

HOPE SOLUTIONS

**CONTINUUM OF CARE RENTAL ASSISTANCE PROGRAM
(SHELTER PLUS CARE)**

POLICIES AND PROCEDURES

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Section 1: PROGRAM OVERVIEW

The Continuum of Care (COC) Rental Assistance Program (also known as Shelter Plus Care or SPC) is a multi-site permanent supportive housing (PSH) program designed to provide permanent housing, rental assistance, and supportive services to people who are homeless and disabled. SPC is a part of the overall Continuum of Care (COC), comprised of homeless service providers throughout Contra Costa County, and receives referrals via the County's Coordinated Entry system.

Participants in these Programs will live in permanent housing, governed by a lease, and pay rent equivalent to approximately 30% of their adjusted gross income. They will be provided with housing search and case management support, life skills training, and landlord mediation assistance. These services will be delivered at the participants' homes or in a convenient alternate location. Support staff will assist the participants to maintain their housing, increase independent living skills and achieve individual and family life goals identified by the participants.

The Housing Authority of the County of Contra Costa (HACCC) provides rental assistance to SPC participants, funded by U.S. Department of Housing and Urban Development (HUD), and authorized by Title IV of the Stewart B. McKinney Homeless Assistance Act. Hope Solutions (HS) provides ongoing support services to the formerly chronically homeless individuals and families participating in SPC. These individuals and families have at least one verifiable disability related to mental health illness, alcohol or drug dependence, or HIV/AIDS or related disorders, and/or other disabilities.

The intent of this manual is to provide a comprehensive overview of the policies and procedures pertaining to Hope Solutions' support services attached to these multi-site permanent housing programs.

PROGRAM GOALS:

In order for the multi-site programs to maintain their good standing in the community and to continue as viable programs, they need to meet a variety of program requirements as specified by the U.S. Department of Housing and Urban Development (HUD). HUD has established three basic goals for each PSH project:

1. To help program participants obtain and remain in permanent housing;
2. To help participants increase skills and/or income.
3. To help participants achieve greater self-determination.

All PSH program goals are tracked annually in our Annual Progress Report (APR) that documents progress in achieving these goals. To meet these basic program goals, the SPC has developed specific performance measures.

Section 2: HOUSING FIRST PHILOSOPHY

The SPC Program employs a Housing First philosophy which is a low threshold approach to providing housing. This Housing First philosophy is grounded in the idea that people who are homeless and need an array of supports (mental health treatment, substance abuse treatment, physical health treatment)

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do best if they are provided with housing first. We believe that by providing housing first, and then offering supportive services, consumers have the best opportunity to move forward with their lives. Applicants are accepted into the program regardless of their sobriety or use of substances, completion of treatment, absence of income or too little income, criminal history, domestic violence history, or participation in services. This approach is considered a best practice by the United States Interagency Council on Homelessness (USICH) for governments and service-agencies to house homeless adults and families quickly by minimizing the barriers one encounters while trying to get into permanent housing.

Hope Solutions adheres to HUD requirements to obtain 3rd party eligibility verifications; however, when permitted by HUD, Hope Solutions will provide housing first and work with new residents to obtain verifications after move-in. Hope Solutions staff collaborate with Coordinated Entry providers (CORE outreach, Housing Navigation) as well as with other community providers to obtain verifications as quickly as possible so that chronically homeless applicants can be housed as rapidly as possible.

Hope Solutions identifies, monitors, and addresses barriers that might delay its efforts to employ the Housing First philosophy in its housing programs through active participation in all Coordinated Entry system meetings, regular communication with other housing providers, holding program team meetings to debrief after each move-in or move-out, and through welcoming ongoing consumer input via an open-door policy by program leadership as well as review of annual resident satisfaction survey responses.

Supportive services are offered in-home and on demand to all clients and participation in services is voluntary. A client's or household's decision to refuse any supportive service has no impact on their housing status in and of itself. Clients may access services as part of their housing intake process, by self-referral, or staff referral. Services may be offered on a one-time basis or as an ongoing resource. HS provides support services on-site, where people live, assisting residents to reach goals and access resources independently, as much as possible. We respect the voice and initiative of clients and use client-centered tools to set goals and track progress. The staff at HS are trauma-informed, culturally aware, and strive to continually improve our methods of promoting the best outcomes for the individuals and families we serve. If clients are not interested in services, Case Managers check in from time to time to see if clients might have changed their minds. Motivational interviewing techniques that respect clients' rights to utilize services in their own time are employed. Staff are trained in the Prochaska/DiClemente model of stages of change, recognizing that all change happens over time, and in stages.

In the interest of continuous quality improvement, clients are encouraged to discuss any concerns or issues they may have regarding services being offered or the staff who are offering them. Hope Solutions welcomes and accepts continuous feedback regarding these housing programs and the services that accompany them, in addition to offering clients an annual opportunity to provide anonymous feedback in the form of an annual satisfaction survey.

When interacting with clients and colleagues, staff adhere to HS values and service philosophies as follows:

Vision Statement: *Hope Solutions envisions a world in which everyone has a place to call home and the support of a strong community so that they can live with dignity and reach their full potential.*

Mission Statement: *Hope Solutions heals the effects of poverty and homelessness by providing permanent housing solutions and vital support services to highly vulnerable families and individuals.*

Housing First Core Elements:

Admission/tenant screening and selection practices affirm the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.

Applicants are not rejected on the basis of lack of income, poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness.”

Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness.

Supportive services emphasize engagement and problem-solving over therapeutic goals.

Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy.

Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

Section 3: COORDINATED ENTRY (CE) APPLICANT SELECTION PROCESS

On July 31, 2012, the U.S. Department of Housing and Urban Development (HUD) published an interim rule in the Federal Register for the new consolidated Continuum of Care (CoC) program. Under the interim CoC rule it is now mandatory that Continuums develop written standards and operate a coordinated assessment system. Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the severity of needs of an individual or family.

In Contra Costa's Coordinated Entry system, all homeless individuals and families will complete a standard triage assessment survey that considers the household's situation and identifies the best type of housing intervention to address their situation. The standard triage assessment survey that is used in Contra Costa County is the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) created by OrgCode Consulting and Community Solutions. The VI-SPDAT is integrated into the standard

HMIS intake for people who are homeless and conducted at HMIS partner agencies, including shelters, service centers, transitional housing programs, and outreach programs: anywhere that people who are homeless first encounter our system of care.

The SPC Program fills available openings from a community queue of eligible households generated from HMIS. The queue is based on length of time homeless (chronicity) and VI-SPDAT scores to ensure that we house those with the greatest vulnerabilities first. This coordinated process will reduce the need for people to traverse the county seeking assistance at every provider separately.

Permanent Supportive Housing Prioritization Criteria:

- 1) VI-SPDAT Score – Those who have been on the street, in emergency shelter, and/or places not meant for human habitation with the highest acuity will be served first.
- 2) Length of Time Homeless – Among those with the same VI-SPDAT score, individuals/households who have been homeless the longest will be prioritized first.
- 3) High Use of Services – Among those with the same VI-SPDAT score and the same length of time homeless, individuals/households will be prioritized based on the level of utilization of County services, with those with the highest utilization served first.

Section 4: ELIGIBILITY CRITERIA

As required by the US Department of Housing and Urban Development (HUD), verification of the following self-reported disabilities is needed before eligibility for PSH can be determined.

Disabled: Applicants must be able to document that they have one or more of the following disabilities:

- (1) a disability as defined in Section 223 of the Social Security Act;
- (2) a physical, mental, or emotional impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
- (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
- (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; OR
- (5) a diagnosable substance abuse disorder.

Other Definitions:

- *Mental Health Problem* – a mental health condition that is expected to be of long-continued and indefinite duration and may substantially impedes a client’s ability to live independently. A

mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.

- *Chronic Health Condition* - a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.
- *Physical/Medical* - a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
- *Developmental* - a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

Homeless: The definition of who is homeless is documented in section 103 of the McKinney- Vento Act and also referenced in the regulations at 24 CFR 583.5. A homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without SHP assistance. Beginning January 15, 2016, applicants must be able to document that they are homeless according to the following definition:

1. A family or individual who lacks a fixed, regular, and adequate nighttime residence; *and* their primary nighttime residence is one of the following:
 - a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
 - b) A public or private place not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings;
 - c) A transitional housing program, and prior to entering the program, the applicant was homeless and primarily staying in shelters or on the streets;
 - d) An institution that provides a temporary residence for persons not intended to be institutionalized, and the applicant has been there less than 30 days, and upon entering the institution they were homeless according to one of the above definitions.

In addition, *single adults or couples without children* must also meet HUD's definition for being chronically homeless as defined by the following criteria:

- Continuously homeless and residing on the streets or in emergency shelters for the past 12 months or more;
- Living on the streets or in a shelter for less than a year, but has had at least 4 separate episodes (each instance separated by at least 7 days) of being homeless and either on the streets or staying in a shelter during the past three years where these occasions cumulatively total at least 12 months;

- There are not a minimum number of days in which each occasion must total but instead, occasions are defined by a break of at least seven days not residing emergency shelter, safe haven, or residing in a place meant for human habitation; *or*

- Stays in institutions of fewer than 90 days do not constitute a break and count toward total time homeless.

- Single adults coming from transitional housing are not included in the HUD definition of chronic homelessness. However, they will be considered eligible for CCHS RAP Program if they are:

- Currently residing in transitional housing, but prior to this had been homeless and either on the streets or staying in shelters for 12 months or more OR they have experienced at least 4 separate episodes of being homeless and on the streets or staying in a shelter during the past 3 years, if such occasion occurred prior to January 15, 2016.

Very Low Income: Applicants must meet the “very low” income criteria established by HUD, which is an annual income not more than 50% of the median income for the area according to the size of the household.

The head of household must be 18 years of age or older, or an emancipated minor.

The applicant must be willing to participate in support services.

B. *Eligible Households:* Program Participants may choose to request housing solely for themselves, or they may include other household members. The Program will use the term “household” rather than “family”. The definition of an eligible household is:

1. A single person; or
2. Two or more persons whose income resources are available to meet the household’s needs, and who are related by blood, marriage or operation of law or who give evidence of a stable relationship, for example by showing past shared residency or pooled income sources, which has existed for a period of not less than six months.
3. A person who is determined to be important to the participant's care and well-being may be included in the household as a Live-In Aide, provided that: a) the participant provides verification from a physician that the Live-In Aide is essential to their care; b) the Live-In Aide is not obligated for the financial support of the participant; and c) the Live-In Aide would not be living in the unit except to provide care for the participant. To qualify for a Live-In Aide, the applicant must have the Live-In Aide Form completed by a licensed physician, certifying that the participant’s condition is such that a caregiver is necessary to live in the home on a nightly basis.

If approved for a Live-In Aide, the participant will be provided with a Live-In Aide Certification Form, to be completed by the prospective Live-In Aide. A Relative may be considered as a Live-In Aide, providing that: 1) he/she is not the primary source of financial support for the participant; 2) he/she signs a waiver to any residual rights to the rental subsidy upon the participant’s exit from the program. During the annual recertification, the participant must provide current verification that a Live-In Aide is still necessary; and 3) applicant's spouse is not allowed to function as Live-In Aide.

Section 5: HOUSING SELECTION PROCESS

- A. Any individual and/or family that enter specific shelters, transitional living programs, rapid re-housing programs, are contacted through outreach, or supportive services only program will have a VI-SPDAT performed upon intake. Those performing VI-SPDATS are those who have established partner agreements in Homeless Management Information System (HMIS), non-profit community mental health clinics, community alcohol and other drug recovery programs, Contra Costa County Health Services, Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funded agencies, whose mission includes the provision of ongoing support services to the PSH target population.
- B. When SPC units become available, Contra Costa County Homeless Programs will run a CoC wide VI-SPDAT queue of names and VI scores of those in the community who have completed a VI-SPDAT.
- C. Once the by name list is compiled, an email notification may be sent out to all partner providers notifying them of SPC vacancies and details regarding the Housing Placement Committee meeting that will review names of individuals who qualify based on VI-SPDAT score for PSH. Otherwise, eligible referrals are provided from the by name list for specific program vacancies by the Coordinated Entry Systems Manager.
- D. If a Housing Placement Committee meeting is held, HMIS partner providers are invited to join the meeting to screen and discuss eligible individuals for the SPC. The Housing Placement meeting is facilitated by Coordinated Entry Systems Manager, who leads the group through a series of questions to determine if the individual both qualifies for SPC housing, and who is able to live independently. By group consensus agreements are made regarding who is approved for specific housing openings.

Section 6: RAP CERTIFICATE ISSUING POLICIES AND PROCEDURES

The Housing Authority of the County of Contra Costa (HACCC) is the fiscal agent for the SPC Program and administers the rental assistance. Rental assistance is in the form of a Rental Subsidy Certificate. The certificate is not portable outside Contra Costa County.

The rental subsidy is based upon the monthly income of the household. The household will contribute approximately 30% of their adjusted income for rent. HACCC staff will verify each household's income and will determine the amount of their rental obligation. The participant portion of the rent and the subsidy portion of the rent are paid directly to the landlord.

RAP Application and Enrollment

- A. The program accepts applications of individuals or families who are approved during Housing Placement meetings and/or via direct referral by the Coordinated Entry Systems (CES) Manager.

Once an individual is approved, the CES Manager will contact the service provider connected to the consumer to inform them of the housing opportunity. The service provider will be given the SPC application for completion.

- B. Forwarding the completed application to the CES Manager certifies that an assessment for eligibility has been conducted in cooperation with the applicant, and that to the best of the agency's knowledge, the applicant meets the eligibility requirements for the SPC Program.

The Partner Agency submitting the application is expected to:

Assist the individual in completing a SPC application.

Assist the individual in obtaining the documentation required to verify eligibility for the program.

Forward the application with all of the necessary documentation to the CES Manager.

Collaborate with Hope Solutions staff to provide interim service coordination during the initial application process.

The Partner Agency will determine, in cooperation with the applicant, whether the individual has disability as required for participation in the SPC by:

- Assessing past history such as inpatient psychiatric hospitalization, alcohol or drug treatment or recovery program participation, and outpatient mental health service participation.
- Obtaining relevant information from other service providers (with the applicant's written permission) where the applicant has received services.
- Informally assessing the participant's current activities and ability to function in major life areas.
- Obtaining a letter of diagnosis from a treating mental health professional or substance abuse treatment facility.
- For applicant whose qualifying disability is due to HIV/AIDS, a letter of diagnosis from a physician or nurse practitioner is advised.
- Obtaining proof of SSI/SSDI income verification when applicable.

C. *Application Materials*

The SPC Application Forms and documentation submitting to the CES Manager includes the following:

- a) Applicant's demographic information
- b) Household composition for all household members
- c) Household income
- d) Medical insurance coverage
- e) Housing history
- f) Health history
- g) Summary of independent skills and service needs
- h) Support services
- i) Authorization for the Release of Information to Hope Solutions
- j) Authorization for the Release of Information for Homeless Management Information System (HMIS)

- k) Disability verification
- l) Third-party verification of homelessness or chronic homelessness
- m) Proof of income and assets (i.e. bank statement, alimony, retirement, etc.)
- n) Picture identification and social security cards for each member of the household
- o) Birth certificates for all minors in the household

The CES Manager will review the application and make a final determination of eligibility.

D. *Incomplete Applications:*

If the application is incomplete, the CES Manager will notify the Partner Agency and the applicant, and specify the additional documentation required to make a final determination.

If the Partner Agency does not provide the necessary documentation within 30 days of notification from the CES Manager, the applicant will be determined to be ineligible, and the result will be notified to the applicant and the service agency.

E. *Ineligible Applicants:*

If the CES Manager and/or Hope Solutions determines that the applicant does not meet the program eligibility criteria, the Partner Agency will be notified in writing with the reasons for the denial of the application.

The applicant has the right to request an Informal Review of the decision denying eligibility for the program. In order to request an Informal Review, the applicant must submit the request in writing within ten (10) business days to: Attn: Director of Housing Programs, Hope Solutions, 399 Taylor Boulevard, Suite 115, Pleasant Hill, CA 94523.

When an applicant is accepted into the SPC, the following procedures will be followed:

A. *The Hope Solutions SPC Services Manager will:*

Issue an approval letter for issuance to the accepted participant. The letter will include the applicant's name, assigned grant, the number of adults and minors who were included in the applicant's household, and Live-In Aide, if applicable.

Send the approval letter to HACCC authorizing the approved applicant. A copy of the approval letter will also be sent to the applicant and the referring service agency coordinator. The service agency coordinator is responsible for getting the information from the HACCC to the applicant for future correspondence with the HACCC.

Maintain a line of communication among the applicant, the referring service agency coordinator and the HACCC to ensure to complete the entire application process (i.e. in an event if the applicant fails to appear on an initial orientation with the HACCC).

B. *Once the SPC approval letter is issued, the HACCC will:*

Determine the bedroom size and rent obligation for the applicants and their household.

Provide an orientation to the applicants to brief the process including but not limited to verifying the contents on the application form, obtaining a written consent from the applicant for background checks, and explaining about the application process. Coordinate with third-party agencies to request for the applicant's background checks. Notify the applicant if rescheduling is needed.

C. *After the applicant's background is verified, the HACCC will:*

Notify the applicants, the referred service agency coordinator and the SPC Services Manager of the background check result.

Schedule another orientation to brief the program overview to the applicants who has clear background.

Issue a Request for Tenancy Approval (RTA) and review with the participants how and when to use the RTA.

Review the Household Responsibilities outlined on the SPC certificate with the participant, and have the participant sign it during the briefing.

If an applicant does not contact the HACCC within 60 days of the date that their letter was received, the applicant may be considered inactive and discharged from the SPC.

Initial Leasing:

A. *Housing Search*

For tenant-based subsidies, once the participant has received an SPC certificate, the participant starts their own housing search, or will be assigned an SPC Case Manager who may assist with housing search, if appropriate. The assistance may include: 1) searching online classified ads and providing participants with housing leads; 2) making phone calls to landlords on behalf of the participant to explain about the SPC Program; 3) visiting units with the participant and helping the participant negotiate leasing an unit, 4) referring clients to an array of services on an as-needed basis.

SPC Program staff will make every reasonable effort to assist participants with a tenant-based subsidy to secure housing. Participants who have difficulty locating housing for any reasons must request an extension in writing sent to the SPC Services Manager. Once the request is granted by HACCC, the SPC Services Manager will issue an approval letter with additional extension period. Ultimately, however, securing a rental unit is the responsibility of the participants. Participation in the program does not guarantee the SPC service team will locate a unit for the participants.

The participants served through a site-based grant will be placed in a designated unit that is owned or master-leased by the sponsoring agency, and the assigned certificate is nontransferable to another unit, even within Contra Costa County.

B. *Eligible Units*

The participant with a tenant-based certificate must find an eligible unit under SPC program rules with an owner/landlord who agrees to enter into a Housing Assistance Payment contract. Units must meet the following requirements:

Unit must meet rent reasonableness standards set by HACCC;

Unit must be in decent, safe, and sanitary condition in accordance with HUD's Housing Quality Standards;

Unit must be appropriate for the size of the participant's household;

Unit must be located in Alamo, Antioch, Bay Point, Byron, Brentwood, Clayton, Concord, Crockett, Danville, Discovery Bay, El Cerrito, El Sobrante, Hercules, Lafayette, Martinez, Moraga, Oakley, Orinda, Pacheco, Pinole, Pittsburg, Pleasant Hill, Richmond, Rodeo, San Pablo, San Ramon, Walnut Creek, or any other eligible location within Contra Costa County.

C. Request for Tenancy Approval (RTA)

Once the applicant locates a suitable unit, the participant will work with the landlord to complete the Request for Tenancy Approval (RTA) form. The RTA must be returned to HACCC before the participant's SPC certificate expires.

HACCC will review the RTA within 48 hours to confirm that the participant is enrolled in the program and has a valid certificate, that the unit being requested is the appropriate size for the household, and that the rent is within the allowable rent ceilings. If approved, the HACCC signs the RTA and submits the documentation to the Housing Inspector, who then schedules an inspection to verify that the unit meets federal Housing Quality Standards (HQS) and rent reasonableness standards.

D. Unit Inspections (Lead-based paint inspections), & Housing Quality Standards

Each unit must be inspected by a qualified inspector approved by HACCC prior to entering into a lease agreement and a participant occupies the identified unit. The inspector will schedule an inspection within 10 business days of receipt of the inspection, including a visual lead-based paint inspection.

**For more information on lead-based paint inspections please refer to HACCC's policies and procedures manual.*

At a minimum the Housing Inspector inspects the interior living space, building exterior, and heating and plumbing systems, to verify that the unit is in safe, decent, and sanitary condition and meets federal HQS. The Housing Inspector will complete a Housing Inspection Worksheet to document the outcome of the inspection. Any housing quality issues must be corrected within 30 days from the start of the lease, and the inspector must verify that all issues have been corrected.

Each unit will be inspected at least annually to ensure that the unit continues to meet HQS. The property owner will be notified in writing of any deficiencies and will be given 30 days to make the necessary repairs.

E. Rent Ceilings/Limits

Allowable unit rents are based upon the HUD determination of fair market value and are reflective of reasonable rental amount to be paid for decent, safe and sanitary rental housing of a modest nature in the Contra Costa County rental market.

HACCC will not approve an initial rent or a rent increase for a tenant-based or sponsor-based unit without determining that the rent being requested by the owner is reasonable. HUD establishes a payment standard that is the amount generally needed to rent a moderately priced unit in the local housing market, referred to as the “Fair Market Rent” or “FMR.” The rent being requested by an owner cannot unreasonably exceed the FMR established by HUD and meet rent reasonableness standards.

Rent reasonableness is determined by comparing if the rent being charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units. In making a rent reasonableness determination, the HACCC Inspector will consider the location, quality, size, number of bedrooms, age, amenities, housing services, maintenance and utilities of the unit and the comparable units.

F. Calculation of Tenant Rent Obligation

Once the RTA packet is completed, the HACCC will calculate the tenant’s portion of the rent along with the utility allowance in accordance with the HUD CPD Notice 96-3.

G. The SPC Lease and Housing Assistance Payment Contract

Once the HACCC has determined that the amount of rent being requested is reasonable, and the tenant’s portion of the rent and the utility allowance has been calculated, the HACCC will execute the SPC Lease and Housing Assistance Payments Contract.

After all related documents have been signed by the owner and the participant, the HACCC will complete the file, and submit the documentation to the HACCC Housing Services Manager for authorization, prior to entering the information into the payment system. The Housing Services Manager shall verify that the unit is properly inspected, and the tenant’s portion of the rent, the utility allowance, and if Housing Assistance Payment were calculated correctly.

H. Security Deposits

Upon signing a lease with the SPC, a landlord may receive a security deposit payment from the tenant. The amount of security deposit shall be indicated on the Request for Tenancy Approval form and on the lease.

The security deposit is an arrangement between the HACCC and the landlord. The HACCC will negotiate a security deposit that is financially reasonable for the tenant-participants in the

program. Participants in the SPC are eligible to receive one-time only financial assistance through the program to cover the cost of the security deposit.

I. Procedure for Requesting Assistance

At the time that the program participant finds a rental unit and is ready to submit a *Request for Tenancy Approval (RTA)*, they should complete the *Request for Security Deposit* form.

The Request for Security Deposit form is submitted to the HACCC, along with the completed RTA and Tenant Data Worksheet. The security deposit cannot be paid until the unit has been inspected and approved by the HACCC, and the contract has been signed by the property owner. The HACCC will pay the security deposit directly to the property owner along with the initial housing assistance payment.

J. Refunding the Security Deposit Upon Termination of Tenancy

In the event the participant relocates after receiving a deposit, the landlord shall make the deposit refund payable to the participant. The participant will be responsible for paying the landlord of the new unit any and all amount of the deposit required. Security deposit is one-time only financial assistance from the HACCC.

In the event that the participant vacates the unit, the entire security deposit amount will be returned by the property owner to the participants, less any claims for damages or vacancy loss.

The landlord will be responsible for maintaining records on uses of these security deposit funds for apartment repairs for damages caused by the tenant, if applicable. Unexpended deposit funds must be returned to the participant within 21 days of the tenant vacating the unit.

Authorized uses of security deposits are:

Repairs of tenant-caused damages and other cleaning and refurbishing necessary to prepare a vacant unit for re-rental.

Unpaid tenant's portion of rent due the landlord for the term of the tenant's occupancy in the unit, if tenant left without notice. If a tenant leaves in mid-month, the allowable tenant rent charged to the security deposit will be pro-rated.

Changes in Household Size:

SPC participants who wish to add anyone to their household will not qualify for a larger unit unless their household composition exceeds the "maximum family size" set by the HACCC. If that is the case, once the participant's initial 12-month lease expires, then the participant may be issued a new certificate to transfer to a larger unit.

If a member of an SPC participant's household moves out, the participant will be required to move to a smaller sized unit when the number of bedrooms exceeds the minimum family size.

Any visitor not included on the lease agreement who appears to be residing in the unit may be required to provide a proof of another address, such as a signed lease agreement or utility bills in their name. In the absence of such proof, the individual will be considered an unauthorized

member of the household, and the participant will be subject to termination from the SPC due to violating their lease agreement.

Transfer Policy:

The SPC is committed to providing as much flexibility as possible for participants in the program to choose housing that accommodates to meet their needs.

A. *Voluntary Transfers*

SPC Participants who receive tenant-based rental assistance may request a transfer to another unit. The participant shall notify the HACCC of their wish to transfer. All requests to transfer must be approved by the SPC Services Manager prior to leasing a new unit. The unit transfer request will be granted if all of the following conditions are met:

- The participant has resided in the unit for at least 12 months.
- The participant is up to date with their rental payments.
- The unit is clean and free of damage caused by the participant.
- The participant is in good standing in the SPC and abiding by the terms of the Program Agreement.

Exceptions will be considered for participants at the discretion of the SPC Services Manager in the following situations:

1. There are serious safety concerns or serious habitability issues that are out of the participant's control;
2. The household size has changed such that a change in unit size is necessary, or
3. There is mutual agreement between the property owner and the participant to terminate the rental contract, and the participant is otherwise in good standing in the program.

Approval of a transfer will be contingent upon verification that the participants follow their Program Agreement and are in good standing in the program. Upon approval of the request, the SPC Services Manager will issue a new SPC certificate to the participant. Prior to the unit transfer, the participant must give the property owner a written 30-day notice of their intention to vacate their unit. When the participant finds a new unit, the RTA needs to be completed by a new landlord and submitted to the HACCC. Housing Assistance Payments for the new unit shall not begin until the end date of the 30-day notice, and the approval for the new unit.

B. *Involuntary Transfers*

SPC participants who receive a notice to vacate by the owner or who are served with an eviction notice must contact the HACCC to request a transfer certificate, if wished to remain their participation in the SPC. If the initiation of eviction proceedings is due to no fault of the participant, such as in the case of the building being sold, the request shall be approved without written request. However, notifying to the HACCC of the change is the responsibility of the participants.

If the initiation of eviction proceedings is due to any violation of the lease agreement, the request will be granted at the discretion of the SPC Services Manager in accordance with the Program Retention Policy, so long as the participant:

- 1) Continues to fulfill their responsibilities as specified in the SPC Program Agreement; and
- 2) Takes reasonable action steps to resolve the issues contributed to the eviction.

Annual Recertification and Interim Adjustments:

Once a participant is housed, the HACCC is required by HUD regulations to re-certify the participant's eligibility on an annual basis. This includes:

- Verifying the household's income and household composition;
- Re-inspecting the unit every two (2) years to assure that it continues to meet federal Housing Quality Standards;
- Adjusting the unit's rent if the landlord requests an increase that is reasonable and within the federal rent ceilings.

In accordance with HUD requirements, on an annual basis the HACCC shall reexamine the income and household composition of all participants and conduct an HQS inspection every two (2) years.

The HACCC maintains a database to keep track of renewal dates for each household, the household composition, household income, and calculations of the tenant rent and Housing Assistance Payment. Ninety (90) days prior to the anniversary of the contract lease date, the HACCC will notify the participant and the landlord of the upcoming inspection and recertification.

A. *Participant Documentation*

The HACCC will send the participant and Hope Solutions SPC staff a notice of required annual recertification along with forms to be completed. Hope Solutions SPC staff will offer assistance to participants throughout the annual recertification process. The participant must attend annual recertification orientation that the HACCC scheduled and present documents during the orientation as follows:

- Current income verification for each member of the household;
- Current asset verification for each adult member of the household;
- Authorization for the Release of Information/Privacy Act Notice, signed by each member of the household aged 18 or older;
- Verifications for any deductions claimed for medical expenses, childcare expenses, or student status.

If the participant does not respond within a reasonable period of time, the HACCC will send another letter and the packet. The HACCC will also notify the SPC Services Manager to request assistance in collecting the required documentation.

B. *Bi-Annual Inspection*

The HACCC will send the participant and the landlord a written notice of the date and time of the inspection. The HACCC will attempt to collect the annual recertification documents from the participant at the time of the home inspection.

The HACCC's approved Housing Inspector will complete a Housing Inspection worksheet, and document the outcome of the inspection. If the unit fails an inspection due to conditions that are the responsibility of the property owner, the HACCC will notify the property owner in writing and shall give a 30 day-period to correct any deficiency.

If the deficiencies are not corrected, the contract will go into abatement and the HACCC may withhold the subsidy payment. Failure to comply the requirement within a reasonable period of abatement may result in the contract for the unit being cancelled. If the participant qualifies for a transfer, they will be issued a new certificate, and have until the certificate expires to find a suitable unit.

If the unit fails an inspection due to conditions that are the responsibility of the program participant, the participant and the landlord will be notified in writing, with a 30-day deadline for the problems to be corrected. A copy of the notice will be given to the SPC Manager who will notify the participants and their service providers in order for them to assist the participant to correct the issued.

If the unit continues to fail the HQS inspection after the 30-day deadline, the contract will go into abatement until passes. Both the participant and landlord will be notified in writing of the abatement. During this period, the HACCC may continue to provide the Housing Assistance Payments to the landlord, if the landlord is not responsible for the conditions for which the unit failed HQS inspection. After a reasonable period of time determined by the HACCC, the contract will be cancelled, and the participant will be responsible for paying the full rent for the unit.

C. Interim Adjustments

The Participants are required to report any change of their income to the HACCC within 30 days of that change. Once an income change is reported and appropriate third-party verification has been received, the HACCC will perform a revised rent calculation. The HACCC will notify the adjusted rent calculation to both the participant and the landlord in writing. The calculation includes the participant's portion of the adjusted rent for clarity of either an increase or decrease in household income. The adjusted rent will be effective 30 days beyond the end of the month that it was reported.

Section 7: SUPPORT SERVICES

General Program Goals:

Through its housing programs, Hope Solutions staff are committed to assisting consumers in working toward improvements in the following general areas:

1. Enable homeless adults with diagnosed mental illness and/or diagnosed substance use disorder and/or diagnosed other disabling conditions to secure and retain housing.
2. Provide flexible, integrated services to support consumers to stabilize acute and chronic health and psychiatric conditions.
3. Support consumers to develop support networks and cultivate personal coping mechanisms that can mitigate illness, addiction, and complex trauma impacts and/or the consequences of these issues.
4. Improve consumers' quality of life and overall health and well-being by supporting them to achieve self-set life goals.
5. Support family relationships, particularly between parents and children, to create healthy interdependence and mutual support among family members.
6. Ensure youth housed in the program are enrolled in school and support connections to needed educational resources for all household members.

Assessment:

The initial face-to-face assessment most often occurs during the voluntary admission process in which the consumers fully participate by articulating their strengths and needs. However, the assessment process is an ongoing procedure and is documented monthly at a minimum as life circumstances, personal self-understanding, and data validity are in a constant state of flux and should be updated as new information is collected.

Support Service Documents:

Once the applicant is accepted into the program the Case Manager works to help the client to move into their new home quickly and comfortably. Meetings are scheduled with property management to review the lease and house rules of the property. Documents that may be used at this point by case managers include:

- Welcome letter (describing services available)
- Informed consent to receive Support Services
- Privacy Notice
- Furnishing needs check sheet
- Release of Information for service staff and property management staff to collaborate
- Individual/Family Action Plan
- Self Sufficiency Matrix
- Grievance procedure
- Media release
- HMIS intake/ROI/Privacy Notice

Action Plan:

In accordance with the harm reduction model and motivational interviewing techniques of service delivery, the Action Plan is developed with the client, using their goals and interests to shape the work with support services. The Action Plan form presents goals as well as identifying the strengths, needs, abilities, and preferences of the clients (including documenting a participant's housing goals, plans for achieving stability to retain housing, and the barriers that need to be overcome to achieve them). The Action Plan also documents the support that the Case Manager will provide to assist with meeting those goals. Both the Hope Solutions staff member and consumer share responsibility for identifying goals, taking steps towards achieving the goals, and goal achievement or modification. Once a plan has been developed, each meeting between staff and consumers is a follow up to the plan and any other issues that may arise. Documentation of the plan, updates on progress (progress notes), modifications, achievements, and new/revised plans are the responsibility of staff, but the process is one that involves shared decision making. Documentation should reflect the principle of shared decision making in that the words of the consumer are used in quotations. However, staff assist consumers with developing life/housing goals that are achievable, realistic, and *measurable*. Consumers are encouraged to keep copies of the plan and the decision to accept the copy or refuse the copy is documented by staff.

Points to remember in developing the Action Plan:

Goals are defined and chosen by the client. It is important to remember that staff may identify a problem, or goal, and it might not be defined as such by the client/household member.

Clients may choose to work on short term goals and long-term goals.

All goals should be clear, concise, and measurable.

Action Plans should clearly demonstrate a relationship between the outcome (goal) and how to address any obstacles to its achievement.

Identify outcomes that are observable to the client and staff (i.e., the client will use a coping skill such as going for a walk instead of drinking when they are upset)

Identify outcomes that the client verbally communicates to staff as goals they want to pursue.

Action Plans are completed within 30 days of admission to the program and are updated at a minimum every twelve months, although goals may be added or changed on an as-needed basis during the course of service delivery (as noted above, staff continuously assess client progress on Action Plan goals and partner with clients to adjust Action Plans when goals are achieved, new goals are identified, and/or when a client is struggling to take steps to achieve a goal). HUD evaluates permanent supportive housing performance with the two standard outcome

measures; 1) remaining in/exiting to permanent housing and 2) maintaining/increasing income (from all sources) at end of operating year or program exit – these outcomes should receive focus during the process of creating a participant’s or family’s Action Plan.

Action Plan Implementation:

Implementation of a participant’s Action Plan is an ongoing, evolving process. On occasion, participants may reach one particular goal and choose to formulate another in its place, or a new goal may be identified and added before previously formulated goals have been completed. Referrals to counseling, vocational rehabilitation groups, and participation in meetings with multi-site team members are all available to consumers as they work toward their stabilization and functional improvement. Participants are the primary drivers of their own progress and are permitted to change their goals at any time, with support and guidance provided by multi-site team members.

After completion of the Plan, the participant should sign the Plan, indicating agreement with its contents. The signed copy should be kept in the participant’s chart and the consumer should be provided a copy any time that it is requested.

ONGOING SERVICE

DELIVERY Philosophy:

The goals of the SPC Program include providing permanent supportive housing and supporting the highest level of self-reliance possible. The service delivery component is focused on providing support to assist in stabilization of mental health, medical, and substance abuse/dependence symptoms that impair functioning. The social rehabilitation model affords residents the maximum amount of participation possible in their efforts to recover from the impact of disabling health issues and any co-occurring disorder from which they may suffer. This model empowers clients to engage in positive living and decision-making while accessing those resources which support a successful life in the community.

Thus, service delivery is centered upon the general needs of clients who are experiencing mental health, physical health, and/or substance use challenges, and their identified needs based upon the preferences of their Action Plans. Case Management services are designed to allow the flexibility needed to respond to ongoing as well as fluctuating needs.

Each skill discussed, learned, or practiced is flexible, adaptable, and applicable to recovery and/or self-maintenance for persons with a medical condition, mental health diagnosis, or a co-occurring dependency/addiction. Clients are offered referrals to multi-dimensional services including therapy, participation in treatment teams, pre-vocational education, assistance with

psychiatric services, recreation, outreach, information services, and collateral services designed to facilitate independent living.

Home Visits:

Home visits are an integral part of the services provided by the SPC team. Home visits provide Case Managers the opportunity to learn more about their residents and the environments in which they live.

The number of home visits per month by Case Managers is determined by the assessed service level under which a client has been identified. The tier system is as follows:

- Crisis: 2-3 face-to-face visits per week, or referral to higher level of care.
- Tier 1: Minimum of 1 face to face visit per week.
- Tier 2: Minimum of 1 face-to-face visit every month, and as-needed phone check-in(s) on the in-between weeks.
- Tier 3: Minimum of 1 face-to-face visit every 6 months.

This system is used by the SPC team for internal purposes only, to ensure all clients/households are provided the necessary level of care at any given point in time, and to remind Case Managers of who they need to follow-up with during a given week.

Once admitted into housing, all clients should be identified as Level 1 to ensure all needs are met for a successful move-in and transition. Once clients are stable and comfortable in their new living environment, Case Managers work with the support staff and the SPC Services Manager to monitor the level of care needed for any particular resident. Examples of when a client may fall under a given level are as follows:

- Crisis:
 - Client has relapsed.
 - Immediately after a 5150 hold, experience of trauma, surgery, etc.
 - Client shows signs of decompensating.
- Tier 1:
 - Immediately upon admittance into the program for a minimum of 30 days.
 - Client has had a recent change in medication.
 - Client has minimal support in the community
 - Client has a history of major depression (or other significant mental illness) and does not receive mental health treatment.
- Tier 2:
 - Client actively engages in achieving their goals and utilizes support as needed.
 - Client has been stable for a minimum of 30 - 60 days.

Tier 3:

- Client is enrolled in college courses and/or has a part-time or full-time job.
- Client is an active member of AA, NA, or other support groups, and has ample support in the community.
- Client has been stable for a minimum of 6 months.

Case Managers should have documented, consistent contact with each client on their caseload. Each Case Manager develops their own unique style for home visits. Weekly team meetings and clinical supervision meetings are times for Case Managers to get feedback on any problems, issues, and successes with particular clients.

Procedures for Home Visits

- A. The Case Manager calls client/household to schedule appointment. Case Managers maintain awareness that they are a guest in the home of the client and show respect and professionalism at all times.
- B. Before client's appointment, Case Manager should check client's file to see if any forms are missing or require updated signatures and bring those forms to home visit. All protected, confidential information will be transported in a locked box or case to and from the office.
- C. Client files/documents are never to be left in an automobile but should be with the Case Managers at all times. This includes computers and/or cell phones that have client information stored on them.
- D. The Case Manager goes to client's home on scheduled day at scheduled time. The Case Manager must carry a cell phone during a home visit and should let their supervisor or someone in the office know where they are going to be and when they are expected to return to office.
- E. If the Case Manager does not feel safe for any reason, the Case Manager should terminate the home visit and return to the office immediately.
- F. The Case Manager notes mileage from the office to client's home, for transportation to and from medical or other appointments, and for return to the office. The Case Manager should observe traffic laws and speed limits when transporting clients, as well as practice defensive driving. Staff are strictly forbidden to text or talk on the phone without using a hands-free device while driving.
- G. The Case Manager may bring copies of Action Plan or other forms to complete with clients for entry later into HS's charting system and HMIS. Motivational Interviewing is the recommended therapeutic approach in cases where clients are struggling with a decision about committing to a goal.
- H. At the end of the home visit, the Case Manager should schedule another appointment with client at an agreed-upon time and date.
- I. Upon returning to office the Case Manager enters the data from the meeting into HS's database system. Any HMIS opening, update, or closing forms are shared with the SPC Services Manager Services and faxed to HS's HMIS data entry staff member.

In the event that a client refuses case management services, the Case Manager will inform the SPC Services Manager and Director of Housing Programs. The SPC Services Manager will assist with Case Manager decisions to determine which tier of support each client should have, using information received individually from Case Managers as well as in weekly supervision meetings.

If at any time a Case Manager attempts to contact a client either by phone or at a scheduled home visit and the client is unavailable, the Case Manager documents this attempted contact in their progress notes.

Progress Notes:

Progress notes are completed after every contact with a client and every contact on behalf of a client to track Case Managers' type of contact and communication with, and efforts on behalf of, clients. They should be completed within 24 hours after a client contact.

Annual Update:

Case Managers will work with clients to track progress on an ongoing basis with the Action Plan goals. Annually (at least) Case Managers will review resident goals and note progress/goals achieved, however, each visit with a client household provides an opportunity to reassess client strengths, challenges and progress and the Action Plan should be updated on an as-needed basis. Case Managers will also note specific changes in income/employment and update the self-sufficiency matrix for each client annually (and as needed). Outcomes and client progress will be reported in an aggregate form on logic models that describe goals for the program. Participation in these processes is not required for any client in the program.

File Maintenance:

Case management notes will be maintained on a HIPAA protected web-based site. These notes will be reviewed and audited periodically by supervisors.

Difficulties That Inhibit the Ability of Residents to Address Their Needs in the Community:

Due to mental illnesses or medical/substance-use conditions, clients may have difficulties which inhibit their ability to address their needs within the home or the larger community. For example, these may include problems with:

- Basic living skills
- Managing the symptoms of mental illness
- Medication compliance
- Maintaining employment
- Maintaining adequate finances/benefits

Managing basic housekeeping
Establishing or maintaining an appropriate social support system
Maintaining sobriety
Anger management
Cognitive limitations
Access to health care

Case Managers will work to support skill growth in all the above areas to support the stable and continuous housing of SPC clients.

Crisis Intervention/de-escalation:

Upon occasion, clients may become severely agitated, threaten violence, or otherwise create circumstances where it becomes necessary to take immediate action for the protection of that client as well as other clients and program staff. The following guidelines are intended to assist the staff decision process when confronted by such situations.

Every effort should be made to help agitated clients calm down and be able to function within the program. The response(s) to a given situation will depend upon how staff evaluates the level of disruption or threat by agitated clients as well as to other people and to staff. One should attempt milder interventions first and move to stronger interventions only when first attempts are not successful in producing the desired outcome. Following are some possible interventions at various levels. At all times staff and client safety should be the priority when addressing conflict situations.

Within Normal Program Structure

- A. Remind clients that the normal structure of the program is designed to help them cope with daily issues.
- B. Adhering to normal program guidelines can help clients gain perspective on their concerns.
- C. Clients can be encouraged to sleep at appropriate nighttime hours in order to achieve sufficient rest.
- D. Referrals to other service providers can offer residents group process and therapy which comprise peer support and supportive group counseling that can frequently help clients deal with a particular concern.
- E. Individual counseling may be requested by clients to address issues more suitable to the 1:1 therapy session. Case Managers can assist with these referrals.
- F. Care should be taken that clients are taking medications as prescribed.
- G. A short time-out (15 minutes) from the current situation may be helpful, followed by a resumption of attention to the problem.

- H. A special individual counseling session of approximately 30 minutes may be useful with a problem-solving focus on the specific stressors of the clients and on a plan for reducing same.
- I. Attempt to find a solution for at least one of the issues raised by the client in order to reduce anxiety and demonstrate that problems can be solved.
- J. Under some circumstances it may become necessary for staff to stay within sight of agitated clients. This can provide an additional sense of structure and safety to clients as well as assist the staff in monitoring the level of threat to self and others of agitated clients. This monitoring/assessing should last for as long as is necessary to confirm there is no threat.
- K. If clients are agitated and unable to respond to verbal interventions, it may be possible to allow them the physical space and time in which to calm themselves. This can be accomplished by having clients sit by themselves in another room for 30 minutes in order to gain some perspective on their distress. While agitated people may not be very responsive, it is still important to explain what is happening and what to expect ("Right now you are too upset to respond to us and we are concerned that you may hurt yourself or others. Staff will stay nearby to make sure you are safe. If you are unable to calm down within half an hour, we may need to ask for outside assistance to insure everyone's safety.")
- L. Departure - On occasion agitated clients may opt for leaving the present environment. If staff assesses that this would constitute a danger to the client or to the community, the police or 911 should be notified immediately.

Interventions That Involve Minor Alteration of Structure

Some interventions may require minor divergence from normal program structure or the plan for a particular meeting with a client. When this is done it should be accompanied with clear communication about the desired goals (e.g. "Why don't you take a 5 minute break to calm down, and then come back and talk about what was bothering you?") Also assess whether the individual is able to bear the level of responsibility required of them (e.g. taking a walk alone may not be safe).

More Severe Modifications of Program Structure

If clients are more intensely agitated, threatening, or unable to respond to lesser interventions, it may be necessary to modify structure significantly in order to help individuals stabilize. These types of interventions usually require interpretation and careful framing with agitated clients. In addition, they should be carefully time-limited and that limit made clear to all so that everyone will understand that normal structure will soon return.

Consultation with Mental Health Providers

During the course of a crisis, consult with other providers who work with the affected individual if possible. In most cases this will be another staff member (or a County Case

Manager, or County psychiatrist.) When this is done, care should be taken to give as complete a picture of the current situation as possible, what preceded the situation, and what kind of assistance is being requested. Any communication with outside providers must be done with client permission.

Emergencies:

In the event of an emergency that occurs after-hours, SPC participants can contact their local police, or they can contact 911 or 211 for crisis assistance.

Case Conferences:

Case Managers and the SPC Services Manager (and the Director of Housing Programs when needed) meet on a weekly basis to discuss specific clients, receive training and plan for program activities. The Director of Housing Programs will join this meeting as needed to check in and collaborate on current consumer/family situations. On occasion, other service providers may be asked to attend case management meetings to share information and provide support for shared clients. The SPC Services Manager will collaborate with the Director of Housing Programs regarding any urgent consumer issues, clinical approaches to client support, program changes, and changes to policies and procedures. In addition, each consumer's case is reviewed on at least a quarterly basis to assure that all staff are familiar with the goals and intervention plans for all consumers in the program.

Medical/Psychiatric Care:

HS SPC clients are not required to have medical/mental health/psychiatric services. Many clients choose to use these resources and Case Managers may assist clients in accessing these resources. The SPC does not provide direct medical care, nor do HS staff prescribe or dispense medications. Case Managers may assist clients in obtaining medical/medication advice/recommendations from their medical provider(s), including calling for medical advice and/or attending medical and psychiatric appointments with clients by client request. Case Managers may also assist clients in following medication dosages through observing/helping clients read prescription labels and observing clients filling medication sets according to prescriptions and recommendations from their medical providers. HS staff do not make medication recommendations, nor do they directly handle a client's medications.

Incident Reports:

It is the policy of Hope Solutions to document any incident that represents a threat or problem to clients or staff. If staff is involved in any kind of problematic incident in the course of their work duties they should fill out the Hope Solutions incident report and give it to their supervisor within one working day of the event. The information that needs to be shared includes:

The date the incident occurred.

The consumers involved, their date of admission, age and sex.

A description of the event or incident including the date, time, location, perpetrator, nature of the incident, any antecedents leading up to the incident and the effect on consumers, including any injuries.

Who observed the incident/injury?

What immediate action was taken (including persons contacted)?

A description of the medical treatment needed if it was necessary.

Where the medical treatment was administered, if necessary.

Who administered the medical treatment?

If follow-up treatment is necessary.

What action was taken or planned (by whom, and the anticipated results).

The report needs to be completed by the staff person or persons who observed, or were involved, in the incident. The Director of Housing Programs or Director of Support & Clinical Programs or his/her designee reviews and signs the report and distributes any pertinent information to appropriate parties, observing all HIPAA constraints.

Storage/Handling of Documents & Consumer Information:

Hope Solutions abides by HIPAA/HITECH rules and regulations regarding the handling of any identifying information of all consumers. Any consumer information that is communicated electronically should be done in the following manner:

Emails containing any protected consumer information should be encrypted. Texts should not include a consumer's protected information.

The full first and/or last name of a consumer and/or household member should not be used in the subject heading of an email or text.

Staff should not carry any soft or hard copy documents (e.g., on paper, on memory sticks, etc.) on their person outside of the Hope Solutions office unless prior approval has been received from Management.

Staff should limit (within reason) any documents saved on their computer hard drive containing any identifiable information of consumers, and depending on grant requirements, staff may be required to password protect/encrypt any such documents. If there are such documents saved on a computer hard drive, this computer should not be shared and should only be used by the designated staff person, unless prior approval has been received from Management.

Staff should log off their computers at the end of a workday or whenever they leave their desk to ensure misuse of computers does not occur. In addition, staff should lock up any documents and/or laptop computers containing protected health information of consumers any time they leave their desk area.

Staff should ensure their supervisor is informed about current computer login/password information, Office 365 passwords, passwords used for any password protected files

saved on computer hard drives, as well as any company cell phone access codes and passwords.

Many consumer documents are stored on the hard drives of computers in the Hope Solutions Administrative office, and Hope Solutions ensures the regular, secure back up of these documents. All consumer charts are stored in locked file cabinets in Hope Solutions' locked administrative offices. In general, charts may not leave the administrative offices.

Occasionally, Hope Solutions staff need to transport documents that contain protected consumer information. Any time this occurs, documents are transported inside a locked box or case, and the box/case is secured from access by anyone else transported in the staff member's vehicle. Locked boxes/cases containing protected consumer information may not be stored in the vehicle when the staff member is not in the vehicle. Should it be necessary to transport a laptop computer which has protected consumer information saved on its hard drive, the laptop will have been logged out of any online programs containing consumer information and will be turned off, and the laptop will be in a locked case. Neither laptops nor company cell phones are to be left unattended in staff members' vehicles or unsecured in their homes at any time.

Consumer Chart Access:

A consumer may make a written request to view the contents of his/her own chart at any time. Hope Solutions adheres to all applicable federal and state laws regarding written consumer requests to view contents of their charts.

Section 8: PROGRAM RETENTION

Hope Solutions recognizes that serving individuals with a history of homelessness and disability requires a flexible approach. Should a participant require a higher level of care due to their medical, mental health, recovery or other needs, every possible effort shall be made to retain them in support services. Contingent upon the participant's willingness and ability to take steps to address the concerns, the participant may be retained or reinstated in the program when appropriate. In some cases, however, termination from the program may be warranted, such as incidents of violent behavior, criminal activity or other behavior that seriously threatens the health and safety of the community, or when a participant has repeatedly lost their housing due to such lease violations.

A. Vacating Unit Due to Eviction

The participant voluntarily vacates their unit prior to a formal eviction filed due to their lease violations.

Within 30 days, the participant must work with their Case Manager to address the issues that contributed to their violation.

If SPC participants are liable for property damages or unpaid rent for their unit, the participants must take responsibility for these liabilities and agree to a payment plan.

If the participants fulfill the conditions of a Housing Retention Plan, they will continue remain in program. If they do not fulfill the conditions within a reasonable period of time, the SPC Services Manager will notify the participant in writing that they are terminated from their respective program. The participant will be given the opportunity to appeal the decision in accordance with SPC policies.

B. Temporary Leave for Residential Treatment

The participants may choose to retain their unit for up to 180 days while they are in a residential treatment program.

The rental assistance will be provided for up to 180 days, and the participants will remain obligated for their portion of rental payment during the treatment.

The participant may qualify for reinstatement into the program after treatment ended.

The participant must maintain minimum monthly contact with their Case Manager while they are in residential treatment.

If the SPC participant is liable for property damages or unpaid rent for their current units, they must take responsibility for these liabilities and agree to a payment plan.

To remain in the program, the participant must: 1) Provide verification of their treatment participation, and 2) update their Action Plan.

In an event that the participant does not fulfill the conditions as specified above, the SPC Services Manager will notify them in writing of their termination from the program. Participants shall be given an opportunity to appeal the decision in accordance with SPC policies.

C. The participant needs a higher level of care and supervision.

If the participant voluntarily vacates their unit due to their need for institutional care, such as a hospital, nursing home, or chronic care facility, they may qualify for reinstatement into the program within 6 months. The 6-month deadline may be extended on a case-by-case basis at the discretion of the HACCC, in collaboration with the SPC Program Manager.

The participant must maintain minimum monthly contact with their Case Manager while they are in institutional care.

If the participants are liable for property damages or unpaid rent for their prior unit, the participants must take responsibility for these liabilities and agree to a payment plan, if applicable.

If the participant's request for reinstatement is denied, they will be notified in writing and given the opportunity to appeal the decision according to the SPC policies.

Appeals Process:

In the event that a consumer/household requests an appeal, the consumer's Case Manager will notify the Director of Housing Programs and the consumer's/household's case will be reviewed within 14 business days of receipt of the appeal request.

An appeal meeting will be scheduled, at which consumers/household members have an opportunity to discuss why they feel they do not deserve to be discharged and how they have been or will make efforts to stay in housing. During the appeal meeting, the consumer's/household's assigned Case Manager will be in attendance to advocate on the consumer's/household's behalf. Subsequently all parties involved (Hope Solutions staff and any other providers present) will have the opportunity to discuss what was presented to determine if the consumer should be discharged or under what conditions the consumer is permitted to remain in housing.

After the meeting it is the responsibility of the Director of Housing Programs and/or Director of Support & Clinical Programs to put in writing the outcome of the meeting. If the consumer/household is given the chance to continue in the multi-site programs, conditions which the consumer/household should follow will be outlined in a stipulated agreement which the consumer/household will be asked to sign, with the original being placed in the consumer's/household's chart and a copy of the signed agreement given to the consumer/household. A consumer/household will be permitted only one such appeal meeting; if the consumer/household violates the terms of the stipulated agreement or continues to violate their rental agreement/lease, Hope Solutions reserves the right to take legal action to end the consumer's/household's tenancy.

If it has been determined that the consumer/household will be discharged, the Case Manager can provide up to 30 days of transitional support to the consumer/household (unless the consumer/household has threatened violence against any member of Hope Solutions staff or if the risk of violence to staff is present). Transitional support will be offered at the discretion of the leadership team, including the Director of Housing Programs, Director of Support & Clinical Programs, and Executive Director.

Request for Appeal Hearing Form is below:

Request for Appeal Hearing

Every participant in the Hope Solutions' multi-site supportive housing programs has the right to appeal a decision in which they are 1) denied admission to services due to ineligibility, or 2) discharged from services and/or from housing.

To request an appeal, participants must make a direct request to Hope Solutions staff or submit this form no more than 7 days from the date of denial or discharge from services. All appeals are reviewed by the Director of Housing Programs along with other Hope Solutions staff. Appeals may also include the Chief Operating Officer or Executive Director, if warranted or requested. Upon receipt of this Request for Appeal Hearing Form, or placement of phone call requesting an Appeal Hearing, a meeting will be scheduled for you to present your appeal. While you are encouraged to present your appeal in person, you are not required to do so.

You are encouraged to bring any information or documentation that provides evidence of housing program/rental agreement compliance to the appeal meeting. You may also bring a service provider who can support your claim and help advocate on your behalf. Within 14 days following this meeting, you will be notified of the final decision regarding your appeal in writing.

Request for Appeal

I (name) _____ hereby request an appeal of the decision to deny me admission to Hope Solutions' housing program, or to discharge me from services and/or housing.

PLEASE CHECK the appropriate box below:

- I would like a hearing scheduled so that I may present my appeal to the Director of Housing Programs.
- I do not want a hearing scheduled with the Director of Housing Programs. I am including a written testimony and any relevant documentation with this appeal for the Director of Housing Programs to review in order to make a final decision regarding my appeal.

I am appealing this decision for the following reason (s) (use additional pages if necessary):

Signature: _____ Date: _____

I can be reached at the following address and phone number for the next 2 weeks:

Address: _____

Phone: _____

Section 9: GRIEVANCES

All participants have the right to voice their complaint, concern, or formal grievance, if dissatisfied with decisions regarding treatment, services provided, or experiences with Hope Solutions staff.

Case Managers are to serve as the primary initial point of contact. Staff members are obligated to assist in resolving dissatisfaction to the extent that they are able. Staff members are also obligated to report complaints or grievances to their immediate supervisor should they prove unable to resolve a concern or dissatisfaction.

Persons served have the right to have present during the complaint or grievance process, witnesses and/or advocates. It is our goal to resolve complaints and grievances at the lowest possible level, to ensure the best possible service and quick resolution to the issues. If the resolution is not possible with the staff member working directly with the person served or seeking service, the issue(s) will be passed up to the SPC Services Manager to resolve the issue. If this is not possible the person served has the right to appeal the decision. The Grievance Procedures form is included below:

GRIEVANCE PROCEDURES

Hope Solutions Support Services

PURPOSE

To provide a process for residents to discuss complaints or problems with Hope Solutions staff and to receive careful consideration and a prompt resolution.

DEFINITION

A grievance is defined as a condition related to support service delivery or policy that the resident believes to be unjust or inequitable.

POLICY

1. For site-based programs, Grievance Procedures will be posted on the apartment community bulletin board in the community center, provided at start of tenancy and distributed to residents filing a grievance. For multi-site and county-wide programs, Grievance Procedures will be provided at start of tenancy and distributed to residents filing a grievance.
2. Clients are encouraged to discuss grievances or problems with the staff member with whom the client has a grievance for problem. If a grievance is still not resolved to the client's satisfaction, the grievance may be discussed with that staff member's Supervisor or Manager. If still unresolved, the grievance may be addressed to the Director of Support & Clinical Programs and/or Director of Housing Programs.

3. Management will handle all grievances as an important business matter, making every effort to arrive at a prompt and equitable solution.
4. Grievances will have no impact on a resident's right to occupancy or any other right or privilege under the lease, nor will they negatively impact provision of any services by Hope Solutions staff.
5. Whenever possible all parties to the grievance must be present to discuss the issue, unless the circumstances warrant a different procedure.
6. Determinations of grievances appealed to the Executive Director will be issued in writing.

PROCEDURES

1. The Client will:

Issue grievances by taking the following steps:

- (1) Discussing the grievance or problem first with the staff person involved.
- (2) If the matter is not satisfactorily resolved, then by discussing the issue with the staff member's direct supervisor.
- (3) If the matter is not satisfactorily resolved after taking step 2, the client may discuss the issue with the Director of Support & Clinical Programs and/or Director of Housing Programs.
- (4) If the matter is still not satisfactorily resolved, by discussing the issue with the Chief Operating Officer or Executive Director of Hope Solutions. This meeting must be requested in writing.

2. The staff member's direct supervisor, Director of Support & Clinical Programs, and/or Director of Housing Programs will:

- A. Give a copy of the Grievance Procedure to clients filing a grievance.
- B. Schedule a meeting within three (3) working days.
- C. Allow the client sufficient time to explain the grievance and give the Director of Support & Clinical Programs and/or Director of Housing Programs sufficient time to give her/his interpretation and to discuss the issue.
- D. Give a determination, based upon company policy and/or practice, immediately or within five (5) working days of the meeting.

3. The Executive Director will:

- A. Establish a meeting, to include the client, Director of Support & Clinical Programs and any relevant staff, within five (5) working days.

- B. Allow the client sufficient time to explain the grievance and give the Director of Support & Clinical Programs and/or Director of Housing Programs sufficient time to give her/his interpretation and to discuss the issue.
- C. Make a decision, based upon company policy and/or practice, and give a written determination within five (5) working days of the meeting.

Hope Solutions Staff Member

Date

By my/our signature below, I/we acknowledge receipt of the aforementioned Grievance Procedures:

Client(s)

Date

Section 10: TERMINATION AND APPEALS

Hope Solutions serves individuals with disabilities who are homeless with a history of difficulties in their efforts to obtain and retain housing. To adequately serve this disadvantaged and underserved population, sensitivity, flexibility, and respect for the participant is critical. Hope Solutions is committed to making every possible effort to accommodate participants' needs toward the goal of housing stability and the achievement of participant life goals.

A. Reasons for Termination

Serious and/or repeated violations of the Lease Agreement, or the initiation of formal eviction with no demonstrated effort on the part of the participant to address the related issues. Serious violations of the Lease Agreement may include:

- a) Non-payment of rent;
 - b) Property damage;
 - c) Allowing person(s) who are not on their lease to reside in the unit exceeding permitted period of days/weeks without written approval of the landlord;
 - d) Illegal activities in the participant's unit; and/or
 - e) Disturbance of the quiet enjoyment of the neighbors and the community.
3. Any behavior which threatens the safety of the neighbors and the community including:
- a) Committing violence or making threats;
 - b) Causing health, fire, or safety hazards to the rental unit and/or the building that jeopardizes the health and safety of the neighbors and the community.
4. Failure to cooperate with rules and regulations required for administering the rental subsidy.

- a) Non-payment of utility bills resulted that the utility service is cutoff;
- b) Vacating the unit for over 30 days without notice;
- 1. No longer meeting the terms and conditions of occupancy due to deterioration of the participant's disabling conditions that cannot be provided through PSH;
- 2. The total household income exceeds the limit for receiving a rental subsidy; and/or
- 3. Voluntary withdrawal.

B. Unsuitable Reasons for Discharge

Hope Solutions makes every effort to ensure program participants are not discharged from the program due to reasons that typically fall outside of commonly understood provisions in a lease agreement, including but not limited to:

- 1. Failure to participate in supportive services. Hope Solutions staff makes extensive efforts to engage clients in the program to provide them with regular, or as-needed supportive services, and linkage to services that a support worker deems beneficial to a client's success and wellbeing in housing. Using motivational interviewing techniques and a harm reduction-based approach; we work to ensure a client's needs in the moment are met. However, we understand that it is a client's choice to determine if they wish to engage in said services, and if they choose not to, they will not be discharged from the program for such a decision.
- 2. Failure to make progress on a case plan. Hope Solutions staff makes extensive efforts to engage clients in their service/case plan. Case managers work to identify participants' needs as they arise in housing, working to effectively and actively engage clients in their growth and development in housing. Should a client make slow or no progress on their case plan in any given amount of time, we understand that all clients are on their own individual path toward stability and acclimation to structured life in housing, and under no circumstances will a client be discharged due to a lack of progress on their plan as identified by their service worker.
- 3. Losing income, or lack of ability to improve income. Having income is not a prerequisite for entry into a Hope Solutions PSH program. Participants are approved even without any income and are thus not disproved for not having income. The same applies for those already in the program(s). If a participant is to lose, or see a decrease in their income, we work to ensure supports are in place to assist those participants in reobtaining income whenever possible.
- 4. Domestic violence survivors. Hope Solutions never discriminates against a participant or discharges a participant for experiencing a domestic violence situation while in housing in any program(s). Rather, staff work with the individual experiencing abuse to ensure their safety and provide support for relocation if and when necessary, as well as providing appropriate care to help victims of abuse find medical/mental health treatment if they so choose. Hope Solutions complies with VAWA regulations to ensure DV participants' housing

opportunities are protected in the event of a break-up or scenario in which a relationship ends during a domestic violence situation.

C. Due Process for Discharging Participants

Hope Solutions shall make every possible effort to ensure that support services are available to the participants so that the rental assistance may only be terminated in most severe cases. Whenever possible PSH shall give participants written warning prior to termination so that they have an opportunity to take appropriate actions to resolve the issues.

Appropriate termination shall be offered to the participants. For all participants to maintain participation in the program, their effort and participation is a must. In an event of termination, the participants shall first be given a written warning with an opportunity to address the issue.

If there is no response to the written warning, and the SPC Services Manager determines that termination is warranted, the participant will be notified in writing when possible, and they will be entitled to appeal the decision according to the SPC Policies.

The written warning shall state the reason for the warning, and the specific actions that the participant must take to remain in the program.

Prior to termination, the program will try to provide a reasonable accommodation, such as providing linkage to In-Home Supportive Services. If no reasonable accommodation can be found, we will strive to assure a smooth transition to a setting that provides a more appropriate level of care and supervision.

In the event that participants voluntarily decide to withdraw from SPC, they will be asked to submit a written statement of their intention.

C. Termination Process:

Termination is a formal process that recognizes the rights of the participants receiving assistance to due process of law. The termination process is as follows:

Step One: Try to resolve informally:

First the Case Manager will attempt to work informally with the participant to address the issues. If the landlord is involved, the assigned Case Manager shall attempt to resolve the issues through negotiating with the landlord. The SPC Services Manager should be informed of the situation, and the Case Manager should document in the participants' files of these efforts informally to resolve the issues.

Step Two: Written Warning:

Should the issue(s) not be informally resolved, the participant shall be given a written notice that clearly specifies the reason(s) that their participation in the program may be in jeopardy. The participant may be required to develop a corrective action plan with their Case Manager that addresses the issues and concerns. The action plan shall specify any specific actions that the participant must take in order to remain in the program. In compliance with the program requirements, the participant must respond to the SPC Services Manager within fifteen (15) days from the notice was issued.

Should the participant disagree with the warning notice, s/he may request an informal hearing with the SPC Services Manager to review the matter.

Step Three: Written Notice of Termination:

Should the participant not satisfactorily fulfill the terms and conditions as set forth in the written notice by stated due date, the participant will be sent a final notice, restating the actions that must be taken in order to remain in the program. The SPC Services Manager shall proceed with a termination by notifying the participant in writing that they are being terminated from the program. The notice must contain a clear statement of the reason(s) for termination.

The written notice of termination must also contain a statement that the participant has a right to an Informal Hearing for a review of the decision, in which the participant is given the opportunity to present written or oral objections and may be assisted or represented by a third-party advocate.

A participant who fails to request an Informal Hearing waives this right, and the decision to terminate them from the program becomes final.

Section 11: VACANCIES

For unexpected vacancies, such as death of the participants or in the case of incarceration for over thirty (30) days, the SPC will provide the rental subsidy for up to one month following the date of the month that the unit was vacated. No additional rental assistance will be provided until another participant occupies the unit.

In the event that a consumer dies, the staff member who learns of the death should notify the SPC Services Manager, the Director of Housing Programs, and the Chief Operating Officer and/or Executive Director of the decease date and the circumstances related to the consumer's death, both verbally and in the form of an Incident Report. A copy of the notification should be placed in the consumer's chart and the chart should be stored as would charts of consumers who have been discharged.

For planned vacancies, the SPC participant must provide the property owner with a written "30-Day Notice to Vacate." The SPC will terminate the rental assistance 30 days from the date the

owner is notified by the participant, unless the owner has consented to terminate the contract sooner.

Participants must notify the SPC Services Manager as soon as they have vacated their unit for any reason. If no written notice is provided, the SPC Services Manager will send the property owner a written 30-day notice of the contract cancellation, prior to termination of the rental subsidy.

The term “vacate” does not include brief periods of absence from the unit. The rent subsidy may continue during the inpatient/rehabilitative care, if less than ninety (90) days.

If the participant is liable for property damages or unpaid rent, the participant must take responsibility for these liabilities and must agree to a payment plan prior to being issued a new certificate.

Section 12: CLIENT RECORDS AND DATA COLLECTION

Upon move in, a client file is created. While organizing the file, staff verify all required documents are completed, signed and dated. Duplicate information should be removed from file.

Hope Solutions shall maintain records documenting program eligibility and their services provided to the consumers during their participation. All files are reviewed by the PSH Manager to ensure completion.

Required Records are as follows:

- Program Application
- Proof of Homelessness
- Proof of Disability
- Proof of Income
- Program Agreement
- Consent for Release of Information for Hope Solutions
- Consent for Release of Information for participation in HMIS
- Birth Certificates for Minor Household Members
- Marriage Certificate (if applicable)
- Valid Photo I.D.
- Social Security Card
- Progress notes
- Copy of lease agreements
- Consumer-related correspondence
- Service Match Documentation
- Program Exit Form for participants who have been discharged

Section 13: PRIVACY AND CONFIDENTIALITY

Hope Solutions respects participants' rights to confidential treatment records. All information obtained during the course of providing case management services is confidential and may not be revealed, shared, or discussed other than at closed meeting sessions, closed case conferences with the selected partner agency, or pursuant to guidelines for disclosure as described below.

A. *Written Consent*

Programs must obtain the informed, voluntary and written consent from the participants to release confidential information. A Release of Information form is valid only if it is signed, contains a specific statement of the information to be released, the purpose for which it is sought, the signed consent date, and the consent expiration date (or 12 months from the signed date, if left blank), the identity of the person to whom information will be given, the identity of the person within the agency releasing the confidential information, and a statement that the participant may withdraw their consent at any time. A copy of the signed release must be provided to the participants and must be maintained in the participant's file.

B. *Mandatory Reporting*

Hope Solutions follows written policies regarding disclosure of sensitive information pertaining to their participants in these types of situations to community authorities (see Hope Solutions Consumer Confidentiality Policies & Procedures). Staff must inform participants of these policies and must maintain a signed acknowledgment that participant has been informed of and understands the agency's policy in the participant's file.

C. *Emergencies*

Staff must maintain an up-to-date Release of Information form allowing them to disclose information regarding a participant's medical condition(s) during medical emergencies.

D. *Homeless Management Information System*

Hope Solutions is a participant in the Contra Costa County Homeless Management Information System (HMIS). HMIS has developed a Privacy and Confidentiality Policy to comply with HMIS requirements and protects the privacy of program participants regarding the client-level data that is collected for use in the HMIS. SPC participants will be asked to sign a consent for services along with a confidentiality agreement, acknowledging their receipt of the policies and willingness to participate in services.

Section 14: MATCH DOCUMENTATION

HUD regulations for Continuum of Care Programs require Hope Solutions, as the grantee/recipient of CoC program grant funds to match 25% of the total grant with cash and/or in-kind contributions. HACCC and/or Hope Solutions may use the value of any real property,

equipment, goods, or services contributed to the project as match, provided that if HACCC/Hope Solutions had to pay for them with grant funds, the costs would have been eligible under 24 CFR 578 Subpart D.

Hope Solutions may use service match collected using the supportive services tracking system in HMIS. Additionally, Hope Solutions may collect service match documentation related to primary and behavioral health services received by participants utilizing Contra Costa Health Services systems of care and maintain records that document the value of services provided by Health Services. All service match will be reported at least annually as part of APR submission or more often if requested.

“Supportive services” means services provided to SPC project participants for the purpose of enabling the participants’ ability to maintain independent living during the CoC program operating year.

The value of services will be calculated based upon CCHS’ electronic billing systems, which tracks the type and quantity of services utilized by each client, and assigns costs based upon the approved Medicaid reimbursement rate and matching dollars paid by local government for those types of services in the Contra Costa community.

No third party may deliver services for the purposes of meeting match requirements without the written consent of HACCC/Hope Solutions. Any agreements to have a third party provide services with the intent to capture the cost of those services to meet match requirements must be documented in the form of an MOU.

Section 15: NON-DISCRIMINATION

Hope Solutions adheres to the Fair Housing Act and Federal Civil Rights Laws. We will not discriminate against applicants or tenants based on race, color, national origin, sex, age, disability, religion, sexual orientation, gender identity, local residency, or familial status. In compliance with Section 504 regulations, we will take reasonable, nondiscriminatory steps to maximize the use of accessible units by eligible individuals whose disability requires the accessibility features of a particular unit. We will consider extenuating circumstances in the screening process for applicants with disabilities, where required as a matter of reasonable accommodation.

Section 16: LIMITED ENGLISH PROFICIENCY (LEP)

For persons who do not speak English as their primary language and those who have a limited ability to speak, read, write, or understand English; we will make reasonable efforts to provide language assistance. We will arrange to provide forms relating to tenancy in a language that is understood by the individual. We will make every effort to obtain oral interpretation and written translation services if deemed necessary.

Section 17: QUALITY MAINTENANCE PLAN

Case Management staff will receive weekly or as-needed supervision. Performance goals will be set, in accordance with staff goals and program/agency strategic plan goals.

Case Managers will meet with the SPC Program Manager on a regular basis to discuss specific clients, receive training and plan for program activities. On occasion, other service providers may be asked to attend case management meetings to share information and provide support for shared clients. The SPC Services Manager and Director of Housing Programs will collaborate regarding any urgent consumer issues, clinical approaches to client support, program changes, and changes to policies and procedures. In addition, each consumer's case is reviewed on at least a quarterly basis to assure that all staff are familiar with the goals and intervention plans for all consumers in the program.

Hope Solutions support service staff will meet regularly to receive training and to discuss ways to improve the services provided. Property Management staff will be included in trainings as appropriate. Staff will also collaborate with each other across programs to access the most appropriate skills and levels of support for all individuals/families served.

All Hope Solutions staff should have a designated back-up person when they have scheduled paid time off. Staff are responsible for working with their supervisor to ensure back-up coverage for any and all consumer concerns prior to their scheduled time off. This is to ensure all consumers are covered and will reduce the risk for a lapse in services at any given time.

An annual consumer satisfaction survey will be distributed to all residents. Results will be tabulated and communicated to Hope Solutions staff to make any needed program improvements.

All paper case files will be maintained in HIPAA compliant locked cabinets. Only Hope Solutions staff will have access to these files. Files will be updated for resident goals and self-sufficiency matrix progress semi-annually. Files will be reviewed for completeness periodically by supervisors. (Chart review check sheet attached). All staff will be trained in HIPAA compliance annually.

Files will be closed when residents request to discontinue receiving support services or when they move from their housing program (Note: aftercare can be provided to former residents for up to 30 days after they move from their housing program, although this may need to be provided away from their former housing site/location). All closed service files are kept for 7 years after the termination of services or for 7 years after the youngest child served in the family turns 18 years of age. After that time files are shredded to maintain confidentiality.

Section 18: MISCELLANEOUS

Hope Solutions recognizes this Policy and Procedure Manual as a living document which may be updated on an as-needed basis to match program changes required by the HUD, the State of California, HACCC, the Contra Costa County Continuum of Care and/or Hope Solutions. Any additional documentation and support forms can be made available upon request.