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## **Burlington County Continuum of Care Governance Charter**

### **I. Mission Statement**

The Burlington County Continuum of Care, hereafter referred to as “CoC”, through community-wide strategic planning, data collection and analysis, project and program performance evaluation, community capacity-building, and resource development, shall design and implement comprehensive strategies for the response to, reduction in and hopeful elimination of homelessness in our community.

### **II. Vision Statement**

By working together, we will create a more livable community, where emergency housing placements are used only for emergency transitions and every family and individual has a permanent place to live.

### **III. Purpose of the Charter**

This Charter defines the roles, responsibilities, leadership, and committee structure of the Burlington County Continuum of Care ".

### **IV. CoC Responsibilities**

The CoC has primary responsibility to coordinate and maximize public and private resources required to attain our goal of ending homelessness in Burlington County. The CoC is authorized by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and the CoC Interim Rule (24 CFR 578) to provide a comprehensive response to homelessness that includes, but is not limited to:

- Plan for, develop, and amend as needed the Continuum of Care Plan. defined as the community-wide homeless response system;
- Implement the Continuum of Care Plan;
- Designate the Homeless Management Information System (HMIS) for the CoC and a HMIS lead agency;
- Prepare and submit, on behalf of the entire community, the annual CoC application for funding to HUD;
- Coordinate funding streams and resources - federal, local, and private needed to carry out the Continuum of Care Plan; and
- Plan, design, and implement a coordinated assessment system for the entire CoC for all persons in need of assistance to prevent and end homelessness.

### **V. Organizational Structure**

To carry out its responsibilities, the CoC has created a governance structure that includes an elected Governing Board delegated by the CoC to direct the development and implementation of the CoC plan and ensure compliance with the requirements of the HEARTH Act and CoC Interim Rule. The CoC has

also delegated authority to the Governing Board to create and charge any sub- committees as it deems necessary to carry out the responsibilities assigned to it by the CoC.

### **A. CoC Membership**

Membership in the CoC is open to any interested individual and includes, but is not limited to, representatives of the following:

- Nonprofit homeless providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Colleges Universities
- Affordable housing developers
- Law enforcement/Correctional facility
- Organizations that serve homeless and formerly homeless veterans
- Homeless or formerly homeless persons
- Landlords

Any person interested in improving the response to homelessness who either lives or works in Burlington County may participate in the CoC Membership as defined by attendance and participation in at least one CoC meeting annually, including attendance at any sub-committees created to carry out the responsibilities of the CoC.

### **B. The CoC Governing Board**

The CoC Governing Board is a body elected by the CoC membership to carry out the duties and responsibilities as delegated by the CoC to ensure compliance with the requirements as described in the HEARTH Act and the CoC Interim Rule.

Specific responsibilities of the Governing Board include, but are not limited to:

- Lead organization for the planning, development, and implementation of the response to homelessness in Burlington County, also referred to as the CoC Plan
- Drafting and approving all formal documents related to the above described responsibilities
- Strategic planning and goal setting
- Monitoring and evaluating performance goals for all homeless housing and service providers in Burlington County, including all CoC/ McKinney-Vento and SSH (Support Services for the Homeless) funded programs.
- Monitoring and evaluating the performance of the CoC Lead Agency
- Monitoring and evaluating system-wide goals related to ending and preventing homelessness
- Ensuring the availability of data for planning and goal setting

- Establishing priorities and making decisions about the allocation of CoC resources
- Developing written guidelines that define CoC priorities, eligibility standards for all components of the CoC Plan, and data collection and reporting requirements for all providers
- Provide letters of consistency to the CoC Plan for those homeless housing and service providers seeking funding from other state, local or federal sources.
- Aligning and coordinating CoC and other homeless assistance and mainstream resources
- Establishing sub-committees and task forces, as needed, to carry out the work of the CoC
- Enter into contracts and MOU's on behalf of the CoC and monitor performance under these contracts
- Establish and implement a communications plan to ensure transparency of CoC operations and results to the CoC and the general public

**Selection of Governing Board Members: (See Article II, Section 2 of the CoC By-Laws)**

**C. HMIS Lead Agency**

The Burlington County CoC along with the State of New Jersey has concurred on the decision to operate a statewide Homeless Management Information System (HMIS) and, along with the other CoC regions in the state, has designated Foothold Technologies and New Jersey Home and Mortgage Finance Agency (NJHMFA) as the lead agency of that system, a role which includes:

**Operate the CoC HMIS**

- **Data and Technical Standards Compliance**  
New Jersey Home and Mortgage Finance Agency will ensure that this operation will be in compliance with the HMIS Data and Technical Standards (69 FR 146, March 10, 2010). NJHMFA will review this compliance on an annual basis and report to the CoC Governing Board on the review results with any corrective action if it is required.
- **Policies and Procedures**  
NJHMFA will maintain comprehensive HMIS operational policies and procedures, including, but not limited to, a privacy plan, security plan, and data quality plan. These policies and procedures will be reviewed for any needed updates annually.
- **Training and Technical Assistance**  
NJHMFA will provide regular and ongoing training and technical assistance and support to all homeless system agencies using the HMIS network.
- **Monitor System Participation / Data Quality Performance**  
NJHMFA will monitor regularly the number of homeless system agencies utilizing the network and report the percentages to the CoC. NJHMFA will work collaboratively with the CoC to develop a plan to address low participation rates, as needed.

**Reporting / Analysis**

- **Performance Reporting**  
NJHMFA will coordinate a collaborative effort with the CoC to design a CoC-wide performance outcomes report, consistent with the expectations of

the HEARTH Act.

- **Annual Homeless Assessment Report (AHAR)**

NJHMFA will manage the collection of all data elements required for the Annual Homeless Assessment Report and enter the data as required into the HUD Homeless Data Exchange on behalf of the CoC.

**D. The Designated CoC Lead Agency: Burlington County Department of Human Services**

The CoC Lead Agency is the Burlington County Department of Human Services, Division of Community Development and Housing. The Lead Agency is the agent assigned by the CoC with principle authority for the development and submission of the annual CoC application to HUD for McKinney-Vento homeless assistance funding. The Lead Agency is also the agency that is authorized to enter into a contract with HUD to do CoC- wide planning and development

**Administrative Functions of the Lead Agency:**

- Provide staff support for scheduling meetings
- Managing communication with community agencies and other partners on all issues related to the work of the CoC
- Provide staff support for the work and functioning of the CoC Governing Board
- Manage and keep current information on the work of the CoC, including meeting times and locations, all CoC-related reports and information related to the performance of the CoC and each of its participating agencies.

**E.**

**Continuum of Care Program Application:**

The Lead Agency shall design a collaborative process for the development and submission of the Consolidated Application for the annual CoC grant competition, and coordinate with the CoC and the CoC Governing Board to evaluate applications for funding and determine rank order for all applications to be included in the Consolidated Application.

**The Annual Point-in-time [PIT Sheltered and Unsheltered Count and the Housing Inventory Chart (HIC)]:**

The Lead Agency is responsible for organizing and implementing the annual point in time count, including the collection, analysis, and submission to HUD and the CoC of all data obtained in the count. The Lead Agency also has principle responsibility for assembling the information required to complete and submit to HUD and the CoC the annual Housing Inventory Chart covering the entire CoC.

**E. Standing and Ad Hoc Committees**

- E1.** The Coordinated Assessment Planning Committee
- E2.** The CoC Working Groups
- E3.** The Funding & Allocations Committee
- E4.** The Consumer Advisory Council
- E5.** Communications and Membership Outreach Committee
- E6.** Burlington County Coalition for the Homeless

**E7. Code Blue Work Group**

**E.8.** Other Committees, standing or ad hoc, as determined by the Governing Board to be Necessary to fulfill its responsibilities

**E1. The Coordinated Assessment Planning Team**

The Coordinated Assessment Planning Team has been created to develop an implementation plan for Coordinated Assessment in Burlington County, to include a comprehensive financing plan, a communications plan, and a HMIS data sharing plan.

Membership includes any persons interested in coordinated assessment, designated coordinated assessment providers and county government.

The Coordinated Assessment Planning Team reports directly to the CoC Governing Board.

**E2. The CoC Working Group**

The CoC Working Group has been established to develop, implement and provide oversight for the work responsibilities of the CoC Governing Board necessary for full compliance with the CoC requirements as defined by the HEARTH Act and the CoC Interim Rule. This responsibility covers developing recommendations for the Governing Board and overseeing the implementation of:

- CoC By-Laws, charter documents, MOU's or agency agreements, and documents required for HMIS data sharing
- CoC-wide and provider-specific performance goals and evaluation plans along with a data collection and analysis plan to monitor and evaluate program and system wide performance.
- Selection criteria for applicants for CoC, ESG and SSH funding
- Written guidelines for eligibility determination for each housing and service component that make up the CoC Plan
- Additional tasks as assigned by the CoC or the Governing Board

The Working Group is further tasked with assisting the Lead Agency with gathering information required for the preparation and submission of the CoC Consolidated Application to HUD.

The Working Group membership is voluntary and open to any interested community member.

The Working Group reports directly to the CoC Governing Board.

**E3. The Funding & Allocations Committee**

The Funding & Allocations Committee members are recruited by the CoC Governing Board with the goal of having sufficient racial, cultural, and experiential sufficient expertise on homeless programs and the CoC Plan to make intelligent, objective recommendations.

All funding recommendations from the Committee must be reviewed and approved by the CoC Governing Board.

The HUD NOFA Ranking Committee is a subcommittee of the Funding & Allocations committee responsible for reviewing all provider applications for HUD funding under the annual CoC NOFA and making funding recommendations based on selection criteria established by the CoC Governing Board that may include reallocation from currently funded programs to create new programs with a higher CoC priority.

**E4. The Consumer Advisory Council**

The Consumer Advisory Council consists of volunteers who either are, or have previously experienced homelessness. Members of this Council are charged with reviewing the CoC Plan and making recommendations on all aspects of the homeless response system with the goal of ensuring system development and prioritization is informed by the experiences of those who must use the system.

The Consumer Advisory Council reports directly to the CoC Governing Committee.

**E5. Communications and Membership Outreach Committee**

The Communications and Membership Outreach Committee is responsible for regular and broad-based community education on the role and performance of the CoC. Additionally, this committee is charged with outreach, recruitment, and orientation for membership of the CoC; including quarterly CoC community update presentations on the operation of the CoC and our progress in ending and preventing homelessness.

**E6. Burlington County Coalition for the Homeless (BCCH)**

BCCH is an open monthly meeting of providers, advocates, policy makers, and current and formerly homeless persons for the purpose of information sharing on programs, resources and initiatives that make up our community's response to homelessness and the risk of homelessness.

**E7. Code Blue Work Group**

The Code Blue Work Group is responsible for ensuring that there is an adequate system of response to sheltering needs during extreme cold weather events. The Work Group reviews Code Blue guidelines, ensures that there is training for all provider sites, troubleshoots any issues as they arise, and coordinates the provision of services throughout the code blue season.

**E8. Other Standing or Ad Hoc Committees**

The Governing Board may, at its discretion at any time, set up additional standing and ad hoc work groups, as needed, to meet the needs of the CoC.

**F: CoC Priorities for Administering Assistance:**

### **Short Term Goals:**

- 1) Develop an implementation platform from which goals will be monitored, with a focus on establishing timeframes and guidelines for all goals.
- 2) Conduct community wide education/information on the state of Homelessness in Burlington County. Use the 10 year Plan to End Homelessness as the foundation for a forum to put the plan into “real time use”.
- 3) Create structure for continued engagement with municipal and elected leaders and other elected officials, educators and residents. Establish and maintain a municipal point of contact list. Develop a contact list for providers and referral agencies.
- 4) Sanction a Planning and Implementation body to carry out the objectives of the plan and monitor progress.

### **Immediate and Long-Term Goals**

#### **A.) Create a Single Point of Entry into a uniform, shared system:**

- 1) Create a universal on-line system that is updated daily
- 2) Create a uniform initial intake form
- 3) Protocols [review and enhance all protocols]
- 4) Create uniform procedures
- 5) Ongoing training for all case managers working with any aspect of homelessness/potential homelessness, including skill building and issue specific training
- 6) Bring hospital social workers, prison staff and educators into the planning and placement
- 7) Utilize HMIS to effectuate this change

#### **B.) Improve Sheltering options that track quickly to permanent housing:**

- 1) Prevent loss of housing whenever possible
- 2) Utilize Rapid Re-Housing model to address the needs of families and short term homeless
- 3) Eliminate the use of hotel/motel placements for Emergency Housing
- 4) Expand options for sheltering to include low demand shelter, rapid re-housing, transitional housing, permanent supportive housing and affordable permanent housing

#### **C.) Improve System Coordination:**

- 1) Develop more resources for the continuum of sheltering needs
- 2) Integrate transportation, housing and employment planning
- 3) Advocate for more effective use of emergency resources including legislation changes as needed
- 4) Foreclosure Prevention and Re use of housing stock
- 5) Focus on the problem as a Growing Emergency Issue throughout the county: Use the County’s Emergency Preparedness template to create uniformity of homelessness response at the municipal level including a point of contact in each municipality.

**D.) Integrate Services:**

- 1) Mobilize One Stop Career Center employment services to outreach to the community and work with existing homeless service providers.
- 2) Engage and educate the population on the employment and life skills services the One Stop Career Center has to offer
- 3) Explore funding avenues to ensure that case management is available to all clients who enter through a single point of entry
- 4) Prioritization of mental health and substance abuse services for those who need services
- 5) Electronic application for mainstream services provided by the Burlington County Board of Social Services

**E.) Improved Electronic & Data Monitoring:**

- 1) Uniform assessment
- 2) Shared Outcome monitoring
- 3) Shared Goals for success

**F.) Create a task force to monitor efficiency of use of local resources and to explore new avenues of funding for County directed projects:**

- 1) Assess areas for system cost savings
- 2) Legislative and system change
- 3) Identify sources for new funding
- 4) Quantify the true cost of managing homelessness, including ancillary services (i.e. medical care through emergency rooms, etc.)



## **BURLINGTON COUNTY CONTINUUM OF CARE**

### **BYLAWS**

#### **ARTICLE I: ORGANIZATION AND PURPOSE**

**Section 1: Name** Burlington County Continuum of Care

**Section 2: Geographic Area of Coverage** Burlington County, New Jersey

**Section 3: Oversight Responsibility:**

The Burlington County Continuum of Care, hereafter referred to as "the CoC" is responsible for planning and implementing the homeless response system in Burlington County and carrying out the duties identified in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and the Continuum of Care Interim Final Rule (24 CFR 578).

Specifically, those duties are to:

1. Operate the Continuum of Care
2. Designate a Homeless Management information System for the Continuum of Care; and
3. Plan for the Continuum of Care

Additionally, the CoC must be involved in the coordination of funding streams and resources - federal, local, or private - of targeted homeless programs and other mainstream resources.

The CoC is responsible for promoting community-wide goals to end homelessness; provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation; promote access to and effective utilization of mainstream programs; and optimize self-sufficiency for all persons experiencing homelessness.

The CoC shall meet monthly at a regular time. A schedule of CoC meetings shall be made available to the public with an open invitation for any interested person to attend and participate.

#### **ARTICLE II: CoC MEMBERSHIP**

The CoC is composed of representatives of organizations including, but not limited to:

- Nonprofit homeless providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- College/Universities

- Affordable housing developers
- Law enforcement
- Organizations that serve homeless and formerly homeless veterans
- Homeless and formerly homeless persons
- Criminal Justice: Burlington County Jail
- Organizations serving homeless and formerly homeless with specific barriers posed by involvement or past involvement with the criminal justice system

Any person interested in improving the response to homelessness that either lives or works in Burlington County may participate in the CoC. Membership is defined by attendance and participation in CoC meetings, including attendance at any subcommittees created to carry out the responsibilities of the CoC.

## **ARTICLE III: GOVERNING BOARD MEMBERSHIP**

### **Section 1: Creation and Selection of a Governing Board:**

A Governing Board (hereafter referred to as "the Board") consisting of an **odd** number of members **not less than 5 and not more than 11**, shall be elected by the CoC to carry out the responsibilities as assigned by the CoC. One-third (1/3) of the membership shall represent public agencies and two-thirds (2/3) of the membership shall represent private entities. Public entity representation shall consist of at least one (1) representative from each of the following: County Government, Burlington County Board of Social Services, and Burlington County Department of Human Services. Any CoC member may run for a seat on the Board, although the CoC may establish guidelines, at its discretion, to ensure that membership includes a racial, cultural, and experiential diversity that reflects the greater community as well as the community served by the CoC Plan, and enhances its capacity to carry out all responsibilities delegated to it by the CoC.

Elections for all open seats on the Board shall be held **annually**. A special election may be held at the discretion of the CoC. Terms of office shall alternate over **three** years and shall be renewable no more than 2 times if desired by the member and approved by the CoC. No more than forty-nine percent (49%) of the members of the Board may be representatives of agencies funded through the annual CoC application to HUD, and, unless waived by the CoC, no organization may be represented on the Governing Board by more than one person.

The Board must include a homeless or formerly homeless person from the jurisdiction covered by the Burlington County CoC (Burlington County Office of Human Services).

### **Section 2: Governing Board Voting Eligibility:**

Any member elected to the governing board by the CoC is permitted to vote on matters before the board as long as they have maintained active membership status (see Section 3 below) and such vote does not represent a conflict of interest (see Section 4 below).

Any voting CoC member must be an active participant in the Continuum of Care, as defined by attendance of no less than 50% of Coalition meetings over the course of the preceding year. Each voting agency shall be represented by no more than 3 service units (1 vote per unit/regular attendee).

### **Section 3: Active Membership Status / Termination Policy:**

A person elected by the CoC for membership on the governing board shall be considered an active member unless there are **three (3) consecutive unexcused absences or 50% missed meetings in any 12 month period**. Board members may apply to the CoC for reinstatement if they are deemed inactive for the above reasons.

Governing board membership can be terminated by a two-thirds vote of the entire governing board. A vote on terminating membership can only be taken when there has been advance notice of this vote of at least 5 days sent to all members.

### **Section 4: Conflict of Interest:**

A Board member shall be deemed to have a conflict of interest related to any business before the Board if the member has a material or substantial personal stake in the outcome of that business. Members are asked to declare any potential conflict of interest and either recuse themselves from discussion and voting on the issue in question or ask the Board membership to vote on whether the potential conflict of interest rises to the level of recusal.

## **ARTICLE IV: GOVERNING BOARD OFFICERS**

### **Section 1: Officer Positions:**

Officer positions shall be **Chair, Vice Chair, and Secretary**.

### **Section 2: Eligibility:**

Any active governing board member is eligible to serve as a governing board officer.

### **Section 3: Officer Selections:**

Officers shall be elected by a simple majority of all voting members at the last meeting of the calendar year or at an alternative time approved by a majority of the members. Vote by email may be accepted in a members absence.

### **Section 4: Terms:**

Officers shall be elected for a two year term and no officer may serve more than 4 consecutive years in the same office.

### **Section 5: Officer Roles:**

The **Chair** shall preside over governing board meetings and have responsibility for assembling the agenda for each meeting.

The **Vice-Chair** will act as chair in the event of the absence or recusal of the Chair.

The **Secretary** shall record and distribute meeting minutes to all CoC members and send notices of each meeting.

Together, the three Board officers shall operate as the Governing Board Executive Committee which has responsibility for preparing the agenda for each meeting and ensuring adequate communication with all Board members regarding meeting times and places, and other issues necessary for the proper functioning of the Board.

## **ARTICLE V: GOVERNING BOARD MEETINGS**

### **Section 1: Meeting Schedule:**

The governing board shall meet no fewer than 6 times per year on a yearly schedule determined by the Board members.

### **Section 2: Special Meetings:**

Special meetings may be called by any member as long as the full Board membership is informed at least five (5) days in advance. Advance notice must include agenda items for discussion and only items not part of the advance notice may be considered at the special meetings.

### **Section 3: Public Meetings and Executive Sessions:**

Unless otherwise posted, Governing Board meetings are open to the public. Non-members may participate in discussions and may suggest agenda items for the meetings but are not eligible to vote.

Executive Sessions may be held at the discretion of the Board membership at which time, only active voting members will be allowed to attend and participate.

### **Section 4: Quorum Rules:**

A quorum shall consist of **no less than one half of the elected, active voting members available either in person, by phone, or by E-mail**. In the absence of a quorum, meetings and discussion can continue but no motions or votes may be taken.

### **Section 5: Decision-Making:**

All decisions regarding Board planning, funding and governance must be formulated as a motion by active members of the governing board. Voting can only take place in the presence of a quorum. Decisions shall be by a simple majority vote, **except** funding reallocation, By-law amendments, and member termination decisions, which may only be decided by a two-thirds majority.

### **Section 6: Subcommittees:**

The Board is empowered to create any sub-committees it deems necessary to create and carry out the work delegated to it by the CoC.

## **ARTICLE VI: FUNDING DECISIONS**

### **Section 1: Program Evaluation:**

The Board shall be responsible for establishing ranking criteria and a process for selecting and ranking projects for funding. It is also responsible for collecting information and evaluating the effectiveness of all Continuum of Care McKinney- Vento and Support Services for the Homeless (SSH) funded projects. Based on those evaluations, the governing board may elect to reallocate Continuum of Care funding, in whole or in part, from existing vendors to new projects with a two-thirds majority vote.

### **Section 2: Ranking Committee:**

Annually, based on the HUD application schedule, no fewer than seven (7) people shall be selected by the governing board membership to serve on the Continuum of Care Ranking Committee. The role of the Ranking Committee is to read and evaluate all proposals for inclusion in that year's Burlington County Continuum of Care application to HUD. Decisions will be based on HUD eligibility, the quality of the proposal, project idea, program outcomes, for existing programs, and the amount of money available through the Continuum pro-rata share, potential bonus funding, and the amount approved by the Board for reallocation.

Board members or members of the community at large may serve on the Ranking Committee. Potential members will be asked to sign a conflict of interest disclosure form prior to participating.

Representatives of organizations with new or renewal applications competing for funding are barred from participation on the ranking committee or on Board voting on Ranking Committee funding recommendations.

Ranking Committee members shall maintain confidentiality of the committee discussion and voting on project ranking until after the Board decision on those recommendations.

### **Section 3: Final Funding Decisions:**

Recommendations from the Ranking Committee will be **voted** on by all governing board members who do not *have* a conflict of interest with any of the proposals submitted. Approval of the recommendations will be based on a simple majority.

## **ARTICLE VII: CoC Lead Agency:**

**Section 1.** CoC Lead Agency: The CoC Lead agency shall be responsible for carrying out the administrative duties required by the Governing Board for applications and funding.

**Section 2.** Duties of the CoC Lead Agency:

- Apply for funding from the US Department of Housing and Urban Development (HUD) under the CoC program and other funding programs for the homeless
- Design and coordinate the HUD CoC grant application process in partnership with the Governance Board Officers
- Publicly represent the Governing Board

- Maintain the Governing Board email distribution list
- Provide support to the Governing Board Chairs and CoC Executive Board by preparing agendas and scheduling meetings
- Record Meeting Minutes and prepare Meeting information

**Section 3. CoC Lead Agency Appointment:** Every 5 years, the Governance Committee shall seek letters of intent to serve as the COC Lead Agency from non-profit community organizations that are based in and or serve the Burlington County Geographical area. Only organizations that meet requirements set forth by HUD shall be eligible to serve as CoC Lead Agency, in addition to any requirements agreed upon by the Governance Charter as a whole. The Governance Charter shall review letters of intent and submit recommendations to the executive committee, in the absence of any eligible provider the County Human Services Department shall serve as the CoC Lead agency. The CoC Lead Agency shall be appointed by majority affirmative vote of the Executive Board of the Governance Committee. The CoC Lead Agency must agree to uphold the mission and purpose of the Governance charter as defined in these by-laws.

**Section 4. Limitations on the COC Lead Agency:** By virtue of this role, the CoC Lead Agency is excluded from direct service funding with the exception of eligible general and administrative cost associated with HUD and work as related. Staff members of the CoC Lead Agency shall have no voting privileges at meetings. Staff members of the COC Lead Agency shall not be eligible to serve as elected officers.

## **ARTICLE VII: ADOPTION AND AMENDMENTS TO THE BY-LAWS**

### **Section 1: Adoption:**

Adoption of these by-laws shall be adopted by a two-thirds majority of the members of the *governing* board.

### **Section 2: Amendments:**

A two-thirds majority vote of the governing board will be required to adopt a motion to amend the by-laws. Amendments must be submitted to the Board membership at least 14 days prior to the meeting at which they will be considered.

### **Section 3: Effective Date:**

Once approved, amendments to the by-laws become effective immediately unless the motion passed specifies a later date.

# Coordinated Assessment System

## Policies and Procedures

06/07/17 (amended 9/18/17)

### **Background**

Under the interim rule for the U.S. Department of Housing Urban Development's (HUD) Continuum of Care (CoC) program, each Continuum of Care must establish and operate a centralized or coordinated assessment system as "a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" (24 CFR 578.3).

Participation in the coordinated assessment system is required for grantees receiving HUD CoC and Emergency Solutions Grant (ESG) funds (Burlington County does not currently receive ESG funding).

Burlington County's Continuum of Care has been actively engaged in a community wide strategic planning and implementation process to alleviate homelessness in Burlington County. A valuable tool in this endeavor is Coordinated Assessment (CA). Coordinated Assessment (or Coordinated Entry) is a consistent, community wide process to match people experiencing homelessness to community resources that are the best fit for their situation including homeless prevention, housing and other services.

Coordinated Assessment works by requiring homeless individuals and families who complete a standard triage assessment survey that identifies the best type of services for that household. Participating programs accept referrals from the system, reducing the need for clients to traverse the county seeking assistance at every provider separately. When participating programs do not have enough space to accept all referrals from the system, clients are prioritized for services based on need.

The Burlington County CA implementation phase started with a small group of providers who tested the effectiveness of using a standardized CA process that connected households with a wide range of services to respond to their assessed needs. The service delivery system that piloted featured:

1. Prevention strategies aimed at keeping households who were on the edge of homelessness housed and linked with appropriate services.
2. Diversion services targeted to those clients that could be successfully diverted from more intensive housing assistance
3. A standardized, uniform CA aimed at providing consistent, effective and swift access to needed services.

4. Rapid Re-housing aimed at helping homeless households quickly exit homelessness and stabilize in permanent housing.
5. Tailored services to provide services at the appropriate level and time to meet households' needs.
6. Economic opportunities that include aggressive engagement with employment services systems to help households advance toward self-sufficiency.
7. Data and evaluation enhancements to inform planning and decision-making.

The experiences of the pilot partners and households served as a catalyst for making changes to the CA tool to better serve the CoC community,

The goal of the Coordinated Assessment system is the implementation of a standardized assessment and that all emergency shelter, transitional housing, permanent supportive housing, and rapid rehousing placements are made through that system. Coordinated Assessment should serve all populations, prioritize, and place clients effectively and efficiently, quickly matching people to the housing type that is most likely to transition them to permanent housing.

Coordinated Assessment benefits the community by:

- Using existing resources effectively by connecting people to the housing program that is the best fit for their situation
- Reducing the need for people to call around to multiple housing programs and fill out multiple applications to join waitlists. Community Development will assess people for all participating permanent housing programs at the same time.
- Providing clear communication about what housing is available.
- Collecting information about how many people in Burlington County need different types of housing. This information will help the CoC advocate for more resources to provide housing and supportive services for Burlington County's homeless.

**Coordinated Assessment is NOT a stand-alone solution to end homelessness or a solution to the shortage of affordable housing stock.** It is, instead, a system to promote access to an effective utilization of mainstream programs by homeless individuals and families and to optimize self-sufficiency among individuals and families experiencing homelessness by identifying and prioritizing the most vulnerable, disabled, and/or chronically homeless individuals and families.

### **System Overview**

The Burlington County Coordinated Assessment system requires that all homeless individuals and families will complete a standard triage assessment survey that considers the household's situation and identifies the best type of housing intervention to address their situation. The standard triage assessment survey used by Burlington County is a modified version of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT version will be integrated into the standard HMIS intake for people who are homeless and conducted at HMIS partner agencies, including



shelters, service centers, transitional housing programs, and outreach programs – anywhere that people who are homeless first encounter our system of care.

Permanent housing programs, including permanent supportive housing and rapid rehousing, will fill spaces in their programs from a community queue of eligible households generated from HMIS. The queue will be prioritized based on length of time homeless and CA scores to ensure that those with the greatest need are housed first. This coordinated process should reduce the need for people to seek assistance at every county provider separately.

### **Non-discrimination and Equal Opportunities**

Burlington County operates the coordinated assessment system in accordance with all federal statutes including, but not limited to: the Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. All service providers where assistance is provided must ensure equal access in accordance with all general HUD Program requirements.

The Burlington County CoC requires service providers to incorporate participant choice and inclusion of all homeless subpopulations present in Burlington County, including homeless veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, and Lesbian, Gay, Bi-sexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families. All CoC funded service providers must ensure that all people have fair and equal access to the coordinated assessment process and all forms of assistance regardless of race, ethnicity, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation.

### **General Process**

The CA system provides multiple points for access (locations) where people experiencing homelessness can complete the assessment survey to participate in coordinated assessment and is the first step assessment for all households seeking housing services throughout the county. Currently, all HMIS partner agencies will serve as access points and the triage assessment survey is incorporated in the standard HMIS intake. Additionally, Providence House, the domestic violence service provider in Burlington County will serve as the access point for domestic violence survivors. All of these social service providers reach Burlington County residents by providing services including outreach, shelter, drop-in services, and emergency housing providing a built-in network for reaching homeless people throughout the county.

In order to serve as a CA location, the organizations must have a current, signed HMIS partner agency agreement and meet the following requirements:

1. Participate in HMIS and follow all HMIS user agency requirements (domestic violence victim service providers are exempt from this requirement)

2. Maintain at least one staff person who is trained and authorized to conduct the Coordinated Assessment and allow only those trained and authorized staff or volunteers to conduct the assessment
3. Agree to follow the community guidelines for completing the assessment and communicating about the coordinated assessment system.
4. Agree to provide additional referrals to other community services, as appropriate, to people completing the assessment.

As the original point where people connect with the coordinated assessment system, the CA location should be able to respond to inquiries regarding status for a housing referral and be able to:

1. Check HMIS to determine if the individual or household has a current (less than one year old) assessment entered in HMIS
2. If the individual/household is current, respond by indicating that contact will be made if services are available and are a good fit
3. If the individual/household does not have an assessment in HMIS, work with them to complete one.
4. If the assessment is over a year old, an annual update should be initiated to insure that the individual/household's contact information is current and correct.

The Coordinated Assessment is covered under the standard HMIS Release of Information that authorizes HMIS partner agencies to conduct the HMIS intake and assessment, enter the information in HMIS, and share the individual's/household's information with other participating organizations in order to facilitate connecting the household with housing and services. The Release of Information MUSA be completed and uploaded into HMIS before any other information, including the assessment, can be entered into HMIS.

### **Conducting the Assessment**

The Coordinated Assessment tool will be conducted as part of the standard intake for HMIS and as part of annual updates in HMIS. It may be directly entered into HMIS or completed on paper and then entered into HMIS.

The assessment should be conducted in a setting that promotes privacy and confidentiality. The staff member or volunteer conducting it must follow the CoC's guidelines for explaining what the assessment is and how coordinated assessment works.

All or the questions on the assessment are designed to be answered with one-word "yes" or "no" answers. There is no need for respondents to go into detail describing their situation or past history. Respondents should be told that it is important to answer the questions honestly and accurately in order to match them to the best services for them. **The assessment must be conducted in person and the release of information must be uploaded into HMIS.**

After completing the assessment, the volunteer or staff member should provide the individual/household with referrals to meet immediate needs. It is very unlikely that a housing placement will be available immediately or even in the near term, due to the scarcity of available housing options in Burlington County. It is, therefore, important to provide information about resources that can meet immediate needs, such as emergency shelter, food, and health care.

Individuals and households that score in the low range should be provided with referrals to other resources to meet their housing needs, since they will not be matched with permanent supportive housing or rapid rehousing. Referrals should be based on the individual's/household's specific situation, and could include referrals to the Burlington County Board of Social Services, emergency shelters, or transitional housing programs.

### **Updates to Assessments**

As long as individuals/families remain homeless, they should complete the Assessment annually to capture any changes in their circumstances. In addition, individuals/households may complete an update whenever they experience a significant change in their circumstances. The update would include an HMIS update and a new assessment.

### **Wait List**

Burlington County maintains a Wait List in HMIS based on the assessment scores and intake records in HMIS. HMIS also contains the inventory and eligibility criteria for each permanent housing provider, including permanent supportive housing and rapid rehousing programs.

#### **1. Housing Program Inventory**

All participating housing providers will enter their program inventory and eligibility criteria in HMIS. Program staff will work with the HMIS system administrator to make sure program information stays up to date. Additional eligibility criteria will be used to pre-screen individuals and households on the wait list for basic eligibility.

#### **2. Program Determination for Wait List**

The Coordinated Assessment Tool is used to determine the best type of housing intervention for the individual or household being assessed. Those who are identified with a high score are referred to permanent supportive housing. Those scoring in the moderate range are referred to rapid rehousing. People who are assessed with a low score are most likely able to resolve their homelessness without a housing intervention. Since Burlington County has limited housing capacity, housing interventions will be prioritized for those who most need it. Individuals and households with low scores will be referred to other, non-permanent housing interventions, where appropriate.

### **3. Prioritization**

There is a shortage of housing opportunities in Burlington County in comparison to the need. The Coordinated Assessment system is intended to triage people and house those who are most in need first. Permanent Supportive Housing placements will be prioritized for those who have been homeless on the streets or in emergency shelter for at least a year and with the highest score, resulting in serving those who are most in need and most at risk.

Using the Coordinated Assessment scores, individuals/households are assigned to the most appropriate type of housing intervention (permanent supportive housing, rapid rehousing, or no housing intervention). Within those groups, individuals and households will be prioritized based on:

#### **Permanent Supportive Housing Prioritization Criteria**

- a. Coordinated Assessment Score – Those who have been on the street, in emergency shelter, and/or places not meant for human habitation for at least a year with the highest score will be served first
- b. Length of Time Homeless – Among those with the same score, individuals/households who have been homeless the longest will be prioritized first.
- c. High use of Services – among those with the same score and the same length of time homeless, individuals/households will be prioritized based on the level of utilization of County services, with those with the highest utilization served first.

To reflect the commitment to serve those most in need and most at risk, the CoC will work with all CoC funded permanent supportive housing projects to phase in turnover beds to be dedicated or prioritized for the chronically homeless.

#### **Rapid Rehousing Prioritization Criteria**

- a. Coordinated Assessment Score – Those with the highest score within the rapid rehousing range will be served first.
- b. Risks Score – Among those with the same assessment score, individuals/households with the highest Risks sub-score in the assessment will be prioritized first.
- c. Length of time on the Wait List – Among those with the same score, and the same Risks score, individuals/households will be served in the order they completed the assessment.

#### **Housing Referrals**

##### **1. Matches to Housing Opportunities**

Matches are facilitated by a Housing Navigator. When a permanent housing program has a space available, the designated Navigator will use the Wait List in HMIS to identify the household or individual to be referred by:

- a. Filtering the wait list based on the type of housing intervention (permanent supportive housing or rapid rehousing) so that it pulls a list of individuals/households that have matched to that type of housing.
- b. Filtering the wait list based on the eligibility criteria of the housing program.
- c. Prioritizing the wait list based on the prioritization methodology described above.

The Navigator will then make a referral in HMIS to the permanent housing program.

The Navigator will provide his/her own judgment and discretion in making referrals based upon the prioritization and match-making methodology laid out these policies and procedures. Discretion may include taking into account a client's known preferences when making matches, avoiding referrals to programs where an individual/household has had a serious violation in the past, and addressing inconsistencies or concerns in the assessment or eligibility information entered in HMIS. Any match that requires some flexibility outside the methodology described here requires approval from senior management.

## **2. Provider Responsibilities**

When a permanent housing program receives a referral in HMIS, the provider will follow these steps:

- a. *Locate the individual/household:* It is expected that the provider will make at least 3-5 reasonable attempts to find the individual/household . In addition to trying the contact information in the person's HMIS account, attempts should include seeking the person out in locations and at other service providers that they are known to frequent. All attempt to find the individual/household must be documented in HMIS.
- b. *Verify eligibility:* Information in the individual's/household's HMIS account (including the Coordinated Assessment) is primarily self-reported. Providers will need to conduct their own program intake and documentation of eligibility.
- c. *Enter the individual/household into the program in HMIS.*

If the individual/household cannot be located, the provider will notify the Navigator who made the match. Together, the Navigator and the provider will determine if additional attempts should be made. If the individual/household still cannot be located, they will be referred back to the wait list and the Navigator will initiate a new match.

If the individual/household turns out to be ineligible for the program, they will be referred back to the wait list and the Navigator will initiate a new match. The program should provide information regarding why the individual/household was not eligible and a note will be made in HMIS. Depending on the reason for ineligibility, the Navigator may initiate a review of the client's information and/or request tha

the client complete an updated assessment (for example, if inaccurate or out of date information on the assessment led the Navigator to believe the client would be eligible).

If the individual/household declines a referral, they will be referred back to the wait list and the Navigator will initiate a new match. Individuals/households have the right to decline any and all referrals. The Navigator will continue to offer referrals as many times as it takes to match the individual/household with housing. However, the Navigator will follow some basic guidelines:

- a. The Navigator will not re-refer an individual or household to the same program multiple times if the person/household has communicated that they are not interested in that program. Instead, the individual/household will be referred to other programs in Burlington County.
- b. If an individual/household declines 3 referrals, the Navigator will wait three months before making the next referral.
- c. If an individual/household declines 6 referrals, the Navigator will communicate with the individual/household that they will not be given any new referrals until they inform the Navigator that they are interested in receiving a new referral.

*Project Specific Wait Lists* – One of the benefits of coordinated assessment is that it simplifies the path to housing by replacing the multitude of existing project specific wait lists with a shared CoC wait list. However, some projects have requirements from their funders that may conflict with coordinated assessment. In those situations, the Navigator will work with the provider to determine the best possible way to participate in coordinated assessment.

### **Confidential Process for Domestic Violence Survivors**

A separate, confidential process is available for domestic violence survivors who are receiving services from the designated domestic violence provider in Burlington County. This process allows service providers to maintain confidentiality and safety for their clients, while also ensuring that homeless survivors have access to the full array of housing opportunities.

### **Administrative Structure**

#### **System Oversight**

Oversight of the coordinated assessment system, including implementation of the assessment tool, waiting list, prioritization and match-making will be provided by the Burlington County Office of Human Services. The Human Services office serves as the administrative liaison and HMIS Lead and staffs the CoC Governance Board and the CoC Coordinated Assessment Sub-Committee. The CoC board delegated authority to the Human Services office, as the collaborative applicant, to approve and implement operational policies for coordinated assessment, although input from the CoC is always factored into any decisions. Regular reports by representatives of the Human Services department will be provided at both the CoC Governance Board and CoC meetings.

## **Grievance Procedures**

Any person participating in the coordinated assessment process has the right to file a grievance. Grievances related to a particular service provider (e.g., a grievance related to how an assessment was conducted at a particular provider) should be resolved through that provider's grievance procedure. Grievances specific to the coordinated assessment system (e.g., a grievance related to the match making process), should be forwarded to the Burlington County Human Services department.

## **Revisions to Policies and Procedures**

The Policies and Procedures will be reviewed, and, if necessary, updated at least annually by the Coordinated Assessment sub-committee and the Human Services staff responsible for implementing the Coordinated Assessment.

## **Participating Providers**

All CoC funded service providers must participate in the coordinated assessment system. For permanent housing providers (both rapid rehousing and permanent supportive housing) that means working with the coordinated assessment system to take referrals from the waiting list. The CoC strongly encourages all other permanent housing providers with housing dedicated to people who are homeless to participate, as well.

## **Definitions**

- **Access points** – Locations where people can complete the triage assessment (Coordinated Assessment) survey to participate in the coordinated assessment process. Access points can include emergency shelters and any social services providers.
- **Chronic Homelessness** – HUD's definition of chronically homeless is an individual (or a family with an adult head of household) who:
  - ❖ Is homeless and lives in a place not meant for human habitation, a safe haven, or an emergency shelter;
  - ❖ Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the three years; and
  - ❖ Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, development disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and who met all of the criteria above before entering that facility is also considered chronically homeless (24 CFR 578.3).

- **Collaborative Applicant** – The eligible applicant that has been designated by the Continuum of Care to apply for a grant for the CoC planning funds on behalf of the CoC. The Collaborative Applicant for Burlington County is the Burlington County Human Services Department.
- **Continuum of Care (CoC)** – The Burlington County Continuum of Care carries out the responsibilities required under HUD regulations, set forth at 24 CFR 578 – Continuum of Care Program. The CoC is comprised of a broad group of stakeholders dedicated to ending and preventing homelessness in Burlington County. CoC membership is open to all interested parties, and includes representatives from organizations within Burlington County. The overarching CoC responsibility is to ensure community-wide implementation of efforts to end homelessness and ensuring programmatic and systemic effectiveness of the local continuum of care program.
- **Coordinated Assessment Tool** – an assessment tool designed to help guide case management and improve housing stability outcomes and that can be conducted to quickly determine whether a client has high, moderate, or low acuity.
- **Emergency Solutions Grant (ESG)** – ESG is a grant program of HUD that funds emergency assistance for people who are homeless or at risk of homelessness. Burlington County does not, however, receive ESG funds at present.
- **Homeless** – HUD’s definition of homelessness (24 CFR 578.3) has four categories:
  - ❖ **Category 1** – Literally homeless individuals/families
  - ❖ **Category 2** – Individuals/families who will imminently lose their primary nighttime residence with no subsequent residence, resources, or support networks.
  - ❖ **Category 3** – Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute.
  - ❖ **Category 4** – Individuals/families fleeing or attempting to flee domestic violence.
- **Homeless Management Information System (HMIS)** – an information technology system used to collect data on the provision of housing and services to homeless individuals and families.
- **Housing Navigator** – Individual responsible for engaging and preparing a client for housing placement and serves as primary point of contact for the homeless individual/family after assessment. The Housing Navigator will match the assessed homeless individual/family with the appropriate housing placement.
- **Literally Homeless** – Category 1 of HUD’s definition of homelessness. Literally homeless means an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation, the individual or family is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by charitable organizations or federal, state, or local government programs), or the individual is exiting an institution where he/she has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- **Office of Human Services** – office within Burlington County, Department of Human Services. Serves as the collaborative applicant for the Burlington County Continuum of Care, staffs the



Coordinated Assessment Sub-committee, and serves as the lead for implementation of coordinated assessment in Burlington County.

- **Permanent Supportive Housing (PSH)** – permanent housing designed for chronically homeless and other highly vulnerable individuals and families who need long-term support to stay housed. Permanent supportive housing provides housing linked with case management and other supportive services. Permanent supportive housing has no time limitation, providing support for as long as needed and desired by the resident.
- **Rapid Rehousing (RRH)** – permanent housing program that provides short-term financial assistance and intensive support to quickly re-house households in their own independent households. The goal of Rapid Rehousing is to quickly move households out of homelessness and back into permanent housing, providing the level of service necessary to assist the household.
- **Release of Information** – the consent form that individuals/households complete and sign to grant consent for their personal information to be entered into HMIS and used for coordinated assessment. Signing the release of information is required to enter information into HMIS>
- **Transition Age Youth** – Young adults ages 18-24 years old

## CoC Written Standards

### Permanent Supportive Housing

Permanent Supportive Housing Programs must provide non-time limited permanent housing to eligible households according to the needs of the household. Programs must provide for the supportive service needs of program participants either directly or through connection to community resources.

### Participant Eligibility

Permanent Supportive Housing programs funded through the CoC may only serve homeless households (individuals and/or families) in which a household member has a disabling condition.

### Prioritization

All Permanent Supportive Housing Programs must prioritize households to fill vacancies according to the order of priority established in the Coordinated Assessment Policy. Referrals to Permanent Supportive Housing Programs shall be made based on the highest priority households that meet the program eligibility requirements.

### Order of Priority

1. Coordinated Assessment Score
2. Length of Time Homeless
3. High Use of Services

### Application of Priority

The Coordinated Assessment wait list shall be generated in HMIS and updated in real-time as assessments are completed. Permanent Supportive Housing programs will have access to the wait list within HMIS and shall draw referrals from the top of the list for the highest prioritized household meeting program eligibility criteria.

Where there is an individual or family meeting the higher priority criteria that refuses the permanent supportive housing opportunities offered to them, the Permanent Supportive Housing programs may skip to the next individual or family on the priority list meeting the program criteria. Every effort will be made to continue to engage those individuals and families identified as the highest priority, however vacancies will not be held should they refuse the housing offered. In such cases those individuals and families refusing housing will be offered the next available vacancy until they are in a position to accept the housing offered to them. At no time shall an individual or family refusing the housing opportunity offered be placed on a “do not serve” list based solely on their refusal of housing.

Permanent Supportive Housing programs with beds dedicated or prioritized for the chronically homeless will not be required to hold vacancies open if there are no individuals or families meeting the chronic homeless definition as outlined in 24 CFR 578.3 within the CoC geographic region. In the event that there are no chronically homeless individuals and families within the CoC geographic region, the Permanent Supportive Housing Programs with beds dedicated or prioritized for the chronically homeless based may serve the top prioritized household on the wait list.

### Eligible Activities

Programs providing permanent supportive housing may use CoC funding to pay for acquisition, rehabilitation, new construction, leasing, rental assistance, operating cost or supportive services so long as those activities are dedicated to the provision of permanent supportive housing to eligible program participants.

### Service Provision

In general, programs should not require participation in services in order to gain program admission or maintain program eligibility. Programs that do require participation in service may not require participants to engage in disability related services as a condition of housing. All permanent supportive housing programs should make a variety of service options available to program participants and work with participants to create individualized service plans. Service provision must be client centered and must be based on goals developed in coordination with program participants. Programs must work with participants to develop individualized service plans annually and services offered should at a minimum assist participants in achieving the goals identified in their individualized service plans.

### Program Enrollment

After informing a participant of their acceptance into the program, the Permanent Supportive Housing Provider will fill out a HMIS Consent Form. They will be encouraged to participate in the housing unit search process, and their preferences can be taken into account, considering factors such as child’s current school placement, support network, doctors, etc.

Housing units for all participating housing agencies will meet HUD Housing Quality Standards (HQS) and rents should be at or under HUD’s Fair Market Rents. When an appropriate housing unit is found, the resident signs the lease and provides the appropriate security deposit. The participant will sign an occupancy agreement containing a program fee amount equal to the calculations on the Program Fee Calculation worksheet.

| Part I<br>TOTAL ADJUSTED INCOME DETERMINATION |                         |        |
|---|-------------------------|--------|
| ANNUAL GROSS INCOME                           |                         |        |
| A. Income                                     | Type Of Income Reported | Amount |
|   |                         |        |

|   |                          |               |
|---|--------------------------|---------------|
| <p>Some of the types of income that should be included are employment income, social security, welfare assistance, unemployment, and disability or worker's compensation. This is not, however, a complete list.</p> <p>For a comprehensive listing of the types of income that must be included in calculating total household income, see the "Annual Income Includes" paragraph in the SHP Desk Guide.</p> |                          | \$            |
|   |                          | \$            |
|   |                          | \$            |
|   |                          | \$            |
|   |                          | \$            |
| <b>Total A:</b>   |                          | \$            |
| <b>B. Income Exclusions</b>   | <b>Type Of Exclusion</b> | <b>Amount</b> |
| <p>Income exclusions can include income from children under 18, payments received for the care of foster children or adults, and reimbursement for the cost of medical expenses.</p> <p>For a complete list of the income exclusions which should be considered when calculating total amount of exclusions, see "Income that Must be Excluded" in the SHP Desk Guide.</p>                                    |                          | \$            |
|   |                          | \$            |
|   |                          | \$            |
| <b>Total B:</b>   |                          | \$            |
| <b>C. Annual Gross Income:</b>  |                          | <b>Amount</b> |
| Subtract the total amount of income exclusions from the total amount of eligible income.  |                          |               |
| <b>Total A-B:</b>   |                          | \$            |

**Part I (continued)**

**ADJUSTMENTS TO INCOME**

| <b>D. Dependent Allowance</b>  |                             |               |
|--|-----------------------------|---------------|
|  | <b>Number of Dependents</b> | <b>Amount</b> |
| Multiply the number of dependents by \$480   |                             | \$            |
| <b>E. Child Care Allowance</b>   |                             |               |
|  | <b>Description</b>          | <b>Amount</b> |
| Child care expenses for children 12 and under that are made for a household member to work. Amount deducted cannot exceed amount received for work. For a complete reference see "Adjustments to Income: Child Care Allowance" in SHP Desk Guide.  |                             | \$            |
| <b>F. Disabled Assistance Allowance</b>  |                             |               |
|  | <b>Description</b>          | <b>Amount</b> |
| <b>F1.</b> Disabled assistance expense: Reasonable expenses for attendant care that enable a household member to work.   |                             | \$            |
| <b>F2.</b> Adjusted amount of disabled assistance expense. To calculate, multiply Disabled Assistance expenses by .03.   | <b>F1 x .03 =</b>           | \$            |
| <b>F3.</b> Adjusted disabled assistance expense: Subtract adjusted amount of disabled assistance expense from disabled assistance expense: <b>(F1-F2)</b>  | <b>F1 - F2 =</b>            | \$            |
| <b>F4.</b> Family members' earnings dependent on attendant care:   |                             | \$            |
| <b>F5.</b> Enter lesser of adjusted disabled assistance expense or family member earnings:   | <b>Total:</b>               | \$            |
| <b>G. Medical Expenses Allowance</b>   |                             |               |
|  | <b>Description</b>          | <b>Amount</b> |
| <b>G1.</b> Medical Expenses not covered by insurance or unreimbursed. See Desk Guide.  |                             | \$            |
| <b>G2.</b> If Adjusted Disabled Assistance Expense ( <b>F3</b> ) is greater than zero, enter Medical Expenses to the right. If not, add Disabled Assistance Expense ( <b>F1</b> ) and Medical Expenses ( <b>G1</b> ) lines and enter to the right. | <b>Total:</b>               | \$            |
| <b>H. Elderly or Disabled Family Allowance</b>   |                             |               |
|  |                             | <b>Amount</b> |
| Multiple number of elderly (62 years or older) or disabled family members who are the head of household, spouse, or sole member of household by \$400.   | <b>Total:</b>               | \$            |
| <b>I. Total Allowances</b>   |                             |               |
|  |                             | <b>Amount</b> |
| To calculate, sum the totals from all applicable allowances (D+E+F+G+H):   | <b>Total:</b>               | \$            |

| J. TOTAL ADJUSTED INCOME  |                                   |        |
|---|-----------------------------------|--------|
| Enter Annual Gross Income (Line C)  |                                   | \$     |
| Enter Total Allowances (Line I)   |                                   | \$     |
| <b>J. TOTAL ADJUSTED INCOME:</b> To calculate, subtract Total Allowances from Annual Gross Income   | <b>Line C - Line I:</b>           | \$     |
| Part II.<br>RESIDENT PROGRAM FEE DETERMINATION  |                                   |        |
|   |                                   | Amount |
| <b>K.</b> Divide TOTAL ADJUSTED INCOME (Line J) by 12 and multiply by 30 percent.   | <b>(Line J/12 months) x .30 =</b> | \$     |
| <b>L.</b> Divide ANNUAL GROSS INCOME (Line C) by 12 and multiple by 10percent.  | <b>(Line C/12 months) x .10 =</b> | \$     |
| <b>M.</b> Amount of WELFARE RENT, if applicable   |                                   | \$     |
| <b>N. MAXIMUM FEE AMOUNT PER MONTH:</b> Compare the three amounts ( <b>lines K, L, and M</b> ) under RESIDENT FEE DETERMINATION and enter the LARGEST of the three to the left    | <b>Largest of K, L, and M:</b>    | \$     |
| RESIDENT PROGRAM FEE WHEN UTILITIES ARE NOT INCLUDED IN RENT  |                                   |        |
| O. Utility Allowance  | Description                       | Amount |
| Enter total amount of utility allowance. (For more information about the utility allowance see "General Topics Regarding Resident Rent: Utility Payments" in the SHP Desk Guide.) |                                   | \$     |
| <b>P. ADJUSTED RESIDENT PROGRAM FEE WITHOUT UTILITIES:</b><br>Subtract Utility Allowance from MAXIMUM FEE AMOUNT PER MONTH  | <b>Line N - Line O:</b>           | \$     |

## INTAKE PROCEDURES

- I. Contact prospective applicant from waiting list or referral source
- II. Case Managers and/or agency housing staff will exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority outlined in the coordinated assessment policy. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Case managers and/or agency housing staff member should continue to make attempts to engage those persons. For eligibility in dedicated or prioritized PSH serving chronically homeless households, veterans, the individual or

head of household must meet all of the applicable criteria to be considered chronically homeless.

- III. Provide application packet for completion:
  - a. Agency application will be completed for all household members
  - b. Verification of Chronic Homelessness Form/Instruction Sheet
  - c. Verification of Disability (Treating MD or Psychiatrist)
  - d. Release of Information form
  - e. Background Check performed by each agency
  
- IV. Background Checks

Arrest Records alone will not be the basis for denying housing. Agencies will have discretion to consider circumstances, ensuring due process rights of applicants and tenants and complying with the Fair Housing Act.

  - a. Convictions for methamphetamine manufacturing, arson, sexually assaultive crimes, and Megan's Law crimes will generally be grounds for termination or denial.
  - b. Assaultive and aggressive crimes will be examined for mitigating circumstances such as drug-related behaviors or domestic violence
  - c. Police reports and testimonials from police, probation officers, etc will also be examined for mitigating circumstances
  - d. Consideration will be given to the length of time since the last conviction.
  
- V. Conduct face-to-face interview with applicant.
  - a. Discuss items of concern from assessments, progress notes, background checks
  - b. If third party verification of homelessness is not available,
    - 1. document your observations (is it evident to you they are living in car, tent, etc.)
    - 2. ask them to submit narrative of homeless history, including specific dates and places
  - c. Take thorough notes to substantiate decision and rejection letter, when applicable.
  
- VI. Rejection letter must inform the applicant that they may appeal the decision in the following manner.
  - a. If reason for denial is lack of cooperation in the interview, they may request a second interview with a different Director (the original interviewer may or may not attend).
  - b. If reason for denial is lack of documentation, they may reapply when all necessary documentation is submitted and updated.
  - c. If reason for denial is concern of a safety risk, they may submit a written appeal explaining why those concerns are not valid. The agency Executive Director will determine if a second interview is warranted.

## Admission Procedures – Calculating Program Fees

The *maximum* program fee is the higher of:

1. 30% of monthly adjusted income
2. 10% of monthly gross income

### Annual Gross Income

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
2. Net income from the operation of a business or profession;
3. Interest, dividends, and other net income of any kind from real and personal property;
4. The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump sum payment for delayed start of a periodic payment;
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
6. Welfare assistance. Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly, by Federal, State or local governments (e.g. Social Security Income (SSI) and general assistance available through state welfare programs);
7. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling; and
8. All regular pay, special pay and allowances of a member of the Armed Forces, except special hostile fire pay.

### **What is *not* included in income:**

1. Income from employment of children (including foster children) under the age of 18 years;
2. Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the tenant family, who are unable to live alone);
3. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay);
4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
5. Income of a live-in aide
6. The full amount of student assistance paid directly to the student or to the educational institution;
7. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
8. Amounts received under training programs funded by HUD;
9. Amounts received by a disabled person that are disregarded for a limited time for purposes of SSI income eligibility and benefits because they are set aside for use under a Plan for



Achieving Self-Support (PASS);

10. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
11. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;
12. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;
13. Temporary, non-recurring or sporadic income (including gifts);
14. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
15. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
16. Adoption assistance payments in excess of \$480 per adopted child;
17. Deferred periodic payments of SSI income and social security benefits that are received in a lump sum amount or in prospective monthly amounts;
18. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
19. Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home.

#### Annual Adjusted Income

Annual adjusted income is determined by deducting from annual gross income the items listed below.

- \$480 for each dependent;
- \$400 for any elderly or disabled family;
  - The sum of the following, to the extent the sum exceeds 3 percent of annual income:
  - Unreimbursed medical expenses of any elderly family or disabled family; and
  - Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed. This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such

- attendant care or auxiliary apparatus; and
- Reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education.

The Earned Income Disallowance (EID)

**For participants that meet EID requirements, any increase in income due to employment will be excluded from annual income for 12 months.**

Special regulations apply to all *disabled* clients that *became employed after April 20, 2001* and:

- were previously unemployed for one or more years; or
- earned less than \$3,375 in the previous 12 months; or
- increased their income during a self-sufficiency or job training program; or
- received welfare benefits or participated in a Welfare-to-Work program within six months prior to getting a job.

For these participants, *any increase in income due to employment is to be excluded from annual income for 12 months*. For months 13-24 after getting a job, 50% of the income increase is to be excluded from annual income. This provision applies to any disabled household member.

A tenant is eligible to receive the EID during a lifetime 48-month period from the time that the EID is first applied for the affected tenant. The time begins to run the date that the project would have otherwise raised the tenant's program fee in response to a reported income increase.

The amount of income included in the residents' pay that is attributed to an earned income tax credit should be excluded when calculating income. This amount will be listed separately on residents' pay stubs. It will be the same amount in each check.

#### Review of Income

In order to determine the correct program fee payment, residents' income must be reviewed. Their income should be reexamined at least annually. In addition, if there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, an interim reexamination may be requested by the resident and the program fee adjusted accordingly. Residents who receive an increase in income need not have their program fee increased until the next scheduled (annual) reexamination. Residents should agree to supply such certification, release, information, or documentation as the grantee determines the resident's income. Self-declaration may be used only if there is no other means of verification available.

#### Use of Income Earned Through Participation in a Training Program

Income earned through training programs should be excluded if the training program is:

- Funded by HUD (including training provided by HUD grantees and sub-grantees using HUD program funds);
- Funded through the Job Training Partnership Act (JTPA), including AmeriCorps Living Allowances; or
- Funded by State or local employment training programs.

**Distinguishing Between Employment That is Part of a Training Program and Regular Employment**  
Employment-related activities are considered to be training rather than employment if the work activity is of a time-limited nature and there is a curriculum of activities with discrete goals related to a participant's skill development and employability. Examples of such activities may include on-the-job training for maintenance work, data entry, or food preparation.

#### Eligible Child Care Expenses

Child care expenses can be deducted in full given the following conditions:

- the child or children are 12 years old and under;
- the resident is employed or enrolled in school while the dependent is receiving care;
- the amount deducted as child care expenses is necessary for the resident to work or attend school and the amount necessary for the resident to work does not exceed the amount earned while working; and
- the resident is not reimbursed for this expense.

#### Child Care Payments Through Program Fees

If participants' program fees are being used for eligible child care expenses, then the amount paid should be deducted from the participant's income.

#### Seasonal Employment Income

Unless the income is earned by family members younger than 18 years of age, seasonal income is counted just like other wages and salaries. Seasonal income includes, but is not limited to, holiday employment, summer employment, and seasonal farm work. Temporary, non-recurring income is income that is not expected to be regularly available in the future. An example of temporary, non-recurring income is income earned by census workers.

#### Services and Information and Referral

Participating CoC Case Managers and agency housing staff are responsible for supportive services and/or information and referral including evaluation and planning. The primary goal of the initial service planning period is to help the participant access all the benefits and services she or he needs and is eligible for, including VA, SSI or SSD, partial hospitalization programs, Medicaid, food stamps, discounted public transportation passes, primary care physicians, dentists, and other essential supports. When all the essential benefits and supports are applied for and obtained, the Case Manager's work shifts focus to a more individualized service planning process. This service agreement will outline expectations after completing assessments that involve the client, the treatment team and family. This plan is revised along the way as progress is reviewed and new circumstances arise.

The social service plan ensures access to healthcare, social interaction, wellness education, life skills training and physical activity, aiming to create a solid social and psychological foundation to rebuild lives. In some instances housing managers will refer and Case Managers will teach individuals how to use tools to minimize symptoms and proceed on their recovery journey with

increasing independence over time. The ultimate goal will be for each participant to attain the highest quality of life possible.

Service plans are based on strengths-based planning, individualized and consumer-driven service, stigma reduction, team-based and flexible interventions, collaboration, empowerment, and the goal of seamless assimilation.

The degree and type of service intensity begins weekly but then will vary based on the residents changing needs. Available services include:

- Linkages and coordination of services specific to the needs of the individual based on their disability
- Self-care skills
- Health care, including medication management
- Wellness education
- Mobility (if the consumer has a physical disability)
- Ensure and facilitate access to benefits
- Financial literacy, credit counseling and budgeting skills
- Information regarding local bus routes, shuttle and train service information
- Housekeeping skills
- Employment search and acquisition skills
- Coping skills
- Interpersonal skills
- Vocational or educational activities
- Use of leisure time
- Time management skills
- Use of community resources and services

Participating CoC agencies will regularly communicate with residents in an effort to determine the most suitable programs and services to be offered. By working proactively to develop the necessary linkages to community service providers, local government agencies, houses of worship, businesses and schools, case managers should be well positioned to identify and immediately respond to the changing needs of the residents.

#### Provisions for Education Services to Children

Parents will have access to numerous services including pediatric care and insurance through NJ Family Care, child care subsidies for working parents through the New Jersey Cares for Kids program, New Jersey Early Intervention System (NJEIS) services for children with developmental delays, assistance with appropriate pre-school selection, and Temporary Assistance for Needy Families (TANF).

Participating CoC agencies will ensure:

- Linkages and advocacy for parents and children regarding local and state resources
- Advocacy regarding Child Study Teams, school ISP's, navigating school districts

- Coordination of advocacy with appropriate agencies such as Children's Inter-Agency Coordinating Council (CIACC) and Monmouth Cares

### Termination and Appeal Policies and Procedure

Under HUD regulations governing CoC recipient agencies, assistance for participants may be terminated if the participant violates agency requirements or conditions of occupancy. Agencies must ensure that supportive services are provided, so that a participant's assistance is terminated only in the most severe cases and in those cases agencies must engage in discharge planning with the participant after services have been terminated. Agency staff shall use their best efforts to utilize supportive services to create an environment in which participants' actions do not escalate to a level that threatens the health, safety, or welfare of the agency, its staff, or other participants. If after all best efforts have been exhausted, it is the determination of the agency that termination of assistance is warranted, the agency must provide a formal process that recognizes the rights of the participant receiving assistance to due process of law. This process at minimum must consist of the following:

- 1) Serving the participant with written warning notices indicating the issues of non-compliance that may result in termination;
- 2) Serving the participant with a written notice indicating a clear statement of the reasons for termination;
- 3) Permitting the participant to have a review of the decision, in which the participant is given the opportunity to confront opposing witnesses, present written objections, and be represented by their own counsel, before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- 4) Providing prompt written notification of the final decision to the participant;

This process will comply with all local, state, and federal laws. Participating CoC agencies may choose any due process format it wishes as long as it complies with the above criteria.

If after the Agency and participant complete the Agency's internal due process procedure, and there is a final determination that the participant's assistance will be terminated, the Agency may not use force to remove the participant from the premises. However, most cases can be resolved through agency staff using their best efforts through counseling, social work, the due process procedure and appropriate discharge planning to avoid filing an eviction action.

### Discharge Planning

When a participant's assistance is terminated involuntarily, agency staff shall use and document their best efforts to engage in discharge planning in accordance with general discharge planning procedures that include assisting the participant in securing alternate housing and supportive services. Referrals to other social service providers and/or case management to assist participants whose assistance has been terminated are a vital portion of discharge planning procedures.

Although the agency shall undertake its best efforts to locate alternate housing and supportive services, discharge planning is not a guarantee that the agency will find the participant alternative housing.

## Appeals Process

### Purpose

The Appeals policy sets out which decisions are appealable and outlines how CoC agencies will handle a request for a decision to be reviewed.

Its purpose is to:

- 1) Give applicants and tenants the right to appeal;
- 2) Make it easy for applicants and tenants to exercise that right, and
- 3) Help agencies review what is and isn't working well within their organization.

### Policy

The Appeals policy outlines how participating CoC agencies will effectively:

- 1) Register, investigate, resolve and record appeals;
- 2) Ensure applicant and tenant rights, and
- 3) Enable applicant and tenant views to influence how we deliver our housing services.

The sorts of decisions that can be appealed are:

### **Applicants**

- 1) Eligibility for housing;
- 2) Priority status on the waiting list;
- 3) Removal from the waiting list;
- 4) Offers of properties.

### **Tenants**

- 1) Rent subsidy assessment;
- 2) Application for rehousing;
- 3) Property modifications relating to medical needs;
- 4) Absence from a dwelling;
- 5) Water usage or other tenant charges

Applicants and tenants can appeal because they believe the decision made:

- 1) Was inconsistent with the agencies Policies and Procedures;
- 2) Did not consider all the relevant information before making the decision;
- 3) Was influenced by information irrelevant to the matter under consideration;
- 4) Did not deal with the client fairly, taking account of the particular circumstances.

All agencies welcome appeals as they are seen as an important transparency mechanism for future planning and continued service improvement strategies.

## General Principles

All participating CoC agencies will ensure where it makes a decision about an entitlement or a service that it will include information on the right to appeal in its verbal and written communication with applicants and tenants.

### **What the appellant can expect from the process:**

- 1) Applicants and tenants are fully informed of their rights and responsibilities, and
- 2) have realistic expectations of what the service can provide;
- 3) Any request for information about the service, or any concern or objections about rules, practices or tenancy conditions expressed by clients will be responded to promptly and appropriately with the intention of firstly clarifying rules, rights, responsibilities or services provided;
- 4) Applicants and tenants can appeal decisions without fear of recrimination and participating CoC agencies will inform applicants and tenants about our appeals policy by providing a copy of the Termination and Appeals Policies and Procedures manual and verbally being informed by participating agencies.
- 5) Applicants and tenants can involve their own advocate or support person at any point in the appeals procedure.
- 6) Our procedure states who is responsible for dealing and processing appeals, how long it takes and how it is recorded

### **Responsibility**

- 1) Participating CoC Housing Manager will review the decision and make recommendation to their Chief Executive Officer;
- 2) Housing Manager will maintain the appeals register and provide a quarterly report to the Chief Executive Officer.
- 3) The Chief Executive Officer will make the final decision on all internal appeals and report it to their Board of Trustees.

### **Definitions and References**

An appeal is a request to have a decision reviewed by a higher level or tribunal. An appeal can be lodged by a tenant or applicant if they are unhappy with a decision made by the participating CoC agency that affects their entitlement to a housing product or service.

#### Procedure

As previously stated, an appeal is a request to have a decision reviewed by a higher level or tribunal. An appeal can be lodged by a tenant or applicant if they are unhappy with a decision made by the participating CoC agency that affects their entitlement to a housing product or service.

### **Internal Appeal**

Applicants and tenants have the right to request that the participating CoC agency reviews decisions with which they disagree or believe unfair. The participating CoC agency will review the merits of the decision within the policy of the organization and taking account of procedural fairness and the circumstances of each case.

#### Time frames and limits

An appeal can be lodged by a client within a 30-day timeframe of any decision made. There are exceptions and these will be assessed individually via management discretion based on the merits and circumstances of the case. An outcome of an internal appeal can be expected within 30 days of the date of lodgement. This timeframe may increase due to unforeseen circumstances and the clients request to delay the process in some instances.