

2020

SMAC Suburban Metro Area Continuum of Care



Organizational Documents

CoC Governance Charter

Bylaws

Written Standards & Policies

Approved January 2014

Amended November 2020

Suburban Metro Area Continuum of Care (SMAC) Governance Charter

I. Vision Statement:

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

II. Mission Statement:

Coordinate the response of the suburban metropolitan counties to homelessness and maximize access to funding from the US Department of Housing and Urban Development McKinney-Vento Continuum of Care competition.

III. Purpose of the Charter:

This Charter defines the roles, responsibilities, leadership, and committee structure of the Suburban Metro Area Continuum of Care, hereafter referred to as “SMAC”.

IV. CoC Responsibilities:

SMAC has primary responsibility to coordinate and implement a housing and service system to meet the needs of the homeless population and subpopulations within the geographic area. This includes coordinating and maximizing public and private resources required to attain our goal of ending homelessness. SMAC 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.
- Create and implement written standards for administering assistance.

V. Organizational Structure

To carry out its responsibilities, SMAC has created a governance structure that includes an elected Governing Board delegated by SMAC to direct the development and implementation of the CoC plan and ensure

compliance with the requirements of the HEARTH Act and CoC Interim Rule. SMAC 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 SMAC.

- CoC Membership—Membership in SMAC 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
 - Universities
 - Affordable housing developers
 - Law enforcement
 - Organizations that serve homeless and formerly homeless veterans
 - Homeless or formerly homeless persons

Any person interested in improving the response to homelessness who either lives or works in the SMAC region may participate in SMAC. Membership is 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 SMAC.

VI. SMAC Governing Board

The SMAC Governing Board is a body elected by SMAC membership to carry out the duties and responsibilities as delegated by SMAC to ensure compliance with the requirements as described in the HEARTH Act and the CoC Interim Rule. There are four distinct regions within SMAC. To ensure adequate representation, each region will have a minimum of two (2) Governing Board members that provide services in, live in, or have a connection to that region. SMAC Governing Board composition will be reviewed annually to ensure adequate diversity and representation from persons having experienced homelessness. Solicitation will be made to identify new members from under-represented groups.

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 SMAC
- 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 SMAC, including all CoC, ESG and FHPAP providers
- Monitoring and evaluating the performance of SMAC Collaborative Applicant

- 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
- 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 SMAC
- Enter MOU's on behalf of SMAC and monitor performance under these MOUs
- Establish and implement a communications plan to ensure transparency of CoC operations and results to SMAC and the general public

VII. HMIS Lead Agency

SMAC has decided to operate within a statewide Homeless Management Information System (HMIS) and grants authority to the Minnesota HMIS Governing Board to select the Software Vendor along with the Lead Agency and System Administrator. The Minnesota HMIS Governing Board has designated Institute for Community Alliances (ICA) as the lead agency of that system, a role which includes:

- Operate the CoC HMIS
 - Data and Technical Standards Compliance ICA will ensure that this operation will be in compliance with the HMIS Data and Technical Standards (69 FR 146, March 10, 2010). ICA will review this compliance on an annual basis and report to SMAC Governing Board on the review results with any corrective action if it is required.
 - Policies and Procedures ICA 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 ICA 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 ICA will monitor regularly the number of homeless system agencies utilizing the network and report the percentages to SMAC. ICA will work collaboratively with SMAC to develop a plan to address low participation rates, as needed.
- Reporting / Analysis
 - Performance Reporting ICA will coordinate a collaborative effort with SMAC to design a CoC-wide performance outcomes report, consistent with the expectations of the HEARTH Act.
 - Longitudinal System Analysis (LSA) ICA will manage the collection of all data elements required for the LSA and enter the data as required into the HUD Homeless Data Exchange on behalf of SMAC.

VIII. The Designated CoC Collaborative Applicant: Hearth Connection

The CoC Collaborative Applicant is Hearth Connection. The Collaborative Applicant is the agent assigned by SMAC with principle authority for the development and submission of the annual CoC application to HUD for McKinney-Vento homeless assistance funding. The Collaborative Applicant is also the agency that is authorized to enter into a contract with HUD to do CoC-wide planning and development. The Collaborative Applicant can contract with a third party to host the CoC Coordinator position and in doing so, delegate responsibilities as outlined below to the CoC Coordinator.

- Administrative Functions of the Collaborative Applicant:
 - Provide staff support for scheduling meetings
 - Managing communication with community agencies and other partners on all issues related to the work of SMAC
 - Provide staff support for the work and functioning of SMAC Governing Board
- Continuum of Care Program Application:The Collaborative Applicant shall design a collaborative process for the development and submission of the Consolidated Application for the annual CoC grant competition, and coordinate with SMAC and SMAC 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 Collaborative Applicant 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 Collaborative Applicant 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.

IX. Standing and Ad Hoc Committees

- Directors Council The Directors Council is a group of individuals that have personal experience with SMAC's Coordinated Entry System. The Directors Council review and approve all new policies, initiatives, and programs the CoC plans to implement. In addition, the Directors Council is responsible for choosing the direction and priorities for the SMAC Coordinated Entry Committee's work and ensuring that SMAC's policies are as person-centered as possible. This group will meet 2 times per month.
- Executive Committee The Executive Committee has been created to provide leadership to the SMAC Governing Board. This committee will work guide ensure the SMAC Work Plan and Annual Calendar are followed and accomplished. This committee will also be responsible for planning SMAC Governing Board agendas. Membership of this committee will include the SMAC officers: Chair, Vice Chair, and Secretary. The other Executive Committee members will be the acting Chairs from each of the operational committees. This group will meet monthly.
- CoC Project Monitoring and Evaluation Committee The CoC Project Monitoring and Evaluation Committee is responsible for scoring and ranking the CoC projects during the local NOFA competition. This committee is also responsible for keeping the scoring tool updated and ensuring projects are aware of changes in the scoring methodology. This committee will keep track of project performance throughout the year and develop Technical Assistance plans with projects that are underperforming. Committee members may not have a conflict of interest with any of the funded projects. Membership is determined by the Governing Board and will be representative of stakeholder groups across the CoC. This group will meet quarterly.
- The Coordinated Entry Committee The Coordinated Entry Committee is responsible for developing and implementing the Coordinated Entry System in the SMAC region and coordinating with Coordinated Entry Systems across the Twin Cities Metropolitan Area, 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 Entry Committee reports directly to SMAC Governing Board.

- Operations Committee The Operations Committee is responsible for implementation strategies on new programs as envisioned by the Governing Board. In addition, the committee will ensure county specific strategies are aligned with other counties in the region. The Operations Committee is also responsible to monitor the collection and use of HMIS data for the purpose of improving SMAC's ability to end homelessness. In this role, the Committee:
 - Monitors data quality of SMAC projects
 - Monitors the performance of the HMIS Lead Agency
 - Reviews, amends and approves the charter agreement between the HMIS Lead Agency and SMAC (annually)
 - Analyzes HMIS data to identify opportunities to improve CoC performance.
- Committee members are to include a minimum of one (1) county representative from each of the counties represented in SMAC. Other members will be recruited by the SMAC Governing Board with the goal of having sufficient racial, cultural, and expertise on homeless programs and the CoC Plan to make intelligent, objective recommendations.
- The SPARC Committee The SPARC Committee is responsible for overseeing planning and implementation around racial equity goals for the region.
- Other 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.

SUBURBAN METRO AREA CONTINUUM OF CARE BYLAWS

Approved

ARTICLE I—Organization.

Section 1. Name. Suburban Metro Area Continuum of Care (hereafter will be referred to as The Continuum)

Section 2. Geographic Composition. The Continuum is composed of four former Continuum of Care regions (Anoka, Dakota, Scott/Carver and Washington) that had previously served as independent Continuum of Care regions.

Section 3. Service Area. The Continuum will primarily provide services to the geographic areas of the counties of Anoka, Carver, Dakota, Scott and Washington.

ARTICLE II—Mission and Description.

Section 1. Mission. Coordinate and implement the response of the suburban metropolitan counties to homelessness and maximize access to funding from the US Department of Housing and Urban Development McKinney-Vento Continuum of Care competition.

Section 2. Description. The Continuum is the entity responsible for the overall performance and results of our community's effort to end homelessness. At least annually, the organization shall perform the following functions in a public forum:

- 1) Do broad goal setting, identifying unmet needs and priorities for investment and providing clear direction to funders and providers on our most critical needs.
- 2) Perform self-assessment with the intent of improving performance, not only in the functioning of the organization but in addressing public needs. This could include a reexamination of bylaws.
- 3) Elect members of the Governing Board.

ARTICLE III—Membership.

Section 1. Membership to The Continuum.

- 1) *Membership Criteria.* Any person interested in improving the response to homelessness who either lives or works in the Suburban Metro Region is eligible to sit on The Continuum. Membership is not limited to, but must include: homeless services and housing providers, housing developers, persons who are currently, or have experienced, homelessness, a representative of a local Emergency Solutions Grant recipient, homeless advocates, local and state government representatives, and funders.

- 2) *Membership Roster.* The Governing Board's secretary will maintain a roster of members. This roster will be updated annually. Members that have not attended a Continuum meeting (Governing Board, committee or sub-committee meetings) in the past calendar year will be removed from the membership roster.
- 3) *Solicitation of New Members.* Invitations for new Continuum members will be made publicly at least annually.

Section 2. Membership to the Governing Board.

- 1) *Membership eligibility:* Membership on the Governing Board is open to all individuals who meet membership requirements of the Continuum. Membership is comprised of the following categories:
 - a) Governing Board Representatives
 - i) A solicitation process will happen on an annual basis. The solicitation process will include marketing to all areas within the region, an application, and informational materials for potential board members.
 - ii) Applicants that are interested in representing a specific region are encouraged to seek endorsement of their application from the Local Homeless Planning Committees in the area of the region they will represent.
 - iii) Directors Council Members will review all materials submitted by applicants and make selection of all board members. Directors Council Members will work to ensure the following:
 - (1) A minimum 30% of the board members are Black, Indigenous, or People of Color
 - (2) A minimum of 2 representatives from each of the 5 counties within the region
 - b) Directors Council Representatives to the Governing Board
 - i) Directors Council Representatives will hold 3 of the 15 Governing Board seats
 - ii) Directors Council members interested in serving as a representative to the Governing Board will submit an application to other members of the Council
 - iii) The Directors Council will select the 3 members they will send to the Governing Board annually. Directors Council members who have submitted an application will abstain from voting on which Directors Council members will be represented.
- a) Community Member Participation. Participation will be solicited to ensure the following categories are represented:
 - i) At least one member must have experienced homelessness.
 - ii) At least one member must be an ESG recipient.
 - iii) A member from the Minnesota Interagency Council on Homelessness
- 2) *Number of Governing Board Members.* There must always be an uneven number of members. The Governing Board shall consist of 15 members.
- 3) *Terms.* Term lengths for all members will be a 3 year term. When a Governing Board Member's term expires, an election will take place to fill the seat. A member may renew for up to 2 consecutive terms and may reapply.
- 4) *Active Membership Status / Termination Policy.* A person elected to 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. Members dismissed from the Governing Board for either of the above reasons shall be ineligible to stand for the next election but shall be considered eligible to run the following year.

- 5) *Termination.* Board membership can be terminated by a two-thirds vote of the entire Board. Members thus terminated shall be ineligible to stand for election for the following two years.
- 6) *Special Election.* If resignations or dismissals should reduce the Board to fewer than 9 members or create an even number of members, a new public participation Continuum of Care meeting shall be held within 45 days for purposes of electing new members such that the resulting Board has an uneven number of members but at least 9 members and no more than 15, including the 3 officers. Term lengths for members elected through such a special election meeting will be randomly selected but each term shall be shortened to match dates with other members in that cohort.

ARTICLE IV—Governing Board and Committees.

Section 1. Structure. The Continuum consists of the following governing board and primary committees:

- 1) Suburban Metro Area Continuum of Care (The Continuum)
- 2) Suburban Metro Area Continuum of Care Governing Board
- 3) Local Homeless Planning Committees
- 4) Other sub-committees not listed may be formed at any time to assist in Suburban Metro Area Continuum of Care planning and monitoring.

Section 2. Suburban Metro Area Continuum of Care (The Continuum). The Continuum consists of all stakeholders across the 5 county region that are interested in advancing efforts to end homelessness. This group meets at least twice per year. The Continuum’s primary functions include:

- 1) Do broad goal setting, identifying unmet needs and priorities for investment and providing clear direction to funders and providers on our most critical needs.
- 2) Perform self-assessment with the intent of improving performance, not only in the functioning of the organization but in addressing public needs. This could include a reexamination of bylaws.

Section 3. Suburban Metro Area Continuum of Care Governing Board.

- 1) The Suburban Metro Area Continuum of Care Governing Board is the primary decision making entity within The Continuum. The Governing Board is charged with:
 - a) Development of a Continuum of Care Plan that includes estimates of homeless people, resources available, unmet needs, service gaps and priorities;
 - b) Annual review of Plan;
 - c) Annual review and preparation of HUD-CoC applications
 - d) Monitor Emergency Solutions Grants performance
 - e) Review proposals and issue Certificates of Consistency to projects that merit it
 - f) Set performance standards for HUD/CoC funded programs

Section 4. Local Homeless Planning Committees. The following Local Homeless Planning Committees are geographic members of The Continuum: Heading Home Anoka, Dakota Affordable Housing Coalition, Scott/Carver Housing Coalition, and Heading Home Washington.

- 1) *Expected performance of Local Homeless Planning Committee.* The overall performance and success of the Continuum is predicated upon the performance and active and consistent involvement of each Local Homeless Planning Committee.
 - a) Performance may be demonstrated by a Local Homeless Planning Committee by:

- i) Collecting and submitting needed data for HUD applications;
 - ii) Conducting acceptable Point in Time counts;
 - iii) Providing sufficient and equitable support to the collaborative application process;
 - iv) Maintaining regular participation at regional meetings; and
 - v) Demonstrating good-faith efforts to maintain active participation from persons who have experienced homelessness in local and regional Continuum of Care planning.
- b) When a Local Homeless Planning Committee is not performing adequately, the Governing Board may review the performance issues and develop improvement plans with clear timelines and measurable indications of improvement for the Local Homeless Planning Committee in question.
 - c) When these plans do not result in sufficient improvement, the Governing Board may remove the Local Homeless Planning Committee from the regional application and planning process with a 2/3 majority vote.
- 2) *Withdrawing from The Continuum.* Each Local Homeless Planning Committee retains the ability to withdraw from membership from The Continuum at their discretion pending local vote and consultation with the Department of Housing & Urban Development (HUD).

ARTICLE V – Officers

Section 1: Officer Positions. Officer positions to serve as leadership for both for The Continuum and the Governing Board shall be Chair, Vice Chair, and Secretary.

- 1) *The Chair* shall preside over Continuum of Governing Board meetings and have responsibility for assembling the agenda for each meeting.
- 2) *The Vice-Chair* will act as chair in the event of the absence or recusal of the Chair.
- 3) *The Secretary* shall record and distribute meeting minutes to all Continuum and Governing Board members and send notices of each meeting. Secretary role need not be filled by a Governing Board voting member.
- 4) Officers are elected by the Governing Board. Voting for officers will be conducted once per year.
- 5) Individuals may serve up to three consecutive years in an officer position.

ARTICLE VI—Meetings.

Section 1. Continuum of Care Meetings The Continuum will meet as a full committee at least twice a year. Meetings will be broadly advertised. Topics that must be covered annually include recruitment of members and review of the bylaws.

Section 2. Governing Board Meetings

- 1) *Meeting Schedule.* The Board shall meet according to the yearly schedule determined by the members on the last meeting of the calendar year or as amended on the first meeting of the new year. The meeting schedule will be publicly posted.
- 2) *Special Meetings.* Special meetings may be called by any member as long as the full Committee membership is informed at least five (5) days in advance. Advance notice must include agenda items for discussion and no items not part of the advance notice may be considered at the special meetings.

- 3) *Public Meetings and Executive Sessions.* Unless otherwise posted, 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.
 - b) 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.
- 4) *Minutes.* Minutes from all public meetings shall be available for public viewing either by posting on a website or through an open membership listserv. Minutes from executive sessions may be made public if a majority of the voting members agree.

ARTICLE VII—Decision Making

Section 1: Primary Decision Making Entity. The Governing Board is the primary decision making body for The Continuum.

- 1) *Voting Eligibility.* Any member elected to serve on The Governing Board is permitted to vote on any Board decisions as long as they have maintained active membership status (see Article III, Section 2,4) and such vote does not represent a conflict of interest (see Article VIII below).
- 2) *Quorum Rules.* A quorum shall consist of no fewer than 50% of active voting members (available either in person or by phone). In the absence of a quorum, meetings and discussion can continue but no votes may be taken.
- 3) *Decision-Making.* All decisions regarding Continuum of Care activities, including but not limited to board planning, funding priorities, objective criteria tool, 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 and shall be by simple majority.
- 4) *Proxy Voting.* Governing Board members may allow an individual to vote in their place, with prior notification of the Governing Board Chair.
- 5) *Email Voting.* On occasion, votes may be required outside of regularly scheduled meetings and taken by email or phone as needed. Quorum will be required for motions to pass.

Section 2: CoC Project Monitoring and Evaluation Committee. Annually, based on the HUD application schedule, no fewer than five (5) people shall be selected by the Board membership to serve on the CoC Project Monitoring and Evaluation Committee. The role of the CoC Project Monitoring and Evaluation Committee is to evaluate all proposals for inclusion in that year's collaborative application to HUD. Ranking/funding decisions will be based upon priorities set forth by the Governing Board in the objective criteria tool and the annual Suburban Metro Area Continuum of Care funding announcement. Decisions made by the ranking committee are final.

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

Article VII – Conflict of Interest.

Section 1. Definition. A conflict of interest may occur when a Member takes an action, which results or has the appearance or intention of resulting in any financial benefit on such Member, his or her family members, spouse or partner, or any organization in which the Member, his or her family members, spouse or partner serves in an official capacity. Service in an official capacity shall include service as an employee, owner,

stockholder, director, board member, consultant, or officer that represents any such entity or organization which is seeking or receiving funding through the Continuum of Care process, but shall not include service solely as a volunteer (that do not serve as board members or consultants) or recipient of services.

Section 2. Recusal. On issues in which a Voting Member has a conflict of interest as described above, the Member must recuse her/himself from voting. The Member may participate in discussion upon declaring a conflict of interest. The Governing Board Chair will be responsible for monitoring the disclosure of Voting Member's conflicts of interest.

Section 3. Disclosure. In the event that a matter, which raises a potential conflict of interest, comes before the Governing Board for consideration, recommendation and decision, the Member shall disclose the conflict of interest as soon as he or she becomes aware of it, and the disclosure shall be recorded in the minutes of the meeting. In order to establish a procedure to encourage disclosure, all members will be required to sign the Disclosure Statement (attachment A, as may be subsequently amended by The Continuum) on an annual basis.

ARTICLE IX—Adoption and Amendments to By-Laws.

Section 1. Adoption. Adoption of these by-laws shall be conducted according to procedures set forth in Article VIII.

Section 2. Amendments. A two-thirds majority vote of those attending the annual Continuum of Care meeting is required to adopt a motion to amend the bylaws. Amendments must be submitted in writing and the amendment must be sent to the members at least 30 days prior to the meeting at which it will be considered as indicated in Article VIII, section 1, 2.

Section 3. Once approved, amendments to the bylaws become effective immediately unless the motion passed specifies a later date.

Conflict of Interest Disclosure Statement

I have read and am fully familiar with the Suburban Metro Area Continuum of Care’s Conflict of Interest policy as described in the Bylaws. Except for the matters listed below, there is no situation in which I am involved in which my decision on behalf of the Suburban Metro Area Continuum of Care may be influenced by my own gain or advantage, financial or otherwise.

Please describe any existing or potential conflict of interest associated with any particular contract or transaction relating to your role within the Suburban Metro Area Continuum of Care. If “none”, please indicate in space below.

I agree to promptly, in accordance with the requirements of the Suburban Metro Area Continuum of Care Bylaws and Conflict of Interest Policy, any additional interests which may arise after the filing of this statement.

Date _____

Signature _____

Print Name _____

Agency/Organization _____

10/06/2021

Suburban Metro Area Continuum of Care (SMAC) Priorities, Policies & Written Standards

I. SMAC Priorities for Administering Assistance

- a. Focus on serving individuals and families with the longest histories of homelessness SMAC shall prioritize for investment, permanent supportive housing projects dedicated to serving households that meet the definition of chronic homelessness, and, of the chronically homeless, our CoC shall prioritize those households with the longest histories of homelessness.

SMAC shall prioritize for investment, permanent supportive housing projects that have beds that are not specifically funded or otherwise dedicated to serve chronically homeless households but for which a priority has been given to serve chronically homeless households.

- b. Focus on increasing the use of rapid re-housing to reduce the number of single unaccompanied youth and adults SMAC shall prioritize for investment, rapid re-housing projects dedicated to serving homeless youth and family households with low to moderate barriers to housing. SMAC shall prioritize for investment, scattered-site transitional housing projects that wish to convert beds to rapid re-housing.

SMAC shall prioritize for investment, rapid re-housing projects that are able to move families and youth out of shelter and homelessness the most quickly.

- c. Focus on ending veteran homelessness by 2018. SMAC shall prioritize for investment, projects (permanent supportive housing, transitional housing, and rapid re-housing) that dedicate the majority of their beds to serve military Veterans and their families.
- d. Focus on housing first approach for permanent housing. SMAC shall prioritize for investment, permanent housing projects (permanent supportive housing and rapid re-housing) that adopt a housing first, entry-tolerant approach to housing people experiencing homelessness.

SMAC defines rapid re-housing as a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, where rapid placement and stabilization in permanent housing are primary goals.

II. Policies

- a. Education and Early Childhood policies All homeless assistance projects within the SMAC region that serve households with children (shelter, transitional housing, rapid re-housing, and permanent supportive housing) will be expected to comply with the following policies:
- Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children are able to maintain enrollment in school.

- ii. Advocate for families with their school district to ensure that transportation is arranged (as needed).
 - iii. Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed).
 - iv. Assist families in developing education related goals for all family members when completing Housing Goal Plans.
 - v. Ensure that all family members are connected to relevant educational resources in the community.
 - vi. Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start.
- b. Involuntary Family Separation The CoC will ensure, through Coordinated Entry, that families will not be involuntarily separated. The CoC commits to working with emergency shelter, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing.
 - c. Anti-Discrimination Policy in regards to Sexual Orientation and/or Gender Identity as outlined in HUD's Final Rule- The Suburban Metro Area Continuum of Care (SMAC) is committed to ensuring the safety, dignity, and well-being of all persons served in the CoC. Gender expression, gender nonconformity, or the fact that a person is transgender shall not be a barrier to service; neither shall a perceived incongruity between a person's physical body and their gender expression be a barrier to service.
 1. Access to sex-segregated facilities and programs:

Without exception, all persons who are eligible to receive homeless services in SMAC have the right to receive services at a facility serving persons of the gender with which they identify regardless of the sex assigned at birth, or whether or not they have had medical or other procedures to align their physical bodies with their gender expression. Service providers may not ask for proof of gender nor may they require proof of gender as a program entry requirement.

In sex-segregated facilities, service providers should make individualized decisions about where to place a person based on their physical and mental well-being, safety needs, and the degree of privacy needed. The safety of transgender and gender nonconforming clients should be protected without unnecessarily isolating or segregating them from the general population.

When a client identifying as transgender presents for services at a sex-segregated facility wherein the gender population served differs from their stated gender identity, the client must be offered a transfer to a facility that serves the gender population with which they identify:

- If the client accepts the offer of transfer, they must be transferred to an appropriate facility. However, if no placement can be made due to a lack of available beds, the client should be allowed to remain until a placement can be made. The provider must make reasonable accommodations for safety or privacy upon request.
- If the client refuses the offer of transfer, they must be allowed to remain. The provider must make reasonable accommodations for safety or privacy upon request.

2. Access to family facilities and programs:

Families shall not be denied services or separated based on the gender expression or gender nonconformity of one or more members or based on the fact that one or more members identifies as transgender.

3. Access to bathrooms:

Without exception, all persons receiving services in SMAC shall have access to bathrooms consistent with their gender identity regardless of appearance, genital or other physical characteristics, or inconsistent legal documentation. When necessary, providers must make reasonable accommodations for safety and privacy upon request.

Service providers may not ask for proof of gender nor may they require proof of gender of clients to access bathrooms.

Service providers may not institute different bathroom rules for transgender and cisgender clients.

4. Accommodations for safety and/or privacy

It is not the responsibility of transgender or gender nonconforming clients to accommodate facilities and/or programs. Moreover, another client's discomfort is not a reason to deny access to or equal treatment for a transgender or gender nonconforming client. All clients, including transgender and gender nonconforming clients, shall be served based on their self-reported gender identity regardless appearance, genital or other physical characteristics, inconsistent legal documentation, or concerns (real or perceived) about objections or complaints of other clients.

All clients, including transgender and gender nonconforming clients, who have privacy concerns shall be directed to spaces, where or when available, that allow for greater privacy and spaces that provide equivalent accommodations to those provided to the general population.

- The use of private spaces shall not be reserved solely for transgender or gender nonconforming individuals.
- A space may be requested and utilized by any client including but not limited to transgender or gender nonconforming clients who request additional privacy.
- The unavailability of alternative space shall not be a basis for altering a transgender or gender nonconforming client's sleeping accommodation.

All clients, including transgender and gender nonconforming clients, who have safety concerns shall be directed to spaces where or when available, with equivalent accommodations that are closer to staff.

- The use of such spaces shall not be reserved solely for transgender or gender nonconforming clients.
- Such spaces may be requested and utilized by any client including but not limited to transgender or gender nonconforming clients who request additional privacy because of safety concerns in the main sleeping area.
- The unavailability of such accommodation shall not be a basis for altering a transgender or gender nonconforming client's sleeping accommodation.

Residential programs will contact SMAC if they are unable to make an appropriate accommodation.

5. Use of preferred names and gendered-pronouns:

Service providers must respect transgender clients' preferred names and gendered-pronouns consistent with their gender identity and/or client's stated preference.

6. HMIS data collection and intake forms:

Without exception, all persons receiving services in SMAC should be documented in the HMIS, on intake forms, and all other data collections tools and repositories according to the gender with which they identify.

d. Unaccompanied Youth Policy The CoC will work to address the unique needs of unaccompanied youth (under age 18, and ages 18-24) in the following ways:

- I. Youth identified as homeless will be connected with a youth specific provider for a needs assessment through the CoC's coordinated entry process.
- II. Local county mandated reporting laws will be followed for unaccompanied minors. Programs that provide congregate shelter and housing must be licensed and in good standing with the licenser. Youth providers should receive training in child protection and make connections with local child protection workers.
- III. All youth providers are strongly encouraged by the CoC to use best practices of youth development, trauma informed care in assessing youth housing and service needs. Best practices include:
 - Family reunification: Family reunification should be explored whenever possible
 - Community engagement: youth should be encouraged to be involved in the community to the extent they are comfortable and providers should assist in youth in making connections.
 - LGBTQ youth: youth should be allowed to disclose sexual orientation and gender identity when they are ready. Open ended question about gender and sexual orientation should be used so youth can self-identify.
 - Youth who have experienced trafficking or other forms of exploitation:
 - The CoC will follow the Safe Harbor Law and No Wrong Door response for youth under 18. Youth are connected with regional navigators for appropriate specialized services for trafficked youth.
 - Support services will be provided in a trauma informed, harm reduction and victim-survivor-leader framework.
 - The CoC's dedicated youth provider serving trafficking victims (currently The Link) will track in a dedicated database numbers and outcomes of youth served through Safe Harbor.
 - Exiting from foster care: The CoC has adopted discharge policies to coordinate with local programs to ensure youth are not discharged from foster care into homelessness. Youth exiting foster care are referred to service providers that will provide life skills training and trauma informed services specific to being in foster care.
- e. Coordinated Entry Policy The Suburban Metro Area Continuum of Care has a detailed Coordinated Entry Policies and Procedures Manual that is separate from the CoC Charter document.

III. Written Standards

SMAC has developed written standards for all components within the SMAC region's homeless response system (including projects providing Continuum of Care assistance). All agencies that participate in SMAC's coordinated assessment system (CoC funded and beyond) will be expected to adhere to the standards identified in the Rapid Re-Housing and Permanent Supportive Housing Written Standards as outlined in those documents.

- a. Components of SMAC's homeless response system. SMAC has defined the following components to comprise out homeless response system:
 - i. Outreach
 1. Street Outreach
 2. Drop In Centers
 3. Crisis Line
 4. Institutional In-Reach
 5. First Responders
 - ii. Homeless Prevention
 1. Homeless Prevention
 2. HUD Homeless Diversion
 3. MN Homeless Diversion
 - iii. Shelter
 1. Basic Shelter
 2. Program Shelter
 3. Victim Services Shelter
 - iv. Time-Limited Supportive Housing
 1. Basic Rapid Re-Housing
 2. Critical Time Intervention Supportive Housing
 3. Intermediate-Length Rapid Re-Housing, Low-Compliance Transitional Housing
 4. High Compliance Transitional Housing
 5. Host Homes
 - v. Permanent Supportive Housing
 1. High Compliance PSH
 2. Low Compliance PSH
 3. High Compliance Group Residential Housing
 4. Safehaven
 5. PSH Aftercare
- b. Policies, procedures, and performance standards. The following policies, procedures, and performance standards have been developed for each component listed above:

Outreach	
Component	Street Outreach
Description of Component	Provide basic needs, information, and connection to resources for those sleeping outside or in places not meant for human habitation.
Policies for Client Eligibility & Prioritization	Homeless or precariously housed households not otherwise connected to the homeless response system.
Procedures (Services Offered)	<ul style="list-style-type: none"> • Medical • Basic needs (camp equipment, clothing, food) • Transportation assistance (bus cards) • Mobile Screening/Assessments (tablets) • Population specific information/services <ul style="list-style-type: none"> ○ Vets—MAC-V ○ DV/SV/Trafficking ○ Youth
Performance Standards	<ul style="list-style-type: none"> • 90% of contacts will participate in coordinated assessment • 60% of contacts will be housed or retain housing stability within 6 months
Component	Drop-In Centers
Description of Component	Provide basic needs, information, and connection to resources for those experiencing homelessness and housing instability
Policies for Client Eligibility & Prioritization	Homeless or precariously housed households not otherwise connected to the homeless response system.
Procedures (Services Offered)	<ul style="list-style-type: none"> • Medical/Mental Health services • Basic needs (food, showers, laundry, storage) • Transportation assistance (bus cards) • Screening/Assessment • Job search • Housing search • Population specific information/services <ul style="list-style-type: none"> ○ Vets—MAC-V ○ DV/SV/Trafficking ○ Youth
Performance Standards	<ul style="list-style-type: none"> • 90% of contacts will participate in coordinated assessment • 60% of contacts will be housed or retain housing stability within 6 months
Component	Crisis Line
Description of Component	Identification of households not adequately connected to resources and connection to coordinated assessment.
Policies for Client Eligibility & Prioritization	Homeless or precariously housed households not otherwise connected to the homeless response system.
Procedures (Services Offered)	<ul style="list-style-type: none"> • Information and referral • Screening/assessment
Performance Standards	<ul style="list-style-type: none"> • 90% of contacts will participate in coordinated assessment • 60% of contacts will be housed or retain housing stability within 6 months
Component	Institutional In-reach
Description of Component	Identification of households not adequately connected to resources and connection to coordinated assessment.
Policies for Client Eligibility & Prioritization	Homeless or precariously housed households not otherwise connected to the homeless response system.

Procedures (Services Offered)	<ul style="list-style-type: none"> Information and referral Screening/assessment Population specific information/services <ul style="list-style-type: none"> Vets—MACV DV/SV/Trafficking Youth
Performance Standards	<ul style="list-style-type: none"> 90% of contacts will participate in coordinated assessment 60% of contacts will be housed or retain housing stability within 6 months
Component	1st Responders
Description of Component	Identification of households not adequately connected to resources and connection to coordinated assessment.
Policies for Client Eligibility & Prioritization	Homeless or precariously housed households not otherwise connected to the homeless response system.
Procedures (Services Offered)	<ul style="list-style-type: none"> Information and referral
Performance Standards	<ul style="list-style-type: none"> 90% of contacts will participate in coordinated assessment 60% of contacts will be housed or retain housing stability within 6 months

Prevention			
Component	Homeless Prevention		
Description of Component	Basic services and/or financial assistance to help resolve housing crisis.		
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> Low income No other means to resolve crisis Resolvable with limited assistance One-time assistance Facing housing crisis or other crisis that is jeopardizing their housing stability Not homeless, but imminently at risk of becoming homeless Limited experience with housing instability 		
Procedures (Services Offered)	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> Prevention Service Set <ul style="list-style-type: none"> Legal <ul style="list-style-type: none"> Escrow Habitability UD prevention Expungement Outstanding warrants Family Reunification (families/youth) <ul style="list-style-type: none"> Certified mediators Child protection navigation Landlord mediation Financial management Housing search Case Management Benefits Assistance <ul style="list-style-type: none"> SOAR Home Cleaning </td> <td style="vertical-align: top; width: 50%;"> Assistance Set <ul style="list-style-type: none"> Rental Assistance Deposit Bridging-Furniture, Household items Utility assistance (including past due) Transportation <ul style="list-style-type: none"> Car repairs Bus tickets Unpaid medical bills Basic needs (food, etc.) </td> </tr> </table>	Prevention Service Set <ul style="list-style-type: none"> Legal <ul style="list-style-type: none"> Escrow Habitability UD prevention Expungement Outstanding warrants Family Reunification (families/youth) <ul style="list-style-type: none"> Certified mediators Child protection navigation Landlord mediation Financial management Housing search Case Management Benefits Assistance <ul style="list-style-type: none"> SOAR Home Cleaning 	Assistance Set <ul style="list-style-type: none"> Rental Assistance Deposit Bridging-Furniture, Household items Utility assistance (including past due) Transportation <ul style="list-style-type: none"> Car repairs Bus tickets Unpaid medical bills Basic needs (food, etc.)
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Performance Standards	<ul style="list-style-type: none"> 70% of households will be housed at program exit 75% of households will not become homeless. 80% of households will not return to homeless prevention programs. 		
Component	HUD Homeless Diversion		

Description of Component	Provide advocacy and/or very limited financial assistance to prevent household from homelessness
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Homeless and seeking shelter • Doubled up (MN Homeless) and not paying rent, not on lease • Less than 50% AMI • Evidence of housing stability/rental history • Employment history • Some financial means and/or support that can be accessed • Ability to find short-term solution with minimal/no assistance
Procedures (Services Offered)	<ul style="list-style-type: none"> • Advocacy and assistance to help identify safe non-shelter solutions that may include: <ul style="list-style-type: none"> ○ Hotel self-pay ○ Identify client resources and/or support for short-term solution ○ Arranging shared housing (name on lease) • Minimal financial assistance
Performance Standards	<ul style="list-style-type: none"> • 20% of all households that present as homeless will identify solutions that will ensure that they will not enter shelter or reside in places unfit for human habitation • 60% of households served will not enter shelter
Component	Minnesota Homeless Diversion
Description of Component	Provide advocacy and/or very limited financial assistance to prevent household from entering shelter/motel.
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Homeless and seeking shelter • Doubled up (MN Homeless) and not paying rent, not on lease • Less than 50% AMI • Evidence of housing stability/rental history • Employment history • Nowhere else to go • Able to identify temporary solution for up to 30 days
Procedures (Services Offered)	<ul style="list-style-type: none"> • Advocacy and assistance to help household to identify safe, short-term double up solution that will include: <ul style="list-style-type: none"> ○ No violation of occupancy or lease agreements ○ Consultation with landlords in cases where temporary solution will exceed lease limit • Minimal financial assistance
Performance Standards	<ul style="list-style-type: none"> • 20% of all households that present as homeless will identify solutions that will ensure that they will not enter shelter or reside in places unfit for human habitation. • 60% of households served will not enter shelter

Shelter	
Component	Basic Shelter
Description of Component	No frills shelter providing low services for emergency shelter needs (stays limited to XX days).
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Homeless • Non-diverted households with no ability to resolve housing crisis
Procedures (Services Offered)	<ul style="list-style-type: none"> • Basic Shelter Services Set • 24 hour or overnight (Hours of operation may vary, but guests will be expected to be out finding solutions during the day) • Time-limited, non-time-limited
Performance Standards	<ul style="list-style-type: none"> • 50% exit to permanent housing within 21 days • 100% Assessed within 15 days
Component	Service Shelter

Description of Component	Service enriched shelter for those awaiting supportive housing placement
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Homeless • Non-diverted households with no ability to resolve housing crisis • Households assessed to require some level of supportive housing/subsidy to end their homelessness and are awaiting placement • Households deemed too vulnerable for Stage 1 shelter • Young parents with Children under 2 years old • SPMI
Procedures (Services Offered)	<ul style="list-style-type: none"> • Basic Shelter Service Set • Enriched Shelter Service Set • 24 hour • Time-limited, non-time-limited
Performance Standards	<ul style="list-style-type: none"> • 80% exit to transitional or permanent housing within 35 days
Component	Victim Services Shelters
Description of Component	Service enriched shelter for fleeing domestic violence, sexual trafficking, and/or sexual abuse
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Homeless • Recent victim of domestic violence, trafficking, or sexual abuse
Procedures (Services Offered)	<ul style="list-style-type: none"> • Basic Shelter Service Set • Enriched Shelter Service Set • DV Service Set
Performance Standards	<ul style="list-style-type: none"> • 80% exit to transitional or permanent housing within 60 days

Time-Limited Supportive Housing			
Component	Basic Rapid Re-housing		
Description of Component	Low/moderate and short-term services and/or financial assistance to exit homelessness		
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Homeless • Current income less than 50% AMI • Potential for family/community support • Evidence of potential to become gainfully employed • Low-Moderate barriers • Stable housing history • Lower overall score than PSH • First time (almost first time) homeless 		
Procedures (Services Offered)	<table border="0"> <tr> <td> Services Menu of services may include: <ul style="list-style-type: none"> • Employment Services • Housing Search • Legal • Connection to mainstream/community resources </td> <td> Financial assistance may include: <ul style="list-style-type: none"> • Shallow rent assistance for up 3-6 months for HHs with moderate earned income (client responsible to pay 30% of income) • Tiered rent assistance for up to 3-6 months for HHs with no/low earned income (client responsible to pay 30% of income) • Damage deposit • Application fees • Furniture/moving </td> </tr> </table>	Services Menu of services may include: <ul style="list-style-type: none"> • Employment Services • Housing Search • Legal • Connection to mainstream/community resources 	Financial assistance may include: <ul style="list-style-type: none"> • Shallow rent assistance for up 3-6 months for HHs with moderate earned income (client responsible to pay 30% of income) • Tiered rent assistance for up to 3-6 months for HHs with no/low earned income (client responsible to pay 30% of income) • Damage deposit • Application fees • Furniture/moving
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Performance Standards	<ul style="list-style-type: none"> • 80% exit services/assistance to permanent housing within 0-6 months (transition in place) • No more than 10% exits to PSH after second assessment 		

	<ul style="list-style-type: none"> 85% of households served will not return to shelter 	
Component	Critical Time Intervention Supportive Housing	
Description of Component	Intensive and short-term services accompanied with long-term rental subsidy	
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> Homeless Income less than 50% AMI Mental health Potential for family/community support Evidence of potential to become gainfully employed Moderate barriers Long-term/Chronic homeless Lower overall score than PSH 	
Procedures (Services Offered)	Menu of services may include: <ul style="list-style-type: none"> Employment Services Housing Search Legal Connection to mainstream/community resources Mental Health Chemical health Life skills 	Financial assistance may include: <ul style="list-style-type: none"> Deep rent payments Damage deposit Application fees Furniture/moving Tenant based rental assistance
Performance Standards	<ul style="list-style-type: none"> 70% exit to permanent housing within 6-9 months No more than 20% exits to PSH after second assessment 85% of households served will not return to shelter 	
Component	Intermediate-length Rapid Rehousing, low compliance Transitional Housing	
Description of Component	Time-limited, Moderate/Intensive, low-compliance services accompanied with rental subsidy	
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> Homeless Current income less than 50% AMI Potential for family/community support Evidence of potential to become gainfully employed Moderate barriers Stable housing history Unaccompanied Youth Large Families MH/CH individuals that may respond well to treatment Client choice for greater independence Lower overall score than PSH 	
Procedures (Services Offered)	Basic Service Set (see page 25)	Financial assistance may include: <ul style="list-style-type: none"> Deep to tiered rent assistance for up to 6-24 months for HHs with moderate barriers and no/low earned income (client responsible to pay 30% of income) Damage deposit Application fees Furniture/moving Tenant based rental assistance
Performance Standards	<ul style="list-style-type: none"> 80% exit to permanent housing within 24 months No more than 5% exits to PSH after second assessment 60% Increase income 40% increase employment income 	

	<ul style="list-style-type: none"> 85% of households served will not return to shelter 	
Component	High compliance Transitional Housing	
Description of Component	Time-limited, Moderate/Intensive, high compliance services accompanied with rental subsidy	
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> Homeless Current income less than 50% AMI Potential for family/community support Evidence of potential to become gainfully employed Moderate barriers Stable housing history Unaccompanied Youth Large Families MH/CH individuals that may respond well to treatment Client choice for a more structured, community support environment Clients that may benefit from higher accountability Lower overall score than PSH 	
Procedures (Services Offered)	Basic Service Set	Financial assistance may include: <ul style="list-style-type: none"> Intermediate/tiered rent payments Damage deposit Application fees Furniture/moving Tenant based rental assistance
Performance Standards	<ul style="list-style-type: none"> 85% exit to permanent housing within 24 months No more than 10% exits to PSH after second assessment 60% Increase income 50% increase employment income 85% of households served will not return to shelter 	
Component	Host Homes	
Description of Component	Shared housing for homeless young adults with family support and case management.	
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> Homeless (including doubled up) Target group is emerging adults (18-24), but could include those under 18. Households interested in participation agreements Some programs are population specific <ul style="list-style-type: none"> LGBTQ Lack of alternatives/supports to end homelessness Medium/hi compliance No active addiction issues No recent violent histories 	
Procedures (Services Offered)	Basic Service Set <ul style="list-style-type: none"> Population specific services (LGBTQ) Community connections <ul style="list-style-type: none"> Positive/supportive relationship with adult Access to community supports 	Financial assistance <ul style="list-style-type: none"> Free housing Food
Performance Standards	<ul style="list-style-type: none"> 80% exit to permanent housing within 24 months No more than 15% exits to PSH after second assessment 60% Increase income 40% increase employment income 80% of households served will not return to shelter 	

Permanent Supportive Housing	
Component	High Compliance Permanent Supportive Housing
Description of Component	Supportive housing with high service intensity & high compliance expectations
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Income less than 50% AMI • Over 40% rent burden • Disabled • Limited, lack or poor family/community support • Limited potential to become gainfully employed • Significant/multiple barriers • Long-term/Chronic homeless, extended periods of homelessness, recidivism • Poor/no rental history • Client choice for higher participation and support from households facing similar barriers • Clients court ordered to participate in high compliance supportive housing
Procedures (Services Offered)	<ul style="list-style-type: none"> • Rental assistance • Basic service set will be provided with high expectations for program compliance/participation • Most site-based programs will likely fit in this category • Additional menu of services will be provided if program specializes in: <ul style="list-style-type: none"> ○ Mental health ○ TBI ○ Chemical health ○ Physical disabilities ○ Co-occurring disorders
Performance Standards	<ul style="list-style-type: none"> • 80% of all households that exit from program will exit to permanent housing • Average length of stay for households will be more than 365 days • 60% Increase income • 20% increase employment income • 85% of households served will not return to shelter
Component	Low Compliance Permanent Supportive Housing
Description of Component	Supportive housing with high service intensity & low compliance expectations
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Income less than 50% AMI • Over 40% rent burden • Disabled • Limited, lack or poor family/community support • Limited potential to become gainfully employed • Significant/multiple barriers • Long-term/Chronic homeless, extended periods of homelessness, recidivism • Poor/no rental history • Client choice for higher independence • Clients that have not benefitted from high compliance program models
Procedures (Services Offered)	<ul style="list-style-type: none"> • Rental assistance • Basic service set will be provided with low expectations for program compliance/participation • Additional menu of services will be provided if program specializes in: <ul style="list-style-type: none"> ○ Mental health ○ TBI ○ Chemical health ○ Physical disabilities ○ Co-occurring disorders
Performance Standards	<ul style="list-style-type: none"> • 80% of all households that exit from program will exit to permanent housing • Average length of stay for households will be more than 365 days

	<ul style="list-style-type: none"> • 60% Increase income • 20% increase employment income • 85% of households served will not return to shelter
Component	High Compliance Group Residential Housing
Description of Component	Supportive housing with low service intensity & high compliance expectations
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Income less than 50% AMI • Over 40% rent burden • Disabled • Limited, lack or poor family/community support • Limited potential to become gainfully employed • Significant/multiple barriers • Long-term/Chronic homeless, extended periods of homelessness, recidivism • Poor/no rental history • Client choice for higher participation and support from households facing similar barriers • Clients that have not benefitted from harm reduction models
Procedures (Services Offered)	<ul style="list-style-type: none"> • Basic service set will be provided with high expectations for program compliance/participation • Some site-based programs will likely fit in this category • Additional menu of services will be provided if program specializes in: <ul style="list-style-type: none"> ○ Mental health ○ TBI ○ Chemical health ○ Physical disabilities ○ Co-occurring disorders
Performance Standards	<ul style="list-style-type: none"> • 80% of all households that exit from program will exit to permanent housing • Average length of stay for households will be more than 365 days • 60% Increase income • 85% of households served will not return to shelter
Component	Safehaven
Description of Component	Supportive housing or services provided without housing assistance with services provided on an “as needed” basis with no compliance requirements
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Income less than 50% AMI • Disabled • Client choice to continue contact/access of services • Outdoor long periods of time • ID’d through street outreach • Chronic homeless
Procedures (Services Offered)	<ul style="list-style-type: none"> • Basic service set will be provided with low expectations for program compliance/participation (harm reduction) • Additional menu of services will be provided if program specializes in: <ul style="list-style-type: none"> ○ Mental health ○ TBI ○ Chemical health ○ Physical disabilities ○ Co-occurring disorders
Performance Standards	<ul style="list-style-type: none"> • 80% of all households that exit from program will exit to permanent housing • Average length of stay for households will be more than 365 days • 60% Increase income • 85% of households served will not return to shelter
Component	Permanent Supportive Housing Aftercare

Description of Component	Supportive housing or services provided without housing assistance with services provided on an “as needed” basis with no compliance requirements
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Income less than 50% AMI • Disabled • Housing stability of more than one year (in PSH) • Mental health/barriers that have stabilized with community supports • Clients able to access public housing/other subsidies that may lead to transition out of site-based/scattered program • Client choice to continue contact/access of services
Procedures (Services Offered)	<ul style="list-style-type: none"> • Basic service set will be provided with low expectations for program compliance/participation (harm reduction) • Additional menu of services will be provided if program specializes in: <ul style="list-style-type: none"> ○ Mental health ○ TBI ○ Chemical health ○ Physical disabilities ○ Co-occurring disorders
Performance Standards	<ul style="list-style-type: none"> • 80% of all households that exit from program will exit to permanent housing • Average length of stay for households will be more than 365 days • 60% Increase income • 20% increase employment income • 85% of households served will not return to shelter

Service Sets

SHELTER

Basic Service Set – the set of services that is recommended to be available for all households who enter shelter
<ul style="list-style-type: none"> • Nutritional congregate meals
<ul style="list-style-type: none"> • Bed/mat
<ul style="list-style-type: none"> • Showers
<ul style="list-style-type: none"> • Laundry
<ul style="list-style-type: none"> • Basic supervision/safety
<ul style="list-style-type: none"> • Busing to schools
<ul style="list-style-type: none"> • Phones
<ul style="list-style-type: none"> • Storage

Enriched Service Set – the set of services that is recommended to be available for all households who enter shelter
<ul style="list-style-type: none"> • Case management
<ul style="list-style-type: none"> • MH services
<ul style="list-style-type: none"> • Childcare
<ul style="list-style-type: none"> • Headstart
<ul style="list-style-type: none"> • Employment Assistance
<ul style="list-style-type: none"> • Children/family activities

SUPPORTIVE HOUSING

Basic Service Set – the set of services that is recommended to be available for all households needing supportive housing to end their homelessness
Access
<ul style="list-style-type: none"> • In-reach Outreach Engagement Benefits Assistance
Case management
<ul style="list-style-type: none"> • Assessment • Plan development • Connection • Coordination • Monitoring • Personal Advocacy
Family Specific Services
<ul style="list-style-type: none"> • Family Reunification Services

<ul style="list-style-type: none"> • Parenting 	
Housing Supports <ul style="list-style-type: none"> • Finding housing • Applying for housing and advocating with landlord to take someone who maybe screened out of housing • Rental Subsidies • Securing household supplies and furniture and other necessities 	
<ul style="list-style-type: none"> • New tenant orientation and move-in assistance • Tenancy supports • Support for children and youth • Eviction prevention • Front desk services 	
Independent Living Skills	
Transportation	
Education / Employment <ul style="list-style-type: none"> • School Connections • Access to Social Support • Truancy Intervention • Access to Academic Support 	
<ul style="list-style-type: none"> • Opportunities and access to GED, 2 year or 4 year degree programs • Supported employment • Childcare resources 	
Safety <ul style="list-style-type: none"> • Domestic Abuse Services • Crisis Planning and Intervention 	
<ul style="list-style-type: none"> • Child Protection Assessment and appropriate follow-through • Legal Advocacy 	
Financial Management <ul style="list-style-type: none"> • Budgeting • Benefit assistance 	
<ul style="list-style-type: none"> • Financial education services • Legal advocacy 	
Self-determination / Life Satisfaction <ul style="list-style-type: none"> • Recreation • Social Support • Community Involvement / Integration 	
<ul style="list-style-type: none"> • Parenting • Support Groups 	
Health <ul style="list-style-type: none"> • Health related services <ul style="list-style-type: none"> ○ Medication set up ○ Healthcare coordination ○ HIV/AIDS/STD education and support ○ Immunization and prevention 	
<ul style="list-style-type: none"> • End of life planning • Benefit assistance 	
Harm Reduction Strategies	
Veteran’s benefits and services	

<i>Service Set for Children</i> —additional recommended services if a program serves children	
Specific Services – <ul style="list-style-type: none"> • Case management 	
<ul style="list-style-type: none"> • Chemical Health 	

<ul style="list-style-type: none"> • Advocacy • Academic programs • Computer Labs • Recreational programming • Mental Health 	<ul style="list-style-type: none"> • Mentoring • Employment training • Post secondary • Physical health • Transportation
<p>Assessment and Planning Services</p> <ul style="list-style-type: none"> • Developmental assessment and plan • School readiness plan 	<ul style="list-style-type: none"> • Educational services including Individual Education Plan • Post secondary plan

<p>Mental Health Service Set – services in addition to Basic Service Set recommended for people with Mental Health issues; some of these services are considered evidence-based practice</p>
<p>Crisis Planning and Intervention</p> <ul style="list-style-type: none"> • Adult Crisis Services • Children’s Mental Health Crisis Response Team • Adult Protective Services • Vulnerable adult assessment
<p>Diagnostic Assessment</p>
<p>Employment / Vocational services for persons with mental illness</p> <ul style="list-style-type: none"> • Supported employment
<p>Individual Education Plan (IEP) Individual Community Support Plan Individual Service Plans (ISP)</p>
<p>Community Based Mental Health Services</p> <ul style="list-style-type: none"> • Mental Health medication management • Neuropsychological services • Psychotherapy • Psychological testing • Mental health targeted case management • Community Support Program / psycho-social rehab / drop-in
<p>Rehabilitative Mental Health Services</p> <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Adult Rehabilitative Mental Health Services (ARMHS) • Intensive Residential Treatment Services (IRTS) • Partial Hospitalization Program (PHP) • Children’s Mental Health Residential Services • Children’s Therapeutic Services and Supports (CTSS) • Day Treatment (Adult, adolescent, children)

<p>Physician Mental Health Services</p> <ul style="list-style-type: none"> • Health and Behavior Assessment / Intervention • Inpatient visits • Psychiatric consultation to Primary Care Providers • Physician consultation, evaluation and management
<p>Treatments</p> <ul style="list-style-type: none"> • Harm Reduction strategies • Family Psycho-education • Trauma Recovery and Empowerment Model • Illness Management and Recovery • Medications

<p>Traumatic Brain Injury (TBI) Service Set – services in addition to the basic service set recommended for people with traumatic brain injury</p>	
<p>Employment / Vocational services for persons with brain injury</p> <ul style="list-style-type: none"> • Supported employment 	
<p>Individual Education Plan (IEP)</p>	
<p>Medical Assistance home and community based waivers, e.g. TBI, CADI, CAC, DD (formerly known as MR/RC) and EW waiver</p>	
<p>TBI specific services</p> <ul style="list-style-type: none"> • Neurologist and neuropsychological evaluation • Medication Management • Psychologist / psychiatrist familiar with brain injury • Cognitive Rehabilitation • Independent living skills instruction for TBI • Specialized chemical dependency treatment for persons with cognitive impairments • Behavioral programming • Advocacy for benefits, rights, individual needs • Brain Injury Support Group 	
<p>Chemical Health Service Set – services in addition to the basic service set recommended for people with chemical health issues</p>	
<p>Consolidated Chemical Dependency Treatment Fund –providing treatment and extended rehabilitation. Can include the following services</p> <ul style="list-style-type: none"> • Recovery readiness services • Relapse prevention and recovery planning • Individual and group counseling for substance abuse • Methadone maintenance • Harm reduction strategies • Detoxification service • Inpatient rehabilitation • Self help groups such as AA or NA • Sober recreational activities 	
<p>Physical Disability Service Set – services in addition to the basic service set recommended for people with physical disabilities</p>	
<p>Accessible housing, transportation and services</p>	
<p>Employment / vocational services specific for people with physical disabilities</p>	

<ul style="list-style-type: none"> Supported employment
Individual Education Plans (IEP)
Medical Assistance home and community based waivers e.g. CADI, CAC, TBI, EW waivers
Co-occurring Disorders (mental illness / chemical dependency) Service Set – services in addition to the basic service set recommended for people with co-occurring disorders
Harm Reduction strategies – incorporating strategies from both the mental illness and chemical dependency fields.
Assertive Community Treatment (ACT)
Modified Therapeutic Communities
Medications
Integrated Dual Disorder Treatment (IDDT) Medications