

**Arcata House Partnership
Intake and Case Management Practices
2017**

Introduction

Arcata House Partnership (AHP) is committed to the Housing First concept and to the provision of Progressive Engagement. AHP practices are designed to identify persons experiencing homelessness, and to provide the services necessary to help those persons quickly regain stability in temporary and permanent housing.

Standard policies and procedures for evaluating individuals' and families' eligibility to enter our programs

Case Managers or Intake Staff must conduct an initial evaluation to determine each individual or family's eligibility for AHP programs and the amount and types of assistance the individual or family needs to regain stability in permanent housing. With the client's voluntary participation in the assessment process, clients will be assessed using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) and by completing the Homeless Management Information System (HMIS) intake procedure. The client will review and sign the Coordinated Entry System (CES) consent form which is kept on record with the service provider of origin.

Case Managers or Intake Staff will follow federal documentation guidelines to establish the client's status as homeless or at-risk of homelessness and their income eligibility. These evaluations must be conducted in accordance with the centralized or coordinated assessment requirements.

- a. AHP Case Managers will participate in the coordinated assessment and access system.
- b. Re-evaluation of clients may be conducted more frequently than required and may be incorporated into the case management process. Case Managers must re-evaluate a client's eligibility and the types and amounts of assistance they need;
 - i. Not less than once every 3 months for participants who are receiving homelessness prevention assistance, and
 - ii. Not less than once annually for participants who are receiving rapid re-housing assistance.
- c. To determine if an individual or family is income eligible, the Case Manager must examine an individual or family's annual income to ensure that it does not exceed the most current HUD income limits applicable to County of Humboldt.
- d. Regardless of which timeframe is used, re-evaluations, must at minimum, establish that:
 - i. The client does not have an annual income that exceeds 30 percent of area median income (AMI), as determined by HUD; and the client lacks sufficient

- resources and support networks necessary to retain housing without ESG assistance.
- ii. At 12 months, participants must be at 30% AMI or below to continue receiving assistance.
 - iii. When determining the annual income of an individual or family, the Case Manager must use the standard for calculating annual income adopted by AHP.
 - iv. When the client's income or other circumstances change, such as change in household composition, that affects the client's need for assistance, the Case Manager must then re-evaluate the client's eligibility and the amount and types of assistance the client needs.
- e. Case Managers must assist each client, as needed, to obtain appropriate supportive services, including assistance in obtaining permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living and housing stability which may include but not limited to:
- i. HUD Housing Choice Section 8 Housing Voucher
 - ii. HUD - Veterans Affairs Supportive Housing (VASH) Voucher
 - iii. Medi-Cal
 - iv. CalFresh
 - v. Women, Infants and Children (WIC)
 - vi. Federal-State Unemployment Insurance Program
 - vii. Social Security Disability Insurance (SSDI)
 - viii. Supplemental Security Income (SSI)
 - ix. California Work Opportunity and Responsibility to Kids (CalWORKs)
 - x. General Relief Program (GR)
 - xi. Other mainstream resources such as housing, health, social services, employment, education services and youth programs that an individual or family may be eligible to receive

Standards for targeting and providing essential services related to Street Outreach

Case Managers may provide essential services necessary to reach out to unsheltered homeless people and connect them with emergency shelter, housing, or critical services. Essential services may consist of:

- a. Engagement;
- b. Case management;
- c. Food Assistance;
- d. Referral to Emergency health services;
- e. Referral to Emergency mental health services;

- f. Transportation; and
- g. Services for special populations.

Case Managers must determine an individual or family's vulnerability and willingness or ability to access emergency shelter, housing, or an appropriate health facility, prior to providing essential services to ensure that funding is used to assist those with the greatest need. While providing homelessness prevention or rapid re-housing assistance to a client, the AHP Case Managers must:

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

Standards for admission, diversion, referral, and discharge by emergency shelters

Shelter stays should be limited to the shortest time necessary to help participants regain permanent housing. Case Managers must conduct an initial evaluation of all individuals or families to determine if they should be admitted to an emergency shelter, diverted to a provider of other services, such as rapid re-housing or homelessness prevention assistance, or referred for other mainstream resources.

Case Managers must determine that individuals and families meet Category 1, 2, 3, or 4 of the Homeless Definitions (see appendix A) and assess the individual's or family's vulnerability to ensure that only those individuals or families that have the greatest need for emergency shelter assistance receive it.

Case Managers must also reassess emergency shelter participants on an ongoing basis, to determine the earliest possible time that a participant can be discharged to permanent housing. All persons discharged from emergency shelters will have their exit status entered into HMIS and will be provided discharge paperwork as applicable or upon request.

Safety and Shelter Needs of Special Populations

All Case Managers and staff will take appropriate measures to provide for participant confidentiality. AHP has developed and implemented procedures to guarantee the confidentiality of records concerning clients. All records containing personally identifying information of any individual or family who applies for and receives ESG assistance will be kept secure and confidential. Records shall be kept in a locked drawer in a locked office. If files are stored electronically the device shall be password protected. All files of clients that are no

longer being served by the agency shall be stored in a locked storage room for 5 years following their exit.

- a) The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted under the ESG will not be made public, except with written authorization of the person responsible for the operation of the shelter, and
- b) The address or location of any housing of a program participant, including youth, individuals living with HIV/AIDS, victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing will not be made public, except as provided under a preexisting privacy policy of AHP and consistent with state and local laws regarding privacy and obligations of confidentiality.

Standards for assessing, prioritizing, and reassessing individuals' and families' and youth needs for essential services related to emergency shelter

The VI-SPDAT and HMIS intake procedure is used to assess, prioritize, and reassess participants through the CES. AHP will use the CES to help determine and prioritize the participant need for emergency shelter or other assistance.

Essential services for participants of emergency shelter assistance can include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

Shelters that serve families must serve all eligible families and may not refuse services based on the age of children or the size of the family. Eligibility will be based on need, services available and size of available room or unit.

AHP will provide clients with re-assessment. Clients will meet with case managers throughout their participation in the program, and have regular progress evaluations.

Clients should have the opportunity to provide feedback and assessment about programs and services.

Standards for Intake

When an opening occurs in an AHP program the Case Manager will contact the keeper of the CES prioritized list to request a name(s) of the person who is next. The Case Manager will contact the person to schedule an initial interview. If they are an appropriate candidate for the service, a follow-up interview will be conducted.

Standards for determining the share of rent and utility costs that program participants must pay, if any, while receiving homelessness prevention or rapid re-housing assistance

The Rapid re-housing program will institute tapering or “stepped-down” rental assistance structures so participants being served will be confident they can assume full responsibility of the monthly contracted rent, monthly utility costs, and other essential household costs at the end of the rental assistance period.

Eligible homeless participants may receive rental assistance for up to six months without an extension. Rental subsidies up to 100% of the contracted rent amount may be provided in months 1-3. Rental subsidies provided in months 4-6 should not exceed 75% of the contracted rent. This maximum subsidy level is designed to allow rapid re-housing service providers maximum ability in setting rental assistance subsidies based on progressive engagement strategies.

Rental assistance may be provided in conjunction with rental assistance available from other funding sources by being issued prior to or just following another rapid re-housing subsidy. Rapid Rehousing assistance should be coordinated with the other subsidy by being issued at the same assistance rate or by beginning a step-down approach in conjunction with the other subsidy.

The need for ongoing assistance must be assessed approximately every 90-days.

Extensions for assistance may be issued when extenuating circumstances arise that require additional assistance. AHP will consider extensions on a case-by-case basis for extensions of rental assistance in three month increments for up to an additional 18 months for a maximum subsidy period of 24 months. Requests for extensions should require a clear plan to ensure that participants remain stably housed after the rental assistance period ends. All requests for extensions will come from the Case Manager or Housing Specialist and be reviewed by the Social Worker for approval.

Standards for determining how long a particular client will receive rental assistance and whether and how the amount of that assistance will be adjusted over time

Standards for rapid re-housing for determining the share of rent and utilities costs that each client must pay, if any, will be based on the following:

- a. Clients receiving rental assistance are expected to contribute a portion of their income toward the unit’s rent.
- b. There must be a rental or lease agreement between the property owner/manager and the tenant.
- c. No rental assistance may be made to an individual or family that is receiving rental assistance from another public source for the same time period.
- d. Rental assistance may not be provided to a client who is currently receiving replacement housing payments under Uniform Relocation Assistance.

AHP will make rental assistance payments only to an owner with whom the client has entered into a rental agreement. The rental agreement must set forth the terms under which

rental assistance will be provided, including the requirements that apply under this section. The rental agreement must provide that, during the term of the agreement, the owner must give AHP a copy of any notice to the client to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the client.

Standards for determining the type, amount, and duration of housing stabilization and relocation services to provide a client, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each client may receive, such as the maximum amount of assistance, maximum number of months the client receive assistance; or the maximum number of times the client may receive assistance

AHP may use Rapid Rehousing funding to pay housing owners, utility companies, and other third parties for some or all of the following costs:

- a. Rental application fees
- b. Security deposits
- c. Last month's rent
- d. Utility deposits
- e. Utility payments
- f. Moving costs
- g. Some limited services costs

AHP will, on a case-by-case basis, determine the type, maximum amount and duration of housing stabilization and relocation services each individual or family who are in need of homelessness prevention or rapid re-housing assistance through the initial evaluation, re-evaluation and ongoing case management processes.

Financial assistance for housing stabilization and relocation services cannot be provided to a client who is receiving the same type of assistance through other public sources or to a client who has been provided with replacement housing payments under the Uniform Relocation Act (URA) during the period of time covered by the URA payments.

AHP will use Housing Support Staff to assist the client to retain permanent housing after the financial assistance ends, taking into account all relevant considerations, such as the client's current or expected income and expenses; other public or private assistance for which the client will be eligible and likely to receive; and the relative affordability of available housing in the area.

Standards for habitability and rent reasonableness

AHP will adhere to the following shelter and housing standards found to ensure that shelter and housing facilities are safe, sanitary, and adequately maintained:

- a. Lead-Based Paint Requirements. The Lead-Based Paint Poisoning Prevention Act applies to all shelters assisted and all housing occupied by clients. AHP staff are required to

Attachment 3, Exhibit C

conduct a Lead-Based Paint inspection on all units receiving assistance under the rapid re-housing and homelessness prevention components if the unit was built before 1978 and a child under age of six or a pregnant woman resides in the unit.

- b. Structure and Materials. There should be a Certificate of Occupancy and the building should be structurally sound to protect clients from the elements and not pose any threat to health and safety of the residents.
- c. Access. The shelter or housing unit must be accessible, and there should be a second means of exiting the facility in case of emergency or fire.
- d. Space and Security. Each client should have adequate space and security for themselves and their belongings. Each resident must have an acceptable place to sleep.
- e. Interior Air Quality. Each room or space within the shelter or housing unit must have a natural or mechanical means of ventilation. The interior air should be free of pollutants at a level that might threaten or harm the health of residents.
- f. Water Supply. The shelter or housing unit's water supply should be free of contamination.
- g. Sanitary Facilities. Each client should have access to sanitary facilities that are in proper operating condition. These facilities should be able to be used in privacy, and be adequate for personal cleanliness and the disposal of human waste.
- h. Thermal Environment. The shelter or housing unit must have any necessary heating/cooling facilities in proper operating condition.
- i. Illumination and Electricity. The shelter or housing unit should have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There should be sufficient electrical sources to permit the safe use of electrical appliances.
- j. Food Preparation. Food preparation areas, if any, should contain suitable space and equipment to store, prepare and serve food in a safe and sanitary manner.
- k. Sanitary Conditions. The shelter or housing unit should be maintained in a sanitary condition.
- l. Fire Safety-Sleeping Areas. There should be at least one working smoke detector in each occupied unit. In addition, smoke detectors should be located near sleeping areas where possible. The fire alarm system should be designed for a hearing-impaired resident.
- m. Fire Safety-Common Areas. All public areas of the shelter or housing unit must have at least one working smoke detector.

Rental assistance cannot be provided for a unit unless the unit meets these minimum habitability standards.

Rental assistance cannot be provided for a unit unless the rent for that unit is at or below the current Fair Market Rent limit as established annually by HUD.

The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

Standards for termination of client services

AHP will exercise judgment and examine all extenuating circumstances in determining when violations of a client warrant termination so that a client's assistance is terminated only in the most severe cases. AHP's termination policy and procedures are as follows:

- a. A written notice to the client containing a clear statement of the reasons for termination.
- b. The review of the decision must give the client the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision.
- c. Prompt written notice of the final decision to the client.

Termination of a client does not bar them from providing further assistance at a later date to the same individual or family previously terminated from the program.

Standards for grievances

AHP strives to maintain a happy environment that assists clients to be as independent and successful as possible. If a complaint arises, AHP encourages disagreements to be resolved at the lowest possible level. If a client brings a complaint to the Case Manager a record will be made in their file. The Case Manager will hear the grievance within 72- hours (work days Monday - Friday) of the complaint being filed. This will include the gathering of facts, testimony from other clients and staff and issuing a decision on the resolution of the grievance. The Case Manager will meet with the client in a confidential area. The Case Manager will document the grievance(s) which shall contain a description of the grievance and the resolution or disposition of said grievance. Documentation shall be retained in the client's file.

When a complaint cannot be resolved between a client and a Case Manager the Case Manager's Supervisor will within 48-hours (work days Monday - Friday), collect information regarding the complaint, the actions that the Case Manager took to resolve the complaint, review any applicable laws and procedures and meet with the client. If no resolution can be made, then the client will be informed of their right to contact HUD.

If a complaint or grievances regarding operations of the program is filed, then the Executive Director will review the complaint and make a final determination.

These policies and procedures shall be freely available to all clients and AHP staff. Copies of the grievance policies will be clearly marked and made available to the clients during intake. A summary of the program grievance resolution policies and procedures shall be prominently displayed in common areas in the program locations.

Standards for Homeless Management Information System (HMIS) Participation

Attachment 3, Exhibit C

All Case Managers will actively utilize the Humboldt County Homeless Management Information System (HMIS), to enter data on people served and assistance provided. HMIS data must be entered into the system within five business days. Case Managers must follow established HMIS procedures for ensuring confidentiality of client records.

Housing First Practices and Progressive Engagement

All AHP projects shall operate in a manner consistent with housing first practices and progressive engagement and assistance practices, including the following:

- Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues.
- Helping participants quickly identify and resolve barriers to obtaining and maintaining housing.
- Seeking to quickly resolve the housing crisis before focusing on other non-housing related services.
- Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations.
- Connecting participants to appropriate support and services available in the community that foster long-term housing stability.
- Offering financial assistance and supportive services in a manner which offers the minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis by either ending homelessness, or avoiding an immediate return to literal homelessness or the imminent risk of literal homelessness. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing and
- Rapid Rehousing and Homeless Prevention Terms of Assistance: Rapid Rehousing activities funded within Humboldt County shall follow the same program requirements for type, duration, and amount of assistance provided, unless the CoC provides sufficient written justification for any differences and approved by the California Department of Housing and Community Development (HCD). Homeless Prevention activities funded within Humboldt County shall follow the same program requirements for type, duration, and amount of assistance provided, unless sufficient written justification for any differences is provided by the CoC and HCD approves such justification.

Definitions

The **Homeless** Definition for each of the homeless categories listed below are defined in Attachment A of these Standards.

- a. Category 1 – Literally Homeless
- b. Category 2 – Imminent Risk of Homelessness
- c. Category 3 – Homeless Under Other Federal Statutes
- d. Category 4 – Fleeing/Attempting to Flee Domestic Violence

Chronically Homeless:

- a. A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. Lives in a place not meant for human habitation or in an emergency shelter; **and**
 - ii. Has been homeless and living in a place not meant for human habitation or in an emergency shelter for at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in a place not meant for human habitation or in an emergency shelter. Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- b. 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 met all of the criteria in paragraph (a) of this definition, before entering that facility; **or**
- c. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Emergency Shelter: any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. This definition excludes transitional housing.

Transitional Housing: housing, the purpose of which is to facilitate the movement of individuals and families experiencing homelessness to permanent housing within 24 months. Program participants must have signed a lease or occupancy agreement that is for a term of at least one month and that ends in not more than 24 months and cannot be extended.

Permanent Housing: community-based housing without a designated length of stay, and includes both permanent supportive housing and permanent housing without supportive services.

Housing First: Housing First is an approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold.

Supportive Services: The term 'supportive services' means services that address the special needs of people served by a project, including:

- a. the establishment and operation of a child care services program for families experiencing homelessness;
- b. the establishment and operation of an employment assistance program, including providing job training;
- c. the provision of outpatient health services, food, and case management;
- d. the provision of assistance in obtaining permanent housing, employment counseling, and nutritional counseling;
- e. the provision of outreach services, advocacy, life skills training, and housing search and counseling services;
- f. the provision of mental health services, trauma counseling, and victim services;
- g. the provision of assistance in obtaining other Federal, State, and local assistance available for residents of supportive housing (including mental health benefits, employment counseling, and medical assistance, but not including major medical equipment);
- h. the provision of legal services for purposes including requesting reconsiderations and appeals of veterans and public benefit claim denials and resolving outstanding warrants that interfere with an individual's ability to obtain and retain housing;
- i. the provision of— (i) transportation services that facilitate an individual's ability to obtain and maintain employment; and (ii) health care; and
- j. Other supportive services necessary to obtain and maintain housing.