



# Butte Countywide Homeless Continuum of Care

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# Policies & Procedures

REVISED AUGUST 22, 2016



# Butte Countywide Homeless Continuum of Care

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## 1.0 INTRODUCTION

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The Butte Countywide Homeless Continuum of Care Council has established this Policies and Procedures Manual in order to:

- support the exit of homeless persons from homelessness
- support governance functions of the Council
- promote increasing and continuous improvement in service effectiveness
- provide guidance to members of the Continuum of Care on relevant service principles
- facilitate the qualification for federal, state and local funding resources

From time to time the Council will add new policies and procedures as needed or beneficial. The structure of the Policies and Procedures will undergo re-organization as additional policies and procedures are added. This organization or structure will be designed to facilitate use.

## 2.1 PRIORITIZING PERSONS EXPERIENCING CHRONIC HOMELESSNESS AND OTHER VULNERABLE HOMELESS PERSONS IN CoC-FUNDED PERMANENT SUPPORTIVE HOUSING

Butte Countywide Homeless Continuum of Care Policy	
<b>Subject: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in CoC-Funded Permanent Supportive Housing (Update to Notice CPD-16-11)</b>	Adopted by the Butte Countywide Homeless Continuum of Care Council: August 22, 2016

**Purpose:** On November 3, 2015, the Butte Countywide Homeless Continuum of Care Council adopted a policy on prioritizing persons experiencing chronic homelessness that implemented Notice CPD-14-012. On July 25, 2016, the Department of Housing & Urban Development issued a new notice CPD-16-11 on this topic that superseded CPD-14-012. This policy is intended to replace the policy adopted on November 3, 2015 in order to implement the new Notice CPD-16-11. *This revision revises the Order of Priority for Non-Dedicated or Non-Prioritized PSH Beds only. The Order of Priority for Dedicated or Prioritized PSH Beds in this updated policy will be the same as in the policy adopted on November 3, 2015.* The prioritization orders described in this policy apply to CoC-funded permanent supportive housing projects that are: 1) dedicated or prioritized for those persons/households who meet the HUD-definition of chronically homeless, per the terms of the program’s grant agreement(s); and 2) not dedicated or prioritized for the chronically homeless. This policy summarizes Notice CPD-16-11; program providers are encouraged to read all of the Notice and use the Notice and the HUD FAQs as their default guidance. Any questions should be directed to the Continuum of Care Coordinator.

**Background:** Notice CPD-16-11 provides guidance to Continuums of Care (CoCs) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. This Notice also establishes coordinated entry and recordkeeping requirements for all recipients of CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

The Notice establishes two orders of priority aimed at ensuring that PSH funded through the CoC targets two groups who need it the most: chronically homeless, and those with the most severe service needs who do not yet meet the definition of chronically homeless. The Notice applies to both “dedicated” PSH beds and “prioritized” PSH beds, as well “non-dedicated and non-prioritized” PSH beds. A PSH bed is considered “dedicated” when the project committed to exclusively serving persons experiencing chronic homelessness for the duration of the grant. These projects were often funded under special NOFA requirements, such as a Samaritan Housing Bonus, or PSH projects funded in 2013 and 2014 which were required to exclusively serve chronically homeless. A PSH bed is considered “prioritized” when the project has prioritized persons experiencing chronic homelessness in some or all of its beds. Since 2013, these have been tracked through the project application field which required project applicants to identify beds that would be prioritized for use by persons experiencing chronic homelessness. This information is now incorporated into the grant agreements for those programs. Questions regarding a particular program’s status as it pertains to these definitions should be directed to the Continuum of Care Coordinator.

When utilizing the Order of Priority charts, programs should note and observe the following:

- HUD does not expect programs to hold vacant beds open indefinitely while waiting to locate chronically homeless persons with the longest histories of homelessness and most severe service needs. Programs are encouraged to exercise due diligence and document their efforts to locate persons that would have been considered the highest priority. There is no specific timeframe for holding a bed vacant.
- Because ending Veteran homelessness is also an extremely high priority, HUD encourages programs to further prioritize Veteran households. Therefore, when considering multiple households of the same priority ranking, if one of them has Veteran status, that household should be prioritized first.
- CoC-funded PSH beds that are targeted to specific subpopulations (such as persons with severe mental illness) are encouraged to follow the order of priority to the extent that their chosen subpopulation meets the criteria. They are not required to select persons with the longest history of homelessness and most severe service needs if they do not otherwise qualify as part of their target subpopulation.
- Until such time that the Butte Countywide Homeless Continuum of Care has in place a fully operational Coordinated Assessment System, programs may continue to keep their own wait list and use the applicable prioritization charts within that wait list. This written standard will be updated when the Coordinated Assessment System enables a single wait list for all CoC-funded programs.

## Definitions

Chronically Homeless: The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

- 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, a safe haven, or in an emergency shelter; and
  - ii. has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). 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 an 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.

Severe Service Needs:

- a). For the purposes of the Notice, this means an individual for whom at least one of the following is true:
  - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities;
  - ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing;
  - iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations; or
  - iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaires.

Severe service needs as defined in paragraphs i. through iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of the needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 CFR 5.105(a).

**Policy:** CoC-funded providers of Permanent Supportive Housing (PSH) will follow the orders of priority described below when considering potential clients for enrollment into their PSH programs. The following charts *summarize* the orders of priority and the factors to be considered. Full details are found in Notice CPD-14-012.

Order of Priority for Dedicated or Prioritized PSH Beds

<b>Order of Priority</b>	<b>Meets HUD’s Chronically Homeless Definition?</b>	<b>Has Severe Service Needs?</b>	<b>Other Requirement</b>
1	Yes	Yes	At least 12 months continuous homelessness or at least 12 months cumulative across 4 episodes in 3 years
2	Yes	No	At least 12 months continuous homelessness or at least 12 months cumulative across 4 episodes in 3 years
3	Yes	Yes	Less than 12 months cumulative homelessness across 4 episodes in 3 years
4	Yes	No	Less than 12 months cumulative homelessness across 4 episodes in 3 years

Order of Priority for Non-Dedicated or Non-Prioritized PSH Beds

<b>Order of Priority</b>	<b>Meets HUD’s Chronically Homeless Definition?</b>	<b>Has Severe Service Needs?</b>	<b>Other Requirement</b>
1	No	Yes	Coming from streets, safe haven or emergency shelter PLUS at least 12 months continuously homeless
2	No	Yes	Coming from streets, safe haven or emergency shelter
3	No	No	Coming from streets, safe haven or emergency shelter
4	No	No	Coming from transitional housing (first came from streets, safe haven, or emergency shelter)

Recordkeeping Requirement

The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing the above priorities, as outlined in CPD Notice CPD-16-11.

**2.2 REQUIREMENTS TO INFORM PROGRAM PARTICIPANTS OF THEIR ELIGIBILITY FOR EDUCATIONAL SERVICES AND ENSURE THEIR ACCESS TO THOSE SERVICES UNDER THE HEARTH ACT**  
*Adopted by the Butte Countywide Homeless Continuum of Care Council November 3, 2015*

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**Purpose:** The goal of the following policy is to provide procedures and best practices to homeless housing and shelter providers as it relates to the education information and access requirements under the HEARTH Act. These procedures and best practices are specifically required for programs seeking or receiving Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funding from Housing and Urban Development (HUD) monies. Compliance with the assurances and policies are the responsibility of the housing program and/or contracted supportive service provider.

**Policy:**

HUD ASSURANCE (1): The Continuum of Care applicant will be required to demonstrate that it is collaborating with local education agencies to assist in the identification of homeless families as well as informing these homeless families and youth of their eligibility for McKinney-Vento education services.

1. The CoC will have a Butte County Office of Education homeless liaison serve on the Interagency Committee in order to provide school district representation.
2. Intake process for housing programs will include a section about children (ages 3 to 21) in the household. This section of the intake should ensure the following:
  - a. Name and age of the child(ren)
  - b. Grade the child(ren) is in
  - c. School the child(ren) is attending, or last attended
  - d. Transportation method to get to and from school
  - e. Identify needs to participate in school appropriately (i.e. school supplies or clothing)
  - f. Determine whether the child(ren) is currently a part of the school's McKinney-Vento program
  - g. Indication that school based services were discussed
3. Programs should include with their intake paperwork a flyer/brochure defining and listing the McKinney-Vento Education Rights of homeless students.
4. Parents/Legal Guardians/Unaccompanied Youth will be offered the ability to sign a release of Information allowing the housing provider to speak with the school/early childhood education provider to coordinate services. This release should not expire immediately upon the family leaving the program, but sometime after. This will allow the program to notify the school/early childhood education provider of changes to support the needs of the family. Parents/Legal Guardians/Unaccompanied Youth retain the right to refuse to sign a release of information.



5. Housing programs will forward a release of information/demographic information sheet to the Butte County Office of Education School Ties program to start the process for the student being enrolled in services.
6. Housing programs will notify families, during the housing program intake process, that they have rights and protections at schools for their school aged children and youth.

HUD ASSURANCE (2) The Continuum of Care applicant will be required to demonstrate that it is considering the educational needs of children when families are placed in emergency or transitional shelter and is, to the maximum extent practicable, placing families with children as close to possible to their school of origin so as not to disrupt the children's education.

1. The Continuum of Care will require that the Agency that completes the Coordinated Entry Intake Process includes using child/youth educational information **as a part** of determining appropriate placement in a specific housing program. Child/youth educational information should include:
  - a. Name and age of the child(ren)
  - b. Is the child(ren) enrolled in school/early education program
  - c. Name of the school/early education program the child(ren) is attending, or last attended
2. The area Homeless Management Information System (HMIS) will include a section where housing programs can indicate that a referral to the Butte County Office of Education McKinney-Vento program has been completed. This will be completed by the housing program once the referral is made regardless if the family chooses to access the school services or not.
3. The CoC/Housing programs will notify families that a child(ren) may attend any school of their choosing in coordination with school district/early education program policies.
4. Housing programs will notify families of the ability of school districts to provide transportation services to keep the child(ren) in their school of origin and assist in coordinating this service for the child(ren) as appropriate.

HUD ASSURANCE (3) Project applicants must demonstrate that their programs are establishing policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.

1. Housing programs will allow families and child(ren) to miss required functions if they are participating in a school related activity.
2. Housing programs will allow flexibility in curfew requirements in order to allow families and children the ability to participate in school related activities.

HUD ASSURANCE (4) Project applicants must demonstrate that programs that provide housing or services to families are designating a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney- Vento education services.

1. Each housing program will identify a lead person within the agency that will be the contact for school districts/early childhood education programs if issues, concerns, or changes to processes/law/procedures occur.
2. The Butte County Office of Education liaison serving on the Interagency Council will keep the CoC updated with a list of housing program leads and make the list available for housing providers, school districts, early education programs, and other agencies.

## 2.3 CORE PRACTICES

*Adopted by the Butte Countywide Homeless Continuum of Care Council June 20, 2016*

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The Continuum of Care, in order for it and member agencies to be competitive for federal and state funding competitions, is required to have in place Core Practices adopted by the CoC. These Core Practices represent the intent of the CoC to utilize a Coordinated Entry approach to delivery of services to homeless persons. The Continuum of Care proposes that, to the maximum extent possible, it shall promote Coordinated Entry in its Written Standards and practice. The Core Practices will be included as part of the CoC's Policies and Procedures.

1. Unless exempted by federal rules, all ESG-funded activities shall utilize a Coordinated Entry system established by and consistent with the protocols of the Continuum of Care for the Service Area in which that program operates. Participation in Coordinated Entry shall occur in a manner that promotes the following, as reflected in the Continuum of Care Written Standards:
  - (a) Comprehensive and coordinated access to assistance regardless of where an individual or family is located in the Continuum of Care Service Area. Local systems should be easy to navigate and have protocols in place to ensure immediate access to assistance for people who are homeless or most at-risk;
  - (b) Prioritized access to assistance for people with the most urgent and severe needs, including, but not limited to, survivors of domestic violence. ESG-funded activities shall seek to prioritize people who:
    - I. Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
    - II. Have experienced the longest amount of time homeless;
    - III. Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and
    - IV. For Homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

## 2.4 HOUSING FIRST PRINCIPLES

*Adopted by the Butte Countywide Homeless Continuum of Care Council June 20, 2016*

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The Continuum of Care, in order for it and member agencies to be competitive for federal and state funding competitions, is required to have in place an expressed commitment to Housing First principles. These Housing First principles represent the intent of the CoC to utilize a housing first approach to delivery of services to homeless persons. The Continuum of Care proposes that, to the maximum extent possible, it shall promote housing first in its Written Standards and practice. The Housing First principles will be included as part of the CoC's Policies and Procedures.

1. All ESG-assisted projects shall operate in a manner consistent with housing first practices as reflected in the Continuum of Care Written Standards, (consistent with subsections (a) through (e) below), and progressive engagement and assistance practices, including the following:
  - (a) 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;
  - (b) Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
  - (c) Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
  - (d) Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations;
  - (e) Connecting participants to appropriate support and services available in the community that foster long-term housing stability;
  - (f) Offering financial assistance and supportive services in a manner which offers a 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
  - (g) Notwithstanding subdivision (6) above:
    - I. Rapid Rehousing activities funded within the same Continuum of Care Service Area 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 Continuum of Care and approved by the Department; and

II. Homeless prevention activities funded within the same Continuum of Care Service Area 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 Continuum of Care and approved by the Department.

III. Any other practices promoted or required by HUD.

Authority cited: Section 50406(n), Health and Safety Code. Reference: 24 C.F.R. Sections 576.400 and 576.401.

## 2.5 WRITTEN STANDARDS

*Adopted by the Butte Countywide Homeless Continuum of Care Council June 20, 2016*

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The Continuum of Care, in order for it and member agencies to be competitive for federal and state funding competitions, is required to have in place an expressed set of written standards for each type of program activity conducted, to the maximum extent possible, by member agencies. The Written Standards will be included as part of the CoC's Policies and Procedures and include standards for: Emergency Shelter, Street Outreach and Rapid Rehousing. The Standards will reflect the commitment of the CoC to Housing First, Coordinated Entry and Progressive Engagement.

### I. EMERGENCY SHELTER

#### A. *Coordinated Entry Participation and Program Screening, Triage and Access*

1. All referrals to the program, including screening for program eligibility and prioritization, occur according to the CoC's Coordinated Entry system protocols.
2. All people requesting shelter are screened for other safe and appropriate housing options (temporary or permanent) and resources to obtain/maintain their housing. People who have other safe and appropriate housing options or resources are diverted away from emergency shelter and instead offered problem-solving assistance and immediate linkage to homelessness prevention assistance, as needed, desired, and available.
3. All people requesting shelter are also screened for critical health and safety needs to identify people with more severe service needs and provide an appropriate response.
4. Program admission is prioritized for people with the most urgent and severe needs (as defined in § 8409. Core Practices).
5. Access to emergency shelter is provided without preconditions, such as sobriety or ability to pay program fees.
6. Program participants are referred to other forms of homeless assistance in the CoC service area according to the CoC's Coordinated Entry system procedures.

#### B. *Housing First, Progressive Engagement & Assistance Practices*

1. Participants and staff understand that the primary goals of the emergency shelter are to:
  - Provide temporary accommodation that is safe, respectful, and responsive to individual needs; *and*
  - Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns.
2. Participants are expected to be actively working on re-housing plans and engaging in related assistance to overcome immediate and direct barriers to securing housing.
3. Participant assessment focuses on:
  - Immediate health and safety needs relevant to providing temporary accommodations; *and*
  - Information relevant to securing housing, including: participant preferences; factors that would cause a landlord to reject the person's application (past evictions, criminal history, etc.); factors that directly led to housing instability or homelessness in the past (failure to pay rent, lease violations, etc.); and other

information necessary to link participants to financial assistance and housing-related resources.

4. Participants are assisted with creating and updating individualized Housing Plans designed to re-house and stabilize participants as quickly as possible.
5. Staff helping to re-house participants are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) directly or through the CoC's coordinated entry system to help participants achieve their Housing Plan goals.
6. Participants are provided or connected to housing location and placement assistance, including financial assistance for move-in costs, to achieve their Housing Plan goals. Assistance is provided:
  - For all participants who cannot otherwise exit on their own;
  - Without additional preconditions, such as employment or sobriety; and
  - With understanding that housing may cost greater than 30% of participant income and be precarious.
7. Staff are aware of and know how to access other community resources (e.g., legal services) that can help participants achieve their housing placement and stabilization goals.
8. Participation in services unrelated to obtaining permanent housing is voluntary.
9. Exits to other homeless situations are avoided, even when program rules are violated. People who pose an imminent risk of harm to themselves or others may be exited to more appropriate assistance, such as a more intensive program, hospital, or other emergency responder.
10. Participants only move to other emergency shelter or transitional housing when:
  - They desire and choose;
  - More appropriate to meet their health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations); and
  - No permanent housing solution (with or without supportive services) is currently available that is a similar or better match for their preferences and needs.

## II. STREET OUTREACH

### A. *Coordinated Entry Participation and Program Screening, Triage and Access*

1. Outreach is comprehensive and coordinated with other CoC assistance and the CoC's Coordinated Entry system to assure access to assistance regardless of where an individual or family is located in the CoC's Service Area.
2. The program accepts referrals through the CoC's Coordinated Entry system and triages referrals according to the CoC's Coordinated Entry system procedures.
3. All people contacted through outreach are screened as soon as possible for critical health and safety needs to identify people with the most severe service needs (including people who are chronically homeless and/or with active mental health or substance abuse issues) and provide an appropriate response.
4. Program admission is prioritized for people with the most urgent and severe needs (as defined in § 8409. Core Practices).
5. Program participants are referred to other forms of homeless assistance in the CoC service area according to the CoC's Coordinated Entry system procedures.
6. Program participants are provided access to emergency shelter, permanent housing, and services without preconditions such as sobriety, service participation, or minimum income.

B. *Housing First, Progressive Engagement & Assistance Practices*

1. Participants and staff understand that the primary goals of street outreach are to:
  - Provide access to emergency shelter and services; *and*
  - Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns.
2. Participants are expected to be actively working on re-housing plans and engaging in related assistance to overcome immediate and direct barriers to securing housing. Participation in other services is voluntary.
3. Participant assessment focuses on:
  - Immediate health and safety needs; *and*
  - Information relevant to securing shelter and/or housing, including: participant preferences.
4. Participants are assisted with creating and updating individualized Housing Plans designed to access emergency shelter and/or re-house and stabilize participants as quickly as possible.
5. Staff helping participants are aware of and know how to access emergency shelter, transitional housing, and a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) directly or through the CoC's coordinated entry system to help participants achieve their Housing Plan goals.
6. Participants are provided or connected to housing location and placement assistance, including financial assistance for move-in costs, to achieve their Housing Plan goals. Assistance is provided:
  - Without additional preconditions, such as employment or sobriety; *and*
  - With understanding that housing may cost greater than 30% of participant income and be precarious.
7. Staff are aware of and know how to access other community resources (e.g., legal services) that can help participants achieve their housing placement and stabilization goals.
8. Participation in services unrelated to obtaining permanent housing is voluntary.

**III. RAPID RE-HOUSING**

A. *Coordinated Entry Participation and Program Screening, Triage and Access*

1. All referrals to the program, including screening for program eligibility and prioritization, occur according to the CoC's Coordinated Entry system protocols.
2. All people who are literally homeless who cannot quickly secure housing on their own or with another form of assistance are screened for and offered rapid re-housing assistance, to the extent they are eligible and assistance is available.
3. Program admission is prioritized for people with the most urgent and severe needs (as defined in § 8409. Core Practices).
4. Program participants are referred to other forms of homeless assistance in the CoC service area according to the CoC's Coordinated Entry system procedures.
5. Program participants are provided access to rapid re-housing assistance without preconditions, such as sobriety or minimum income level.

B. *Housing First, Progressive Engagement & Assistance Practices*

1. Participants and staff understand that the primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of other personal issues or concerns.



2. Participant assessment focuses on barriers to obtaining and/or maintaining housing (e.g., past rental/credit/criminal history, current income, legal issues, knowledge of tenant rights and responsibilities, etc.).
3. Participants are assisted with creating and (for ongoing assistance) updating individualized Housing Plans, designed to re-house and stabilize participants as quickly as possible.
4. Participants are provided assistance to locate and obtain permanent housing, financial assistance for move-in and stabilization costs, and housing case management in order to achieve their Housing Plan goals. This includes assistance to address tenancy problems that may jeopardize housing. Assistance is provided:
  - Without additional preconditions, such as employment or sobriety; and
  - With understanding that housing may cost greater than 30% of participant income and be precarious.
5. Staff helping participants are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) to help participants achieve their Housing Plan goals.
6. Staff are aware of and know how to access other community resources (e.g., legal services, subsidized childcare) that can help participants achieve their housing placement and stabilization goals.
7. Participation in services unrelated to obtaining or maintaining permanent housing is voluntary.

## 2.6 PRIORITIZING HOMELESS HOUSEHOLDS WITH CHILDREN

Butte Countywide Homeless Continuum of Care Policy	
<b>Subject: Prioritizing Homeless Households with Children</b>	Adopted by the Butte Countywide Homeless Continuum of Care Council: August 22, 2016

**Purpose:** To establish Butte County’s prioritization of housing homeless households with children as a policy to be implemented into coordinated entry procedures.

**Background:** Per HUD guidance, prioritization is part of the equation for eliminating barriers for households with children who are hardest to serve. As part of the ongoing development of CoC coordinated entry process, HUD expects to see CoCs increasingly prioritizing assistance for households with children who are most vulnerable or have the highest needs, rather than prioritizing households who are “motivated” or possess other characteristics that might increase their odds of success (see HUD’s Coordinated Entry Policy Brief for more insights: <http://www.hudexchange.info/resoucrs/documents/Coordinated-Entry-Policy-Brief.pdf>).

*HUD Expectations/Application Question:* Question 3B-2.1 of the General CoC Application in 2015, and now in 2016, asks what factors the CoC will use to prioritize households with children in the current operating year. All of the follow may be selected, but at least one must be select to earn the minimum points for this application question:

- Vulnerability to victimization
- Number of previous homeless episodes
- Unsheltered homelessness
- Criminal history
- Bad credit or rental history (including not having been a leaseholder)
- Head of household has mental/physical disabilities
- Other: add up to two factors the CoC uses to prioritize with children

On November 3, 2015, the Butte Countywide Homeless Continuum of Care Council provided direction for prioritizing households with children based on the above list. The CoC selected one priority factor in the 2015 Operating Year: **unsheltered homelessness**. It is undetermined whether multiple priorities would improve scoring for this question. The 2015 recommendation was to direct CoC consultant staff to develop a written policy based upon the Council decision. This policy formalizes the 2015 decision to prioritize unsheltered homeless for households with children.

**Policy:** CoC Grantees will prioritize unsheltered homelessness as a priority for housing households with children. The Coordinated Entry system will be developed to prioritize unsheltered homelessness as the priority for housing households with children by December 31, 2016.

## 2.7 INVOLUNTARY SEPARATION

Butte Countywide Homeless Continuum of Care Policy	
<b>Subject: Ensure that Emergency Shelters, Transitional Housing and Permanent Housing providers do not deny admission or separate family members based on age, sex, or gender</b>	Adopted by the Butte Countywide Homeless Continuum of Care Council: August 22, 2016

**Purpose:** To establish policy and practice that Ensures that Emergency Shelters, Transitional Housing and Permanent Housing providers do not deny admission or separate family members based on age, sex, or gender.

**Background:** Maintaining family unity is important when homeless households with children under the age of 18 enter homeless shelters or housing. Involuntary separation of family members most commonly takes the form of separating male members from the household to admit female members of a family into a project. The CoC interim rule at 24 CFR 578.93(e) and 24 CFR 576.102(b) explicitly prohibit any kind of involuntary family separation and the denial of admission to selected family members, including the described above, based on age, sex or gender to all CoC- and ESG-funded projects.

The CoC- and ESG-funded shelter and housing providers which serve families were surveyed as to their current policies and practices. There are currently two of these programs.

Torres Shelter: Families are kept together first by placing them in one of the family rooms, secondly by using the overflow room, or third, accommodation in one of the dorms. An effort is always made to keep families together. Historically exceptions, which have been rare, include: if one of the children is actually an adult, age 18 or older, and there is not enough space in the selected area for all family members; or adults who decide they are actually a couple or a family, after they have met at the shelter.

Catalyst Domestic Violence Services: Catalyst is committed to honoring the diversity and make up of all family structures, ensuring all family members are sheltered and housed together, including the CoC-funded rapid rehousing project, regardless of age, sex or gender identification. Adult children (over the age of 18) are included in services if they would otherwise be living with the parent who is identified as the victim of domestic violence.

*HUD Expectations/Application Question:* Question 3B-2.4 of the General CoC Application directs Collaborative Applicants to select any of the options in the checklist indicating what the CoC has done to ensure that shelter and housing providers do not violate the statues described above. The options are as follows:

- CoC policies and procedures prohibit involuntary family separation
- There is a method for clients to alert CoC when involuntarily separated
- The CoC holds training on preventing involuntary family separation of least once a year

- Other action taken by the CoC (describe): add up to two actions
- None

On November 3, 2015, the CoC Council opted to hold two trainings annually on preventing involuntary family separation. In addition, any new CoC or ESG funded projects were to be made aware of the regulations at the time of funding and offered appropriate technical assistance. Trainings and technical assistance were not provided during the 2015 operating year. The modified recommendation is to include training in this area at the general CoC membership meeting, at least annually.

**Policy:** CoC- and ESG- funded projects will not deny admission or separate family members based on age, sex or gender. Training and technical assistance will be offered to any newly funded projects at the time they are awarded. Further, the CoC will ensure that annual training on these best practices are offered to the full CoC membership.

## 2.8 PRIORITIZING UNACCOMPANIED HOMELESS YOUTH FOR HOUSING AND SERVICES

Butte Countywide Homeless Continuum of Care Policy	
<b>Subject: Prioritizing Unaccompanied Homeless Youth for Housing and Services</b>	Adopted by the Butte Countywide Homeless Continuum of Care Council: August 22, 2016

**Purpose:** To establish Butte County’s prioritization of housing and services for unaccompanied youth as a policy to be implemented into coordinated entry procedures.

**Background:** Per HUD guidance, prioritization is part of the equation for eliminating barriers for youth who are hardest to serve. As part of the ongoing development of the CoC coordinated entry process, HUD expects to see CoCs increasingly prioritizing assistance for youth who are most vulnerable or have the highest needs, rather than prioritizing youth who are “motivated” or possess other characteristics that might increase their odds of success (see HUD’s Coordinated Entry Policy Brief for more insights: <http://www.hudexchange.info/resoucrs/documents/Coordinated-Entry-Policy-Brief.pdf>.)

*HUD Expectations/Application Question:* Question 3B-2.7 of the General CoC Application in 2015, and now in 2016, asks what factors the CoC will use to prioritize unaccompanied youth in the current operating year. All of the follow may be selected, but at least one must be select to earn the minimum points for this application question:

- Vulnerability to victimization
- Length of time homeless
- Unsheltered homelessness
- Lack of access to family and community support networks
- Other: add up to two factors the CoC uses to prioritize unaccompanied youth

On November 3, 2015, the Butte Countywide Homeless Continuum of Care Council provided direction for prioritizing unaccompanied youth based on the above list. The CoC selected one priority factor in the 2015 Operating Year: **unsheltered homelessness**. It is undetermined whether multiple priorities would improve scoring for this question. The 2015 recommendation was to direct CoC consultant staff to develop a written policy based upon the Council decision. This policy formalizes the 2015 decision to prioritize unsheltered homeless for unaccompanied youth.

**Policy:** CoC Grantees will prioritize unsheltered homelessness as a priority for housing unaccompanied youth. The Coordinated Entry system will be developed to prioritize unsheltered homelessness as the priority for housing unaccompanied youth by December 31, 2016.