1)**
- Program Exit Date **(5)**
- Personal Identification Number (generated by ServicePoint when user creates a client) **(1)**
- Household identification number of household (generated by ServicePoint when user creates a household) **(1)**

On Program Entry Only Adults

⁴ HMIS Data Standards, March 2010

- Veterans Status (yes/no) (All Adults)

On Program Entry Only Adults and Unaccompanied Youth

- Residence Prior to Program Entry (type and length of stay)
- Zip code of last permanent address (and zip data quality)

5. **Participating Agencies** that have HUD grants (HPRP, SHP, Shelter Plus Care, Section 8, SRO, or HOPWA) must also complete the *Program Data Elements*. The *required Program Data Elements* are the *Universal Data Elements*, plus:

- Income and source (COC/HUD Competitive Programs, HPRP Programs, HOPWA Homeless Programs) **(1)(2) (3)**
- Non-cash benefits (COC/HUD Competitive Programs, HPRP Programs, HOPWA Homeless Programs) **(1)(2)(3)**
- Physical Disability details (type or types and start/end dates) (COC/HUD Competitive Programs, HOPWA Homeless Programs)**(1) (2)(3)**
- Developmental Disability (COC/HUD Competitive Programs, HOPWA Homeless Programs) **(1)(2) (3)**
- Chronic Health Condition (COC/HUD Competitive Programs, HOPWA Homeless Programs) **(1)(2) (3)**
- HIV/AIDS (COC/HUD Competitive Programs, HOPWA Homeless Programs) **(1)(2)(3)**
- Mental Health (COC/HUD Competitive Programs, HOPWA Homeless Programs)**(1)(2)(3)**
- Substance Abuse (COC/HUD Competitive Programs, HOPWA Homeless Programs)**(1)(2)(3)**
- Victim of domestic violence (COC/HUD Competitive Programs, HOPWA Homeless Programs) **(Adults and Unaccompanied Youth)**
- Destination (COC/HUD Competitive Programs, HPRP Programs, HOPWA Homeless Programs)**(5)**
- Date of Contact (COC/HUD Street Outreach)**(6)**
- Date of Engagement (COC/HUD Street Outreach Programs)**(2)**
- Financial Assistance provided (HPRP Programs)**(3)**
- Housing Relocation and Stabilization Services provided (HPRP Programs)**(3)(5)**

Additional Program Specific Data Elements: Optional Data Elements (For all CoC Programs)

- Employment (All Clients, All Adults and unaccompanied youth) **(1) (3)**
- Education (All Clients, All Adults and unaccompanied youth) **(1) (3)**
- General Health (All Clients, All Adults and unaccompanied youth) **(1) (3)**
- Pregnancy Status (All Females of child-bearing age) **(1)**
- Veteran's Information (only All Veterans)**(1)**
- Children's Education (only All Children)**(1)**
- Reason for Leaving **(5)**
- Services Provided **(8)**

6. In addition to the data items defined in HUD's HMIS Standards, HUD requires all coalitions to create and file a *Comprehensive Housing Affordability Strategy/Consolidated Plan*. Thus, the following data elements are required to support this effort.
 - Extent of Homelessness
 - Date of Present Homelessness (this episode)
 - Homelessness Primary Reason
 - Homelessness Secondary Reason
 - Actual or Pending Eviction (and date if true)
7. The MACH CoC requires agencies to collect all universal and program data elements and services that are appropriate and relevant for Continuum of Care reporting in addition to data on:
 - City and State of Birth
 - Marital Status

D. Reporting Submission Deadlines:

1. Emergency Shelters only: Clients who stayed in shelter must be entered into HMIS by 5:00 p.m. the next day.
2. Other shelters and supportive service agencies: Clients must be entered into HMIS within 3 business days of first being served by the program.
3. Services, updates and corrections for all clients served during a calendar month must be entered into HMIS by the fifth working day of the following month.
(e.g. Data for the month of April must be entered into HMIS by the fifth working day of May).

E. Data Accuracy: *Data collecting is essential to the administration of local assistance programs.*

1. All clients have unique ID numbers (system-generated ID⁵).
2. Missing/unknown data in HMIS is **less than 3% per month in required variable fields**.
For example, if the data for the variable veteran is unknown for less than 3% of clients during the month, the data is accurate. If unknown is greater than or equal to 3%, the data is inaccurate. The **only** data variable exception to accuracy, with respect to 'Unknown' is the variable Destination. Except in the case of emergency shelters
3. No data incompatible with program in HMIS.
For example, a family cannot be entered at a single men's shelter or a women's shelter.
4. Data in HMIS must accurately reflect client data recorded in the agency's client file and known information about the client and services provided to the client. For example, 'Exit Date' on the Worksheet should be the date the client physically exited the shelter.

⁵ If the client elects to remain anonymous, the data entry staff person must record the system-generated ID number on the paper client file and enter subsequent data in the appropriate system record so that all services are attached to the correct record in the HMIS

F. Data Quality Assurance

1. CHOs have minimum data quality assurance policies and procedures to assure quality data collection, entry, and reporting.

2. Agency Site Administrators should assure the following:

Task	If annual number of households served < 200	If annual number of households served > 200
1. Run report for each program. Review number of open cases – verify that equals number of actually open cases. ✓ Exit cases that should be closed. ✓ Enter cases that should be open	Monthly	Weekly
2. Review report for each program – verify that missing data for required data does not exceed 3%. ✓ Correct missing data to be < 3%	Monthly	Weekly
3. If shelter, check Bed List to verify the number of open cases on Daily Bed report equals number of households on Bed List.	Monthly	Weekly
4. Issue QA report to program directors on status of QA check.	Monthly	Weekly

3. HMIS System Administrator(s) should assure the following:

1. Universal Missing Data Reports showing client IDs and missing elements	Monthly	Monthly
2. Program Missing Data Reports, showing client IDs and missing elements	Monthly	Monthly
3. The NOFA Data Completeness Report	Quarterly	Quarterly
4. Missing Household and Data Completeness Report	Monthly	Monthly

References: SCIC Policies and Procedures, HMIS System Administrator Self Assessment Tool, Sample Data Quality Plan Community Shelter Board, Columbus, Ohio, MACH SCIC Demographic Report, MACH Data Completeness Report, MACH NOFA Data Completeness Report, MACH HMIS Service Agreement, and HUD's HMIS Data Standards, March 2010.

Requirement	Notice Ref #	Description	Response	Assessment	Action Needed:
Policies & Procedures		Does the agency have a copy of the latest Policies & Procedures manual, with all amendments?	Yes	Agency has hard copy readily available to users.	
			No	Hard copy is not available.	
Data Collection	2	Does the agency have a data collection form and/or protocol that captures universal and program specific (where applicable) data elements?	Yes	Data collection form or protocol <input type="checkbox"/> Yes <input type="checkbox"/> No Agency is capturing universal data on all clients <input type="checkbox"/> Yes <input type="checkbox"/> No Agency is capturing program level data as required <input type="checkbox"/> Yes <input type="checkbox"/> No Users have been trained on revised protocol <input type="checkbox"/> Yes <input type="checkbox"/> No Agency monitors data quality <input type="checkbox"/> Yes <input type="checkbox"/> No Special population considerations: _____ _____ _____ _____	
			No	No updated data collection protocol.	
Privacy: Posted Notice	4.2.1	Does the agency have the Privacy Notice posted at each intake desk?	Yes	Location(s): _____ Includes purpose for data collection <input type="checkbox"/> Yes <input type="checkbox"/> No Copy available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	No posted sign at intake desk	

Requirement	Notice Ref #	Description	Response	Assessment	Action Needed:
Privacy: Privacy Policy	4.2.3 4.2.4	Does the agency have a privacy policy?	Yes	Last date amended: ____/____/____ Specifies purpose for collection of PPI <input type="checkbox"/> Yes <input type="checkbox"/> No Defines uses and disclosures <input type="checkbox"/> Yes <input type="checkbox"/> No Includes: <ul style="list-style-type: none"> Statement that the policy is subject to amendment <input type="checkbox"/> Yes <input type="checkbox"/> No Client right to copy/inspect/correct <input type="checkbox"/> Yes <input type="checkbox"/> No Client compliant procedure <input type="checkbox"/> Yes <input type="checkbox"/> No Reasonable accommodations: <ul style="list-style-type: none"> Available in multiple languages <input type="checkbox"/> Yes <input type="checkbox"/> No Available in Braille or audio <input type="checkbox"/> Yes <input type="checkbox"/> No Available in large print <input type="checkbox"/> Yes <input type="checkbox"/> No Signed receipt of compliance for staff <input type="checkbox"/> Yes <input type="checkbox"/> No Posted at: www._____ Copy available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	No privacy notice available	
User Authentication	4.3.1.	Does the agency abide by the HMIS policies for unique user names and password?	Yes	Agency abides by HMIS policy <input type="checkbox"/> Yes <input type="checkbox"/> No Users know not to share username and passwords <input type="checkbox"/> Yes <input type="checkbox"/> No Users are aware not to keep username and password in public location (i.e. no sticky notes on monitors) <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	Agency does not abide by HMIS user authentication policy	

Requirement	Notice Ref #	Description	Response	Assessment	Action Needed:
Hard Copy Data	4.3.2	Does agency have procedures in place to protect hard copy PPI information generated from or for the HMIS?	Yes	Has procedure that includes: 1) security of hard copy files <ul style="list-style-type: none"> Locked drawer/file cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No Locked office <input type="checkbox"/> Yes <input type="checkbox"/> No 2) procedure for client data generated from HMIS <ul style="list-style-type: none"> Printed screen shots <input type="checkbox"/> Yes <input type="checkbox"/> No HMIS client reports <input type="checkbox"/> Yes <input type="checkbox"/> No Downloaded data (ie. to excel) <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of policy/procedure available <input type="checkbox"/> Yes <input type="checkbox"/> No Agency staff have received training on hard copy data protections <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	No procedure available	
PPI Storage	4.2.2	Does the agency dispose of or remove identifiers from a client record after a specified period of time? (Minimum standard: 7 years after PPI was last changed if record is not in current use.)	Yes	Has procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe procedure: _____ _____ _____	
			No	Does not have procedure.	
Virus Protection	4.3.1.	Do all computers have virus protection with automatic update?	Yes	Spot check several computers: Virus software and version: _____ Auto-update turned on: _____ Date last updated: ____/____/____ Person responsible for monitoring/updating: _____	
			No	No Virus protection installed.	

Requirement	Notice Ref #	Description	Response	Assessment	Action Needed:
Firewall	4.3.1.	Does the agency have a firewall on the PC, network and/or workstation(s) to protect the HMIS systems from outside intrusion?	Yes	Single computer agencies: Individual workstation <input type="checkbox"/> Yes <input type="checkbox"/> No Version: _____ Networked (multiple computer agencies): Network firewall <input type="checkbox"/> Yes <input type="checkbox"/> No Version: _____	
			No	Individual workstation or network firewall not active.	
Workstation Authentication (PKI)	4.3.1.	Does the HMIS utilize certificates, filter by IP, or another PKI model to control access to designated workstations?	Yes	PKI Utilized: <input type="checkbox"/> Yes <input type="checkbox"/> No Model (describe): _____ _____ _____ _____	
			No	PKI not active	
Physical Access	4.3.1.	Are all HMIS workstations in secure locations or are they manned at all times if they are in publicly accessible locations?	Yes	All workstations are in secure locations (i.e. locked offices) <input type="checkbox"/> Yes <input type="checkbox"/> No All workstations are manned at all times <input type="checkbox"/> Yes <input type="checkbox"/> No All workstations have password protected workstations with password protected screen saver set at 10 min or less <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	Not all workstations are manned at all times or in secure locations.	
Data Disposal	4.3.1.	Does the agency have policies and procedures to dispose of hard copy PPI or electronic media?	Yes	The agency shreds all hardcopy PPI before disposal <input type="checkbox"/> Yes <input type="checkbox"/> No The agency reformats before disposal: • Disks <input type="checkbox"/> Yes <input type="checkbox"/> No • CD's <input type="checkbox"/> Yes <input type="checkbox"/> No • Computer hard-drives <input type="checkbox"/> Yes <input type="checkbox"/> No • Other media (tapes, jump drives, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	The agency does not have policies and procedures for data disposal.	

Chronically Homeless Individual: A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an Programs immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven

Collaborative Applicant: The Collaborative Applicant is the entity designated by the Continuum of Care (CoC) to submit the CoC Registration and CoC Application on behalf of the CoC.

Continuum of Care (CoC): A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons. HUD also refers to the group of service providers involved in the decision making processes as the "Continuum of Care."

Diversion: Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Emergency Solutions Grants (ESG): The Emergency Solutions Grants program provides homeless persons with basic shelter and essential supportive services. Eligible activities include funding operational costs of the shelter facility, grant administration, and short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

Family: A Family per HUD regulations includes, but is not limited to, a group of persons residing together, regardless of actual or perceived sexual orientation, gender identity, or marital status. A child who is temporarily away from the home because of placement in foster care is considered a member of the family. Any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such.

Family With Children: A household that includes at least one parent or guardian and one child under the age of 18, a pregnant woman, an individual in the process of securing legal custody of any person who has not attained the age of 18 years, an individual with a dependent child over the age of 18 who is mentally or physically disabled, or an individual who has actual custody of, and is responsible for, the care of a child.

HEARTH Act: The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009, which amended and reauthorized the McKinney-Vento Homeless Assistance Act of 1987.

Homeless Management Information System (HMIS): HMIS is the information system designated by the Continuum of Care to comply with HUD’s data collection, management, and reporting standards. It is 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.

Homeless Prevention: Activities or programs designed to prevent the incidence of homelessness, including, but not limited to: (1) short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices; (2) security deposits or first month’s rent to permit a homeless family to

move into its own apartment; (3) mediation programs for landlord-tenant disputes; (4) legal services programs that enable representation of indigent tenants in eviction proceedings; (5) payments to prevent foreclosure on a home; and (6) other innovative programs and activities designed to prevent the incidence of homelessness.

Household: All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.

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

The core features of Housing First in the context of permanent supportive housing models are as follows:

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions
- Applicable in a variety of housing models

Transitional Housing: A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children

U.S. Department of Housing and Urban Development (HUD): Established in 1965, HUD's mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination. To fulfill this mission, HUD will embrace high standards of ethics, management and accountability and forge new partnerships — particularly with faith-based and community organizations — that leverage resources and improve HUD's ability to be effective on the community level.

9.1 Appendix B: Homeless Eligibility Criteria

In order to receive assistance, persons must meet the HUD definition of homeless.

Table 6.2		Homeless Eligibility Criteria	
Cat.	Description	Component	Criteria
1	Literally Homeless	<i>Emergency Shelter</i> <i>Transitional Housing</i> <i>Rapid Rehousing</i> <i>Permanent Supportive Housing</i>	<p>A household is literally homeless if they lack fixed, regular & adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> • Sleeping in a place not designed for, or not ordinarily used as, a regular sleeping accommodation, including a car, a park, an abandoned building, a bus or train station, an airport, or a campground. • Living in a shelter designated to provide temporary living arrangements, including congregate shelters, transitional housing, hotels/motels paid for by charitable organizations, or federal/state/local government programs. • Exiting an institution such as a jail or hospital where they resided for 90 days or less AND was residing in an Programs or place not meant for human habitation immediately before entering the institution.
2	Imminent Risk of Homelessness	<i>Emergency Shelter</i> <i>Transitional Housing</i> <i>Prevention</i>	<p>A household that will imminently lose their primary nighttime residence provided that:</p> <ul style="list-style-type: none"> • The residence will be lost within 14 days of the application for 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	Homeless Under Other Federal Statues	Not Applicable	<i>MACH has not been approved by HUD for this category</i>
4	Fleeing or to Flee Violence	<i>Emergency Shelter</i> <i>Transitional Housing</i> <i>Prevention</i>	<p>Households fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life threatening conditions related to violence, who:</p> <ul style="list-style-type: none"> • Have no identified subsequent residence; AND • Lack the resources and support networks needed to obtain other permanent housing.

Appendix C: Chronic Homeless Definition (24 CFR § 578.3)

A homeless individual with a disability who lives in a place not meant for human habitation, a safe haven, or in an Programs and who has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an Programs continuously for at least twelve (12) months or on at least four (4) separate occasions in the last three (3) years, as long as the combined occasions equal at least twelve (12) months and each break in homelessness separating the occasions included at least seven (7) consecutive nights of not living in a place not meant for human habitation, a safe haven, or in an emergency shelter. A person who meets the chronic homeless definition as described above, but who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days, and who was on the streets or in Programs immediately before entering the institution, also qualifies as chronically homeless. Chronically homeless persons also includes 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 the criteria of chronic homelessness, including a family whose composition has fluctuated while the head of household has been homeless.

Duration		Definition
Continuous, for at least twelve (12) months		
On the streets or in Programs continuously, without a break, for at least twelve (12) months		
Continuous		A stay on the streets or in Programs without a break.
Break		At least seven (7) or more consecutive nights not residing on the streets or in emergency shelter. Stays in institutional care facilities for fewer than 90 days do not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an Programs immediately before entering the institutional care facility.
Twelve (12) Continuous Months		Twelve (12) consecutive calendar months. NOTE: If the person has a documented encounter with a homeless service provider on a single day within a given month, this is sufficient to consider the person homeless for the entire calendar month, unless there is evidence of a break in homelessness. This applies ONLY if the encounter is documented by third-party documentation – a self-declaration is insufficient.
At least four (4) separate occasions in the last three (3) years where the combined occasions equal at least twelve (12) months		
On the streets or Programs on four (4) separate, distinct, and sustained occasions in the last three (3) years, as long as the combined occasions equal at least twelve (12) months and each break in homelessness separating the occasions included at least seven (7) consecutive nights of not living in a place not meant for human habitation, a safe haven, or in an emergency shelter		
Occasion	Separate and Distinct	Stay on the streets or in Programs is interrupted by a Break (period of seven (7) or more consecutive nights residing in a place other than on the streets or in emergency shelter).
	Sustained	Stay on the streets or in Programs is more at least one (1) night.
Three (3) years		Thirty-six (36) consecutive calendar months
Twelve (12) Total Months		Four (4) separate occasions on the streets or Programs that equal a cumulative total of twelve (12) months, meaning twelve (12) calendar months.

Appendix D: Homeless Verification

Cat.	Description	Documentation
1	Literally Homeless	<p><i>Emergency Shelter</i></p> <p>1. Written observation by outreach worker of the conditions where the individual or family is living; OR</p> <p><i>Rapid Rehousing</i></p> <p>2. Written referral by another housing or service provider;</p> <p>OR</p> <p><i>Transitional Housing</i></p> <p>3. Certification by the household seeking assistance/self-declaration*.</p> <p><i>Permanent Supportive Housing</i></p> <p>4. For households exiting an institution – one of the above AND discharge paperwork or written/oral referral, OR written record of intake worker's due diligence to obtain evidence AND self-declaration* by</p>
2	Imminent Risk of Homelessness	<p><i>Programs Prevention Transitional Housing</i></p> <p>1. Court order resulting from an eviction action notifying the household they must leave; OR</p> <p>2. For household leaving hotel/motel that they were paying for, evidence that they lack the financial resources to stay; OR</p> <p>3. Documented and verified oral statement; AND</p> <p>a. Certification that no subsequent residence is identified; AND</p> <p>b. Self-declaration* or other written documentation that the individual lacks the financial resources and support necessary to</p>
4	Fleeing/Attempting to Flee Domestic Violence	<p><i>Programs Prevention Transitional Housing</i></p> <p>For victim service providers: Self-declaration/oral statement by the household seeking assistance which states: they are fleeing, they have no subsequent residence, and they lack resources. The statement must be certified by intake worker.</p> <p>For non-victim service providers: 1. Self-declaration/oral statement by household seeking assistance which states: they are fleeing, they have no subsequent residence, and they lack resources.</p> <p>2. If the household is not jeopardized, the oral statement that the household is fleeing must be</p>
*Self-Declarations must generally be accompanied by intake worker documentation of due diligence to obtain third-party verification.		

Appendix E: Disability Verification

1. Written verification of the disability from a professional licensed* by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; OR
2. Written verification from the Social Security Administration; OR
3. The receipt of a disability check; OR
4. Intake staff-recorded observation of a disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence (as outlined in this table number 1, 2, 3 or 5)**; OR
5. Other documentation approved by HUD.
<p>*Licensed in South Carolina to diagnose the specific disabling condition.</p> <p>**Recipients are discouraged from admitting participants into their project without confirmation of a qualifying disability and documented evidence of that disability. Recipients that choose to admit participants under Category 4 of the table above, do so at their own risk. If confirmation of disability and evidence are not attained within 45 days, the recipient will not be reimbursed for costs incurred for that participant.</p>

Appendix F Rent Reasonableness Policies and Procedures

Determining and Documenting Rent Reasonableness: Determining and documenting rent reasonableness is required under CoC and ESG for leasing and rental assistance Programs. Rent reasonableness must be documented prior to executing the lease for an assisted unit and at least annually thereafter. Recipients must document the assisted unit's rent reasonableness using a rent reasonableness certification form; this completed form must be maintained in each client file to demonstrate that the assisted unit met the rent reasonableness standard.

Below describes the methodology, staffing, data sources, documentation requirements, and special circumstances that recipients must use to determine and document rent reasonableness.

Methodology: In order to demonstrate that the assisted unit is rent reasonable, recipients must compare the assisted unit's rent to the rent of at least **three (3)** comparable unassisted units in the area *and* must also compare the assisted unit's rent to rents currently being charged by the same owner for comparable unassisted units.

Potential Data Sources: Acceptable data sources used in determining rent reasonableness include the following:

- Online rental listing sources such as www.schousingsearch.com
- Newspaper ads (including internet versions of newspaper ads);
- Classified Ads;
- Weekly or monthly neighborhood or shopper newspapers that have rental listings;
- "For Rent" signs in windows or on lawns;
- Real estate agents; and
- Property management companies that handle rental property.

Data in Rural Areas: While there may be fewer rental units in rural areas than in urban and suburban areas, it is possible to find comparable rents or establish rent payment standards for different unit types located in these areas.

- One source of rental housing data for rural areas may be the U.S. Department of Agriculture's Rural Development Agency. USDA provides direct and guaranteed loans for single and multi-family housing development in rural areas as well as for farm laborers. Contact information is available at http://www.rurdev.usda.gov/recd_map.html.
- Another potential source of comparable rent data are real estate agents. To find real estate agents active in particular communities, Programs can consult the National Association of Realtors on the web at <http://www.realtor.org/>.
-

Documentation Requirements: The following documentation is required to determine rent reasonableness and must be kept in the participant file:

- Rent Reasonableness Certification Form
- Rent Reasonableness – Supplemental and backup documentation (i.e., copies of advertisements of units for rent, etc.) used to compare rents

Appendix G Lead Based Paint Inspection Requirements

Childhood lead poisoning is a major environmental health problem in the United States, especially for low-income families in poor living conditions. If not detected early, children with high levels of lead in their bodies can suffer from damage to the brain and nervous system, behavioral and learning problems (such as hyperactivity), slowed growth, hearing problems, and headaches. To prevent lead-poisoning in young children, Lead/Sub Grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR § 35, Parts A, B, M, and R.

Disclosure Requirements

Disclosure requirements are triggered for ALL properties constructed prior to 1978. These requirements require that lessors (property owners or managers) provide tenants with:

- Form for rental properties disclosing the presence of known and unknown lead-based paint;
- A copy of the “Protect Your Family from Lead in the Home” pamphlet.

Both the disclosure form and pamphlet are available at:

<http://www.hud.gov/offices/lead/enforcement/disclosure.cfm>

Sharing this information with your participants (or ensuring they have received it from property owners/managers) is an easy thing to do. This is an important opportunity to educate participants about the potential hazards related to lead and their rights as tenants. Informed tenants are more likely to watch for potential problems in their home and proactively work with landlords to address any issues.

Visual Assessment

Visual assessments are triggered under certain circumstances:

- The leased property was constructed before 1978 *AND* a child under the age of six (6) will be living in the unit occupied by the household receiving assistance.

Determining the Age of the Unit

Programs should use formal public records, such as tax assessment records, to establish the age of a unit. These records include the year built or age of the property and are available online your local county website. Remember to print out a copy of the screenshot for the case file.

Conducting a Visual Assessment

A visual assessment must be conducted prior to providing rent assistance to the unit and on an annual basis thereafter (as long as assistance is provided). Visual assessments must be conducted by a HUD-Certified Visual Assessor. It is important to note that a HUD-Certified Visual Assessor is not equivalent to a Certified Clearance

Examiner. Anyone may become a HUD-Certified Visual Assessor by successfully completing a 20-minute online training on HUD’s website at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

The training teaches individuals how to identify deteriorated paint and how deteriorated paint must be treated. Programs may choose to have their program staff complete the visual assessments, or they may procure services from a contractor.

Making Assistance Determinations

If a visual assessment reveals problems with paint surfaces, Project cannot approve the unit for assistance until the deteriorating paint has been repaired. At this point, Programs must make a decision: work with the property owner/manager to complete needed paint stabilization activities and clearance, work with the household to locate a different (lead-safe) unit, or refer the participant to a different program if assistance cannot be provided.

Locating a Certified Lead Professional and Further Training

To locate a certified lead professional in your area:

- Call your state government (health department, lead poison prevention program, or housing authority).
- Call the National Lead Information Center at 1-800-424-LEAD (5323).
- Go to the US Environmental Protection Agency website at <http://cfpub.epa.gov/flpp/> and click on "certified abatement/inspection firms."

Appendix H Comparison of Rapid Rehousing Under ESG and CoC

	Rapid Rehousing – Eligible Costs	
	ESG - RRH	CoC - RRH
Rental Assistance	<ul style="list-style-type: none"> • Short-term (up to 3 months) • Medium-term (4 to 24 months) • Rent Arrears (one-time for up to 6 months, including late fees) 	<ul style="list-style-type: none"> • Short-term (up to 3 months) • Medium-term (4 to 24 months)
Type of Rental Assistance	<ul style="list-style-type: none"> • Tenant based • Project based 	<ul style="list-style-type: none"> • Tenant based only
Housing Relocation and Stabilization Services	<p>Financial Costs</p> <ul style="list-style-type: none"> • Rental application Fees • Security Deposits (up to 2 months) • Last month's rent • Utility Deposits and payments (up to 24 months, including 6 months of arrears) • Moving costs <p>Service Costs</p> <ul style="list-style-type: none"> • Housing Search and Placement • Housing stability case management • Mediation • Legal services • Credit repair • Budgeting • Money Management 	<p>Financial Assistance</p> <ul style="list-style-type: none"> • Security deposits (up to 2 months) • First and last month's rent <p>Supportive Services</p> <ul style="list-style-type: none"> • Case management • Child Care • Education services • Employment assistance and job training • Food • Housing search and counseling services, including mediation, credit repair, and payment of rental application fee • Legal services • Life skills training • Mental health services • Moving costs • Outpatient health services • Outreach services • Substance abuse treatment services • Transportation • Utility deposits

	Rental Assistance Overview	
	ESG – RRH Rental Assistance (24 CFR § 576.104)	CoC – RRH Rental Assistance (24 CFR § 578.37(a)(1)(ii))
Housing Standards	Units must pass HUD Habitability Standards	Units must pass HUD Housing Quality Standards (HQS)

Fair Market Rent (FMR)	Rental unit may cover up to FMR for rental unit	Rent Reasonableness is the rent standard
Rent Reasonableness	Units must comply with HUD's rent reasonableness standards	Units in a structure must comply with HUD's rent reasonableness standards
Lease Requirements	<ul style="list-style-type: none"> A written lease between the owner and the participant is required for TBRA and PBRA. For participants living in housing with PBRA, the lease must have an initial term of one year. There is no minimum lease period for TBRA. The only exception to the written lease requirement is in the case of rental assistance provided solely for rental arrears. 	Participants receiving TBRA must sign a lease of at least one year that is renewable (for a minimum term of one month) and terminable only for cause.
Written Standards	<p>Recipients and Subrecipients must implement written policies and procedures for:</p> <ul style="list-style-type: none"> Determining and prioritizing which eligible families and individuals will receive RRH assistance Determining the amount or percentage of rent and utilities each participant must pay Determining how long a particular participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time 	<p>Recipients and Subrecipients must consistently follow policies and procedures established for:</p> <ul style="list-style-type: none"> Determining and prioritizing which eligible families and individuals will receive RRH assistance Determining the amount or percentage of rent each participant must pay Determining the maximum amount or percentage of rental assistance that a participant may receive Determining the maximum number of months that a participant may receive rental assistance Determining the maximum number of times that a participant may receive rental assistance Determining the extent to which a participant must share the cost of rent

Appendix I Diversion (Excerpts from the National Alliance to End Homelessness)

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Distinguishing Diversion from Other Interventions

The services people are provided with when being diverted are services that caseworkers in assistance organizations are already trained and funded to deliver. They include:

- provision of financial, utility, and/or rental assistance;
- short-term case management;
- conflict mediation;
- connection to mainstream services (services that come from Programs outside of the homeless assistance system, such as welfare Programs) and/or benefits; and
- housing search.

The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. **Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.**

Assessing for Diversion Eligibility

Once a client comes to a Coordinated Entry System point, they should be assessed to determine what housing needs they have. To determine which people are appropriate for diversion, intake center staff will need to ask families a few specific questions, such as:

- Where did you sleep last night? *If they slept somewhere where they could potentially safely stay again, this might mean they are good candidates for diversion.*
- What other housing options do you have for the next few days or weeks? *Even if there is an option outside of shelter that is only available for a very short time, it's worth exploring if this housing resource can be used.*
- (If staying in someone else's housing) What issues exist with you remaining in your current housing situation? Can those issues be resolved with financial assistance, case management, etc.? *If the issues can be solved with case management, mediation, or financial assistance (or all of the above), diversion is a good option.*
- (If coming from their own unit) Is it possible/safe to stay in your current housing unit? What resources would you need to do that (financial assistance, case management, mediation, transportation, etc.)? *If the family could stay in their current housing with some assistance, systems should focus on a quick prevention-oriented solution that will keep the family in their unit.*

The client should meet with a case manager to start housing stabilization planning immediately after being assessed and deemed appropriate for diversion. Housing planning involves both finding immediate housing and planning for longer term housing stability. If an immediate alternate housing arrangement cannot be made, a shelter stay is likely the most appropriate option.

Some families may not be good candidates for diversion programs due to a lack of safe and appropriate housing alternatives and require immediate admittance to shelter, e.g. families fleeing domestic violence. The client's safety should always be the top consideration when thinking through what intervention fits best.

Section IV – Agreements

Agreement

This agreement (the "Agreement") outlines a relationship between **United Way of the Midlands ("UWM")** and **Midlands Area Consortium for the Homeless ("MACH")**, in connection with the coordination of the SC-502 Continuum of Care and Homeless Management Information Services (HMIS) implementation, and is initiated under the following terms/conditions as of 8/1/12 (the Effective Date") and shall remain in effect until either party gives 15 business days written notice of cancellation.

Section One: Purpose

Subject to the terms and conditions set forth herein, UWM agrees to serve as the Continuum of Care SC-502 Lead Agency and Collaborative Applicant for the U.S. Department of Housing and Urban Development's Continuum of Care funding competitions and administrator of MACH's Homeless Management Information System (HMIS).

Section Two: Scope of Services

UWM Responsibilities:

- Assign a staff person and an alternate to serve as the CoC Lead Agency contact.
- Ensure e-snaps registration and coordination of grant inventory worksheet completion.
- Coordinate the preparation and submission of the SC-502 CoC funding application.
- Comply with MACH's approved list of applicants in the CoC application.
- Ensure application submission by the HUD deadlines.
- Administer the HMIS system and ensure HUD required reports are submitted by deadlines.
- Apply for and utilize available HUD administrative funding to support HUD required activities.

MACH Responsibilities:

- Maintain a strategic plan for the Continuum to meet HUD's performance goals.
- Conduct an annual gaps analysis of housing and service needs.
- Conduct annual point-in-time counts of sheltered and unsheltered people.
- Review annual performance of HUD grantees annually.
- Approve a list of applicants annually for the CoC application.

Section Three: Miscellaneous Provisions

1. This Agreement is made and entered into in the State of South Carolina and shall be construed and enforced in accordance with the laws of the State of South Carolina. The parties consent to jurisdiction and venue in the state and federal courts for Richland County, South Carolina.

2. This Agreement may only be modified by a written agreement duly signed by authorized representatives of both MACH and UWM.
3. Nothing herein shall be deemed to create any partnership, joint venture, or agency relationship between UWM and MACH. No party hereto shall make any representation or statement (whether oral or written) to any person or entity inconsistent with this paragraph. No financial consideration is offered to either party.
4. UWM may not be held responsible for the successful funding of projects contained within the SC-502 funding application.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

MIDLANDS AREA CONSORTIUM FOR THE HOMELESS

By: Mary Trivisonno
Name: Mary Trivisonno
Board Chairperson

Date: 8/16/12

UNITED WAY OF THE MIDLANDS

By: J. Mac Bennett
Name: J. Mac Bennett
President & CEO

Date: 8/7/12