Written Standards

for programs that

End & Prevent Homelessness

Updated
June 2024

How To Use This Document

1. Take a moment to check in with yourself.

- Who are you? What brings you to this document?

2. Look over the Table of Contents & Read the Introduction

- Each of the lines in the Table of Contents is a link to the referenced topic
- What questions do you have?

3. Review the Acronyms

- This document utilizes multiple acronyms to communicate programs and systems. The acronyms you will see most often are:
  - CoC-Continuum of Care
  - ESG-Emergency Solutions Grant
  - HUD-United States Department of Housing & Urban Development
  - CES-Coordinated Entry System
  - HMIS-Homeless Information Management System
- A full glossary of HUD terms can be found by clicking here.

4. Interact with this Document

- There are links to additional resources located throughout the document. They are all underlined and/or will say *click here*
- Take your time to engage with the provided resources to strengthen your understanding and practical use of this document

5. Understand the Values

- This document outlines basic values that should inform the work you do-the list below is a brief overview of system values:
  - Housing First
  - No-Wrong Door
  - Equity
  - Inclusion
  - Trauma-Informed

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Introduction

This document provides written standards for organizations delivering housing and services for people experiencing or at-risk for homelessness in Montgomery County, Maryland defined by the United States Department of Housing and Urban Development (HUD) as the Montgomery County Continuum of Care (CoC), CoC Number: MD-601.

Compliance with these standards is required for all programs funded by the Montgomery County Department of Services to End and Prevent Homelessness and HUD, including, but not limited to, the HUD CoC and Emergency Solutions Grants (ESG) programs. Adherence to and successful implementation of these written standards is built into both contract monitoring and the project scoring and ranking process for annual CoC and ESG grant competitions.

As a network of service providers, funders, advocates, utilizers and community partners, the Montgomery County CoC has a mission to end and prevent future homelessness. These standards provide a basis for delivering a coordinated systemic response to homelessness that is based on community values, needs, and best practices in the sector and provides a uniform and equitable experience for all families and individuals experiencing homelessness or a housing crisis in our community.

Goals

Goal 1

To make homelessness a rare, brief, and non-recurring event.

Goal 2

Ensure safe housing is accessible and available to all people.

Goal 3

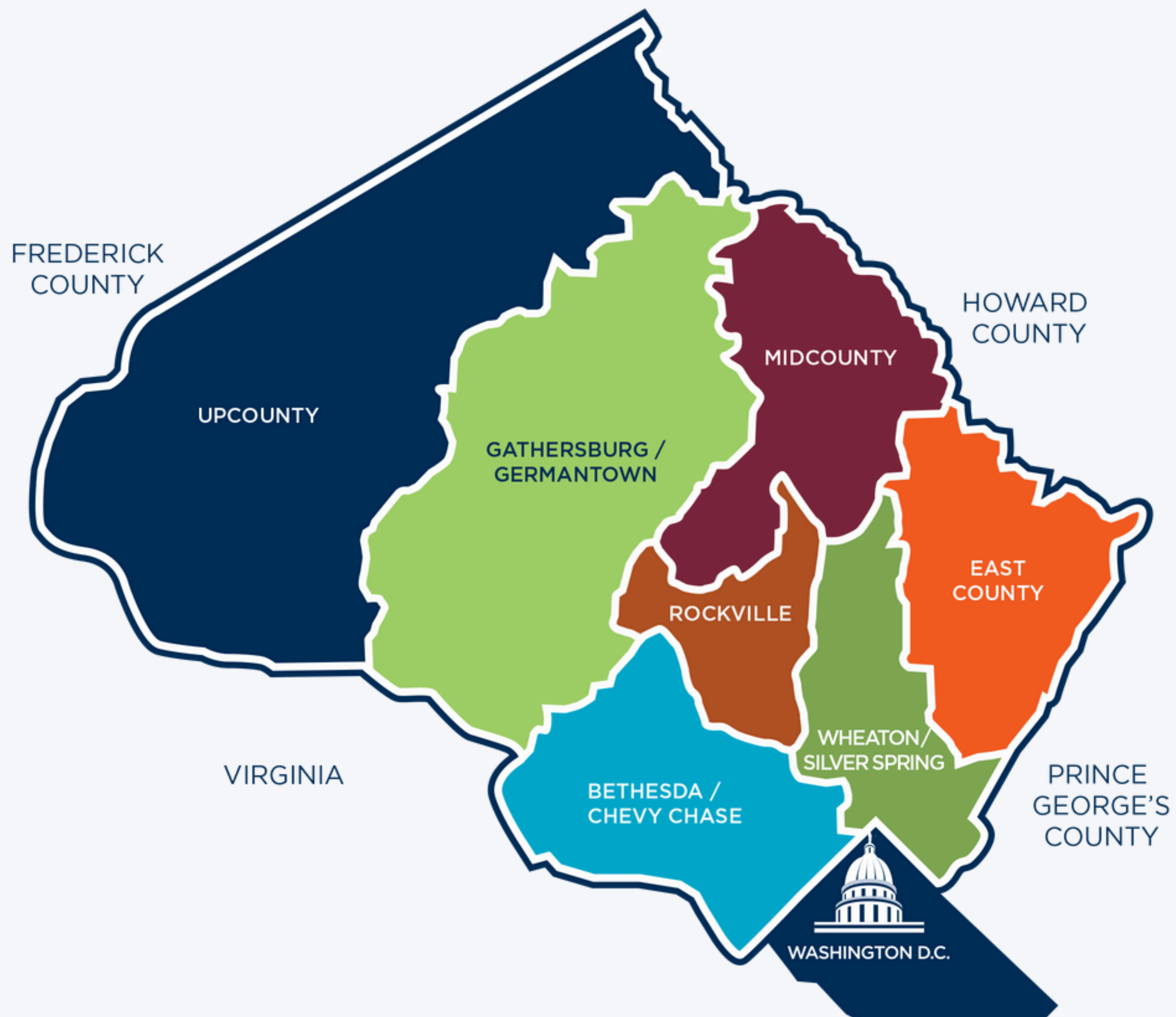
To functionally end homelessness in Montgomery County.

Montgomery County is located on the northern border of Washington, DC and on the eastern border of Virginia. Baltimore is northeast and Annapolis is directly east of the county.

The communities located within the boundaries of Montgomery County are:

- UpCounty
- Mid County
- East County
- Gathersburg/ Germantown
- Eastern Montgomery
- Silver Spring
- Bethesda
- Wheaton
- Rockville

The communities represented within this CoC are shown in the map below.



Overview

Vision & Guiding Principles

The vision of the Montgomery County CoC is embodied in the Housing for All approach. Paramount to this vision is the fundamental belief that homelessness is a solvable problem.

Housing for All embodies the guiding principles and shared values of our County and CoC which are:

- Operation of a person-centric system of care
- Commitment to a comprehensive crisis response system
- Expansion of housing solutions based on the needs of the community

The Montgomery County CoC practices a person-centered model that strongly incorporates participant choice and inclusion of people present in Montgomery County, including, but not limited to, veterans, youth, families with children, and victims of domestic violence. We aim to uphold a solutions-oriented system that centers equitable practices, policies, and programs. Participants within the CoC and ESG are expected to operate with a common vision: access by all to safe, affordable housing, and opportunities to improve quality of life.

Montgomery County has the expectation that all CoC participants implement and uphold low-barrier and trauma-informed practices and policies to ensure a Housing First Approach. CoC and ESG programs are expected to operate with the understanding that everyone is always ready to be housed, regardless of their behavior or additional complications. Additionally, our approach to Housing First principals seek to decenter mental illness, poverty, joblessness, or disability as reasons for homelessness, but rather to center homelessness as the main barrier to stabilization.

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act. Among other changes, the HEARTH Act consolidated the three separate McKinney-Vento homeless assistance programs (Supportive Housing Program, Shelter Plus Care program, and Section 8 Moderate Rehabilitation Single Room Occupancy program) into a single grant program known as the Continuum of Care Program. The overall goal of the HEARTH Act is to make homelessness rare, brief, and non-recurring by reducing the duration of time people spend homeless and reducing recidivism back into homelessness. The CoC also partners with other funding streams, such as the ESG program, and other state and local resources to accomplish this goal. The Act has established a set of selection criteria for HUD to use in awarding CoC funding that require CoCs to report to HUD their system-level performance. This is to encourage CoCs, in coordination with ESG Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD.

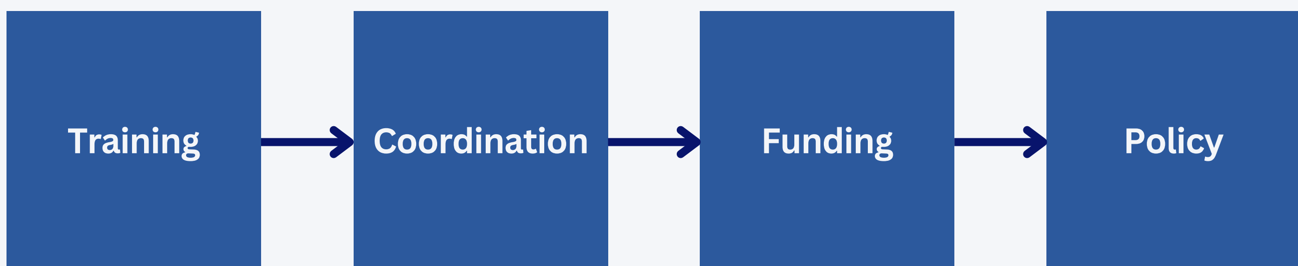
Click here to review HUD Monitoring & Review Guidance

Written Standards

According to HUD, all metropolitan cities, urban counties, or territories must have written standards for providing assistance and must consistently apply those standards for all program participants.

Written Standards include:	Goals of the Standards Are To:
Policies and procedures for evaluating individuals' and families' eligibility for assistance in the CoC Program.	Establish and maintain community-wide expectations on the operations of projects within the community that create system-wide consistency and coordination.
Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid re-housing assistance.	Ensure that the system is transparent and that the local priorities are known and informed by system utilizers, providers, and funding recipients.
Expectations of CoC & ESG partners and service providers.	Develop a standard of operating for all programs based on intentional and continuous feedback from system utilizers, partners, and staff.

Montgomery County has the expectation that all system participants implement and uphold these standards as the minimum expectation of program operation. Providers are encouraged to employ and exceed these standards to the fullest extent in order to best meet the needs of all system utilizers. These standards will be reviewed at minimum annually and are to be revised on an as-need basis to align with the most current best-practice standards and system values. These standards help to inform:



Continuum of Care

The CoC is a regional or local planning body that coordinates federal housing and services funding for families and individuals experiencing homelessness, and is funded by HUD. The CoC coordinates the community's policies, strategies, and activities toward ending homelessness.

The CoC's responsibilities include:

- **Gathering and analyzing information** to determine the local needs of people experiencing homelessness through:
  - soliciting feedback from the People's Committee
  - utilizing data from the Pulse For Good kiosks within the shelters
  - providing and encouraging the use of surveys to system utilizers
  - communicating the grievance and complaint process for each program
  - implementing ongoing strategies for eliciting feedback from system utilizers
  - requiring providers to engage in robust data collection and analysis

- **Implementing strategic responses** to meet the needs of the community through:
  - ongoing processes for reviewing feedback and making recommendations for improvement
  - identifying opportunities for collaboration between providers, ICH committees and policy makers to evaluate programming within the CoC
  - implementing efforts to coordinate wrap-around services

- **Educating the system and community** on the barriers, needs, and trends of persons experiencing homelessness by:
  - utilizing community meetings and feedback
  - communicating data and feedback received within the system to appropriate parties

- **Measuring system performance** by:
  - gathering and analyzing aggregate data on total population, safety issues, service referrals, discharge data
  - analyzing system feedback and PWLE testimony
  - collecting feedback from staff and providers

- **Providing coordinated oversight** to CoC funded programs through:
  - extensive use of utilizer feedback (Pulse for Good kiosks, surveys, focus groups, complaint hot-lines, People's Committee, etc.)
  - reviewing all contracts annually
  - monitoring performed by Services to End and Prevent Homelessness (SEPH),
  - holding monthly meetings of the Oversight Committee to review system performance and utilizer feedback to address problems identified within specific programs quickly and efficiently

The Montgomery County CoC will hold meetings of the full CoC membership at least semiannually. Meeting agendas will be posted online at the Montgomery County CoC website for review prior to the meeting. The CoC shall be open to any organizations or persons residing or doing business in Montgomery County with an interest in preventing and/or ending homelessness in the community. Membership may include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, philanthropic groups, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and PWLE.

The Montgomery County CoC recognizes the disproportionate impact that racism has on our systems and the utilizers of those systems. To address racial disparities and gaps in our system, we will utilize the CoC Analysis Tool to engage in continuous growth and improvement efforts to better meet the needs of those most vulnerable within our community.

Click here to learn more about the CoC Policies and Procedures.

Emergency Solutions Grant Program

The ESG program aims to assist people quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

The following ESG activities are in consultation with the Montgomery County CoC:

- Participates in the CoC’s coordinated assessment system
- Follows the CoC written standards for providing assistance
- Monitors performance of ESG recipients (if applicable)
- Evaluates outcomes of projects funded under ESG
- Takes action against ESG projects that perform poorly
- Reports the outcomes of ESG projects to HUD annually
- Ensures consistent participation by ESG recipients and subrecipients (if applicable) in the HMIS system
- Consults with state and local government ESG recipients within the Montgomery County CoC on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients

The program provides funding to:

- Engage individuals and families experiencing street homelessness.
- Improve the number and quality of emergency shelters
- Help operate shelters
- Provide essential services to shelter utilizer
- Rapidly re-house homeless individuals and families
- Prevent families and individuals from becoming homeless

System Roles

Montgomery County Department of Health and Human Services (DHHS)

- Lead Agency:
  - provides technical, administrative and meeting support to the CoC
- Collaborative Applicant:
  - prepares and submits the CoC funding application to HUD
- Enforcement Agency:
  - ensures that all system participants meet minimum requirements
- HMIS Lead:
  - provides oversight and implementation support HMIS

Interagency Commission on Homelessness (ICH)

ICH is the governing and decision-making body of the CoC & includes representatives from:

- the Department of Health and Human Services
- the Department of Housing and Community Affairs
- the Office of the County Executive
- County Council
- the Housing Opportunities Commission
- the County's Legislative Delegation
- representatives of government agencies
- homeless service providers
- private organizations
- current or former system utilizers
- healthcare providers
- private philanthropic organizations or foundations
- affordable housing developer
- at least two general public members who are utilizer of the County

ICH also appoints various committees to engage in the CoC work and make recommendations. These committees include:

- People's
- Racial Equity
- Outcomes and Improvement
- Youth
- Workforce Development

Click here to learn more about the CoC governance structure and advisory committees.

System Standards

Person-Centered Culture

A person-centered culture ensures that communications, values and actions convey respect, view all persons as experts in their own lives, and equally emphasizes quality of life, wellbeing, and informed choice.

Every member of the system is expected to foster an easy-access, supportive, and friendly environment for all people. Providers are expected to engage system utilizers without judgment and by utilizing soft skills, such as emotional intelligence, self-awareness, active listening, and empathy.

In a person-centred culture, the focus is on people first. Delivering person-centred services involves providing for system utilizers beyond their condition and tailoring services to suit their individual wants and needs. The Montgomery County person-centered approach is about respecting that system utilizers have their own views on what's best for them, and have their own values and priorities in life. To fully adhere to and create a person-centered culture, all providers are expected to understand these basic terms:

Culture is a dynamic system of rules, explicit and implicit, established by groups to ensure their survival, involving attitudes, values, beliefs, norms and behaviors.

Cultural humility is the lifelong process of self-reflection and critique where the person not only learns about other cultures but examines their own beliefs and cultural identities.

Cultural norms are behavior patterns that are typical of specific groups. They are often passed down from generation to generation by observational learning by the group's "gatekeepers" such as parents, teachers, religious leaders and peers.

Intersectionality is the intersection between gender, race, and other categories of difference in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcome of these interactions in terms of power

To best achieve a person-centered culture, recipients and participating programs are expected to require and maintain regular trainings for all staff. **Mandatory trainings include are outlined on page 36, Program Staff Training Requirements**. All system participants and recipients are expected to maintain records of trainings completed by all staff. Lack of compliance with training requirements will render participants ineligible for additional and future funding opportunities through the CoC, ESG, and DHHS programs. DHHS, the People's Committee, and all other relevant contributors will assess the compliance and effectiveness at minimum annually. Training requirements including topics and frequency can and will be updated based on the findings of each assessment process.

Click here to learn more about cultural humility and creating a person-centered culture.

Housing First

Housing First is based on the understanding that system utilizer choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a system utilizer more successful in remaining housed.

All programs are expected to simplify the process of accessing housing through streamlining the application process and removing all unnecessary barriers and documentation.by ensuring the outcomes listed in the table below.

Housing First Compliance Ensures That:	
Programs are low-barrier	The eligibility criteria for the housing meet the minimum standards and do not have additional barriers imposed. Additionally, the application process is streamlined, clearly stated and separate from any assessment for services. It includes the minimum number of questions needed to determine tenant eligibility.
Participants are given a lease	System utilizers should be held to consistent standards are not subject to conditions of tenancy exceeding that of any other leaseholder, including participation in treatment or other services.
Services are voluntary	Housing is not contingent on compliance with services, sobriety, or participation in religious services.
There is no minimum income requirement	Housing programs prioritize those with the most barriers to stability. Inability to pay should not limit a utilizer's access to safe, stable housing.
Programs are accessible to persons with the highest barriers to housing.	Programs are not screening persons out based on active or history of substance use; type or extent of disability related support needed; resistance to receiving services; history of eviction, poor credit, lease violations, or no lease history; prior or current involvement with the criminal justice systems; or history of victimization

System utilizer choice also acknowledges that many subpopulations have needs that cannot be appropriately addressed by the homeless system alone. Best-practice in utilizer choice includes appropriately assessing the needs of each person on a wholistic level. Providers are encouraged to work in conjunction with other evidence-based CoCs to offer informed choices that will best meet the needs of each individual.

Click here to learn more about Housing First practices and resources

Inclusion of Persons with Lived Expertise

Engaging people with lived expertise is an urgent and necessary matter. Meaningful engagement practices result in system and programmatic implementations that are more relevant and responsive.

Each project funded by the CoC is expected to engage system utilizers in:

- system utilizer interaction
- program creation
- ongoing and regular program evaluation
- quality improvement processes
- hiring and staffing

Meaningful engagement of individuals with lived expertise means including them in all decision-making processes related to policy, funding, program design, and implementation. Before any decisions are made, all CoC, ESG recipients, and funded programs should collaborate with people who have lived expertise, centering their voices and experiences and considering them to be the most valid and informed. This requires people who have held those decision-making spaces to consistently share power with and relinquish power to those individuals.

Engagement can and should occur in a variety of spaces and ways including conducting listening sessions and inviting persons with lived expertise to serve as an advisor or as a member of a Community Action Board. When asking system utilizers for their time and insight for intense and continuous activities, particularly for focus groups or regular meetings, programs must offer compensation. Moreover, compensation must be equitable and appropriate to the work done. The payment process should be determined by assessing system utilizer preference and otherwise consistent with each entity's internal contractor payment process.

All programs are encouraged include a preference for hiring staff with lived experience within their workforce development plans. Peers should be utilized at all levels of the agency and especially in all positions with direct system-utilizer interaction, policy development duties, and in program development/expansion discussions. Processes for recruiting PWLE, structuring opportunities to elicit feedback, recording their insights, and implementing their proposed ideas must be documented and submitted to DHHS annually.

Responsible Record Keeping

System utilizers' qualifications, eligibility documentation, and other program participant records must be retained for five years after the expenditure of all funds from the grant under which program participants were served.

Record keeping requirements include:

- All records containing personally identifying information (PII) must be kept secure and confidential
- Programs must have a written confidentiality/privacy notice, provided to the system utilizer if requested
- Documentation of homelessness (following HUD guidelines)
- A record of services and assistance provided to each system utilizer
- Documentation of any applicable requirements for providing services/assistance
- Documentation of use of the coordinated assessment system
- Documentation of use of HMIS
- Records must be retained for the appropriate amount of time as prescribed by HUD

No-Wrong Door

No-Wrong Door systems empower persons to make informed decisions, to have autonomy in their housing, and to achieve their personal goals and preferences.

The No-Wrong Door approach considers and establishes system entry support at any place persons experiencing homelessness frequent including libraries, hospitals, and jails. This entry method is supported by trained staff at each location utilizing the housing screening tools and entering persons in the housing prioritization registry. Any trained staff conducting intake assessments are expected to adhere to all equity and non-discrimination standards as determined in this document.

At a minimum, all staff, volunteers, and agencies within the CoC and ESG are required to continuously improve adherence to best-practice by completing the following:

- Reviewing the Implementation Plans & Guidance issued by USICH on the All In by 2025 plan to reduce and end homelessness
- Requiring trainings on a minimum of:
  - Trauma Informed Practices
  - Housing First Implementation
  - Bias, including, but not limited to: Anti-Racism, LGBTQIA+, cultural competency, justice-system involvement, substance use and other mental/behavioral health diagnoses

DHHS and appropriate partners will coordinate with all identified No-Wrong Door location staff to ensure training and referral standards are met. Program staff are expected to make a reasonable effort to communicate with all identified locations within their catchment area and coordinate with location staff as needed.

Trauma-Informed

Trauma-Informed Housing is an approach to designing and operating rental housing that prioritizes people and their wellbeing.

Montgomery County CoC recognizes Trauma-Informed Practice as a best-practice and therefore a standard of all housing programs within the Continuum. All programs under the CoC and ESG must establish practices and policies which promote Trauma-Informed principles.

Activities that promote Trauma-Informed Housing principles include, but are not limited to:

- Writing all materials for including intake/application forms in culturally responsive language
- Allowing intakes and documentation to be completed verbally
- Ensuring that staff are culturally representative and aware
- Assisting utilizers in understanding the content of written materials, when necessary
- Multilingual staff, translated materials, and/or interpretation and translation services are available to system utilizers, as needed
- Training for stall at all levels on evidence-based best practices a minimum of annually or as needed in additional to the annual requirement
- Coordination throughout the Continuum to ensure that the community application processes, documentation of eligibility, and intake processes are streamlined, trauma-informed, culturally responsive, and efficient, which will seek to limit the number of times utilizers are asked for information

Additionally, the Urban Institute offers recommendations on trauma-informed practices, summarized below:

- Reflect on relationships and power dynamics;
- Offer full transparency about process and results before, during, and after every engagement;
- System Utilizers have a right to make informed decisions and have autonomy and agency over their participation in data collection and not have their decision impact their continued access to quality services;
- Providers collecting feedback have a responsibility to system utilizers to meet them where they are, to be flexible, and responsive to what people need and respectful of their individual capacity.

Additional guidance on Trauma-Informed programs can be found by clicking here.

Non-Discrimination

The CoC and all subrecipient organizations receiving CoC or ESG Program funds must comply with applicable equal access and nondiscrimination provisions of federal, state and local civil rights laws.

The CoC does not tolerate discrimination on the basis of race, color, national origin, ancestry, religion, age, familial status, veteran status, disability, sex, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, proficiency in the English language or other reasons prohibited by law.

At a minimum, the providers within the CoC must comply with all federal statutes including:

- The Fair Housing Act
- Title VI of the Civil Rights Act
- The Age Discrimination Act of 1975
- Section 504 of the Rehabilitation Act
- The Americans with Disabilities Act
- The Housing Justice Act

Programs must also meet the requirements of the Equal Access in Accordance with an Individual's Gender Identity regulation, and the requirements of executive orders regarding equal employment opportunity. Please see 24 CFR 5.105 for a full list of applicable federal laws, regulations and Executive Orders.

Housing Justice Act

The Housing Justice Act aims to strengthen protections against housing discrimination in the County and help to advance racial equity and social justice. This legislation limits inquiries into certain types of arrests and convictions in rental housing applications and requires increased transparency during the criminal background and credit check process.

All housing providers, landlords, and property managers must abide by the Housing Justice Act. At a minimum, this means that:

- Rental applications must include all criminal and credit history requirements
- Rental rates must be determined based on market demand and not on any discriminatory factors such as the source of income
- A criminal background check can not be conducted on prospective applicants until after making a conditional housing offer
- Rental owners are prohibited from inquiring or making a denial decision based on certain arrests, non-violent crimes, or low-level misdemeanor offenses
- A landlord cannot deny an applicant based on any arrest where there was not a conviction

Examples of non-violent crimes under the Housing Justice Act include:

- Trespassing
- Public Urination
- Marijuana Possession
- Refusing to Leave a Public Building
- Misdemeanor Theft
- Indecent Exposure
- Other low-level misdemeanors & non-violent felonies

Fair Housing & Equal Opportunity

The Fair Housing Act prohibits discrimination based on membership in a protected class in a broad range of housing-related activities, including refusing to lease a unit or otherwise denying use of a dwelling. It also prohibits discriminating in the terms, conditions, privileges or in the provision of services or facilities in connection with a dwelling.

CoC and ESG participants and subrecipients are required to implement programs that affirmatively further fair housing and promote equal opportunity, which means that the program must:

- Affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability
- Marketing should target those least likely to apply without special outreach, and records should be maintained of all marketing activities
- Where a recipient encounters a condition or action that impedes fair housing choice for current or prospective project participants
- Provide project participants with information on rights and actions available under applicable federal, state, and local fair housing and civil rights laws

Additionally, CoC and ESG programs must take appropriate steps to ensure effective communication with all persons including people with disabilities and people with limited English proficiency. Some examples of inclusionary methods include:

- Having easy access to translation services
- Designing materials in multiple languages
- Utilizing simplistic type faces and fonts in all materials
- Ensuring that all programs have staff representative of the people they intend to serve
- Considering barriers to accessing system services and facilities before offering services
- Engaging in Harm Reduction practices
- Training staff and volunteers on appropriate crisis interventions

The Montgomery County Interagency Fair Housing Coordinating Group was established to facilitate and promote the County's efforts to prevent discrimination in housing. This group has developed a comprehensive program of testing for discrimination in rental practices as determined by the Office of Human Rights' Compliance Section. Persons who have experienced housing discrimination have the right to file a complaint with the Interagency Fair Housing Coordinating Group online or by calling 240-777-8450 or 240-777-8480.

The Equal Opportunity Act prohibits discrimination in housing on the basis of race, color, religion, sex, national origin, disability, sexual orientation, gender identity, and familial status. All programs are responsible for upholding this law and ensuring equal access to HUD and ESG programs.

Homeless Information Management System (HMIS)

HMIS is a local information technology system used to collect system utilizer-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness.

HMIS is administered by HUD through the Office of Special Needs Assistance Programs (SNAPS) as its comprehensive data response to the congressional mandate to report annually on national homelessness. All programs, with the exception of those serving persons fleeing domestic/interpersonal violence, within the Montgomery County CoC and ESG are required to maintain adherence to the minimum data standards as established by HUD.

Review the Montgomery County HMIS Policy and Procedure here.

Montgomery County expects that all programs are utilizing best-practice data collection standards. HUD's utilizer-Centered Approach to Collecting HMIS Data specifically developed improved practice when collecting information regarding gender-identity, race & ethnicity, and preferred language. The expectation within our Continuum is that all staff at all levels are well trained and culturally competent. Training on proper data collection, system use, and privacy expectations are required prior to any staff or system member gaining access to the HMIS system and should be re-conducted on an annual basis or when new guidance is introduced by HUD.

Data collection is a necessary and import tool within the CoC. It is expected that all programs utilize best-practice standards when collecting and reporting data. The CoC and ESG uses data from the HMIS for a variety of HUD reports, as well as the annual Notice of Funding Opportunity (NOFO). In the NOFO, HUD looks at the data quality for the universal and program specific data elements. To improve the CoC score on the HMIS section of the NOFO, the Montgomery County CoC aims to produce regular data quality reports which help providers improve the quality of their HMIS data. Programs are encouraged to examine their data before uploading into HMIS and to run data quality reports on a regular basis. utilizer data must be updated at least once annually.

When examining data, check for:

- Completeness (e.g. missing data)
- Duplicate system utilizer records
- Data accuracy (e.g. Veterans are 18 and older)
- Timeliness (e.g. all system utilizer data should be entered within 3 business days)

Learn more about HMIS by clicking here.

Coordinated Entry

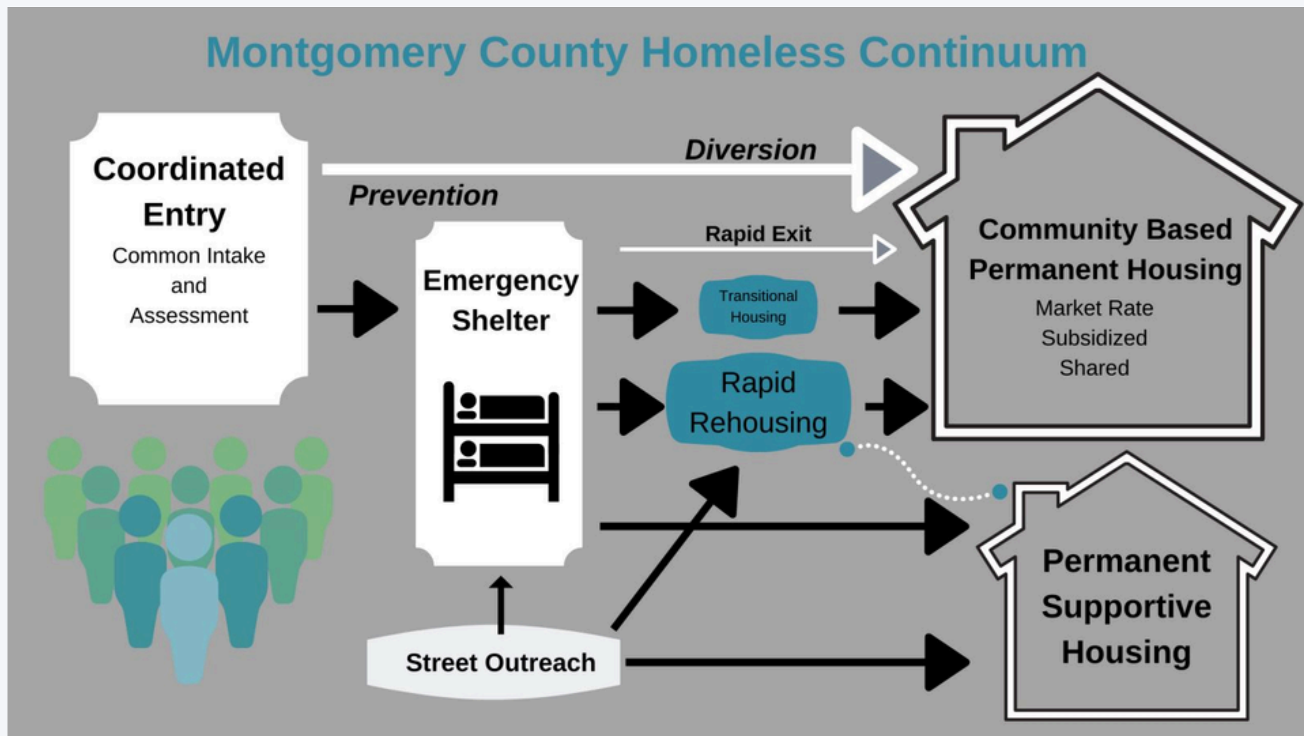
A Coordinated Entry System (CES) is a HUD mandated, evidence-based strategy that focuses on housing and service coordination to link homeless system utilizers to the most appropriate housing solution based on their needs. The goals of an effective CES are to quickly identify homeless system utilizers, to prevent homelessness whenever possible, to appropriately assess the needs of system utilizers that request help and to connect them to housing and services quickly.

Core components of CES as defined by HUD include:

- Prioritization
  - having a transparent way to prioritize system utilizers who are most vulnerable;
- Low Barrier
  - operating programs that do not screen system utilizers out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record;
- Housing First Orientation
  - housing system utilizers quickly without preconditions or service participation requirements
- Person-Centered
  - incorporating system utilizer choice in the type of housing and level of services and other options that are relevant to success;
- Fair and Equal Access
  - developing processes in which all system utilizers have fair and equal access to the coordinated entry process, regardless of where or how they present for services;
- Emergency Services
  - ensuring that CES does not unintentionally impede access to emergency shelter; and
- Standardized Access and Assessment
  - offering the same assessment approach and referrals using uniform decision-making processes.

All programs within the Montgomery County CoC and all other federal, state and county-funded homeless programs must comply with the CES as outlined in this document. All CoC and programs must use the CES as the only referral source from which to consider filling vacancies in housing. The CES is open to all Montgomery County utilizer who meet the HUD definition of homelessness.

Click here to learn more about the CES Policies and Procedures.



Access

Montgomery County utilizes a No-Wrong Door approach to the CES by adding non-traditional partners to the process. This method seeks to reduce system barriers by decentralizing the access points for entry.

The Montgomery County CoC access points cover the entire geographical area of the CoC. Additionally, the No-Wrong Door approach considers and establishes system entry support at any place persons experiencing homelessness frequent. Montgomery County has developed a universal referral form that determines homeless eligibility and will triage and navigate individuals who present at mainstream access points to shelters for more comprehensive assessment. This form is used to direct people to the appropriate shelter where more thorough services, shelter or prevention services may be accessed.

Additionally, the CES access to eligibility determinations, basic services, triage assessment and shelter referrals from comes from multiple community access points across the County including homeless shelters serving individuals, the County Corrections, the County Hospitals and through homeless outreach teams. The most common points of entry are shelters and street outreach. Staff at both singles and family access points will be trained to serve youth wherever they present. The current access points for families and youth within the Montgomery County CoC CES are provided in chart beginning on the next page.

FAMILIES WITH DEPENDENT CHILDREN AND UNACCOMPANIED YOUTH

Department of Health & Human Services

Eligibility Requirements:

- Montgomery County resident.
- Household income at or below 60% of the area median income.
- Household has not received an eviction prevention grant in the past 12 months.
- Has received a court summons, judgement or "red and white" notice from the Sheriff's Office related to an eviction or "put-out" notice from landlord.

Required Documents:

- Photo ID for all adults living in household.
- Current balance for checking and savings account.
- Proof of monthly income for all adult household members.
- Proof of expenses (e.g., utility bills, phone bills, car expenses, child care, rent/mortgage).
- Eviction paperwork (court summons, judgement, or "red and white" notice from Sheriff's Office related to an eviction or "put-out" notice from landlord).
- Rental ledger.
- Utility bill indicating disconnection date or that service is off.

Locations	Services Provided
Rockville 1301 Piccard Drive Second Floor Rockville, MD 20850 240-777-4550 **Germantown** 12900 Middlebrook Lane Second Floor Germantown, MD 20874 240-777-4448 **Silver Spring** 8818 Georgia Avenue Silver Spring, MD 20910 240-777-3075	**M-F, 8:30 am- 5 pm** • homeless prevention • utility assistance • domestic violence referral • homeless eligibility screening Triage hours available on Tuesday evenings from 5-7 pm

24-Hour Crisis Services	
Eligibility Requirements: • Montgomery County resident. **Required Documents:** • Proof of residency • Photo ID	
Locations	**Services Provided**
Crisis Center 1301 Piccard Drive First Floor Rockville, MD 20850 240-777-4000	Information regarding system services and eligibility standards

SINGLES AND UNACCOMPANIED YOUTH

Corrections	
Locations	**Services Provided**
Montgomery County Detention Center 1307 Seven Locks Road Rockville MD 20854 240-777-9960 **Montgomery County Correctional Facility** 22880 Whelan Lane Boyds, MD 20841 240-773-9700 **Montgomery County Pre-Trial Services and Pre-Release Center** 11651 Nebel Street Rockville MD, 20852 240-777-5400	• MC Universal Referral Form completion • Basic eligibility determination • Referral to shelter for prevention shelter access or more comprehensive housing

<table>
<tr><th colspan="2">Hospitals</th></tr>
<tr><th>Locations</th><th>Services Provided</th></tr>
<tr><td>MedStar Montgomery Medical Center
18101 Prince Philip Drive Olney, MD 20832
855-633-0207

Suburban Hospital
8600 Old Georgetown Road Bethesda, MD 20814
301-896-3100

Holy Cross Hospital
19801 Observation Drive Germantown, MD 20876
301-557-6000

Adventist Health Shady Grove Medical Center
9901 Medical Center Drive Rockville, MD 20850
240-826-6000

Adventist Health Washington Adventist Hospital
7600 Carroll Avenue Takoma Park, MD 20912
301-891-7600</td><td>• MC Universal Referral Form completion
• Basic eligibility determination
• Referral to shelter for prevention shelter access or more comprehensive housing</td></tr>
<tr><th colspan="2">Emergency Shelters</th></tr>
<tr><td>Men’s Shelter
Montgomery County Coalition for the Homeless
600-B East Gude Drive
Rockville, MD 20850

Women’s Shelter
Interfaith Works
2 Taft Court, Suite 100
Rockville, MD, 20850</td><td>• VI-SPDAT shelter
• prevention services
• housing referral</td></tr>
<tr><th colspan="2">In-Reach</th></tr>
<tr><td>Interfaith Works Empowerment Center
8106 Georgia Avenue, Second Fl.
Silver Spring, MD 20910
301-585-4471

Shepherds Table
8106 Georgia Avenue, First Floor
Silver Spring, MD 20910
301-585-6643

Youth Drop-In Center</td><td>M-F, 8:30 am-6 pm

• VI-SPDAT
• prevention services
• shelter/housing referral</td></tr>
</table>

<table>
<tr><th colspan="2">Youth Specific</th></tr>
<tr><th>Locations</th><th>Services Provided</th></tr>
<tr><td>MoCo ReConnect- Drop In Center
11319 Elkin St, Silver Spring, MD 20902
(301) 966-7587</td><td>For youth ages 16-24
• Street Outreach
• Sexual health
• Housing case management
• Laundry
• Meals at noon and 5:00 pm
• Hygiene items
• Mental health supports
• Case management & support
• Rest and respite from this crazy world</td></tr>
<tr><th colspan="2">No Wrong Door</th></tr>
<tr><th>Locations</th><th>Services Provided</th></tr>
<tr><td>A comprehensive list of local libraries can be found by clicking here.</td><td>• MC Universal Referral Form completion
• Basic eligibility determination
• Referral to shelter for prevention shelter access or more comprehensive housing</td></tr>
</table>

Domestic Violence Survivors

The safety of persons fleeing domestic violence situations is a priority for Montgomery County.

Families and individuals that are deemed to be fleeing domestic violence will be immediately referred to the Montgomery County DHHS Behavioral Health Services, Abused Persons Program. This comprehensive and robust County driven service provides crisis and ongoing counseling, group counseling and support groups, crisis shelter, support and advocacy services. Families may also access services through the Housing Stabilization Services related to welfare support, food stamps and county specific benefits.

Violence Against Women Act (VAWA) provides various protections to victims of domestic violence, dating violence, sexual assault, and stalking under the CoC Program and other HUD programs. For the purposes of the CoC Program and other HUD programs, the definition of "homeless" to include any individual or family who is:

- Experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized;
- Has no other safe residences; and
- Lacks the resources to obtain other safe permanent housing.

Domestic/Interpersonal Violence Resources	
Eligibility Requirements: • Anyone who is experiencing or has experienced domestic violence is eligible to receive services. • All the services at the Family Justice Center are free of charge and can be provided in any language. • Walk-ins are welcome, there is no need for an appointment. Free parking is available in the building's garage, located on the Jefferson Street side. The Center is also walking distance from the Rockville Metro Station (Red Line) and several bus stations.	
Locations	**Services Provided**
Family Justice Center 600 Jefferson Plaza, Suite 500 Rockville, MD 20852 240-773-0444	• Assistance Services • Counseling • Legal • Immigration

Domestic & Interpersonal Violence Resources Continued	
Eligibility Requirements: • All Montgomery County utilizer or victims of domestic violence committed in Montgomery County **Required Documentation:** • Proof of income • Court documents if available	
Locations	**Services Provided**
Abused Persons Program 1301 Piccard Drive, Suite 1400, Rockville, Maryland 240-777-4195 or 240-777-4210	• Shelter • Advocacy • Legal • Counseling • Group Therapy • There is no charge for assistance services • Individual counseling (0-$40) and group counseling (0-$20) services are based on a sliding scale • The first session of counseling services is free and subsequent sessions are based on a sliding scale, depending on income • Cash, checks and credit cards are accepted

Assessment

All Montgomery County CES locations are required to offer the same assessment approach and referrals using transparent and uniform decision-making process

Persons seeking system access should not be limited due to lack of previous engagement, prior refusal to participate or answer questions, or any additional system barriers such as history of a mental health or substance use diagnosis, history of justice system involvement, lack of income, or poor credit. For a full list please review the CES policies and procedures referenced above.

To begin the assessment process:

- Persons experiencing a housing crisis are connected with shelter through a crisis intervention location
- Within 5-7 business days skilled intake workers complete assessments via the HMIS and connect system utilizers to direct housing placements or place them on a prioritization list.

For singles, families and youth, the Vulnerability Index-Service Prioritization and Decision Assessment Tool (VI-SPDAT) is used.

Click here to access training on the proper use of the VI-SPDAT.

Additionally, the Montgomery Vulnerability Index (a locally developed tool that assesses Acuity) must be utilized at intake and updated every six months for persons on the Permanent Support Housing (PSH) prioritization lists. Life changes should be documented on Vulnerability Indices such as emergency room visits, hospitalizations, learning about a new diagnosis, involvement in the child welfare system, or juvenile detention center encounters which may impact placement on a prioritization list.

Referrals

The goal of all programs within the CoC is that within 30 days of an intake interview and receipt of a complete intake packet, the housing provider will determine eligibility and acceptance or rejection into the program.

All housing programs will report vacancies to the County Coordinator within five business days of unit/bed availability. The County Coordinator will be responsible for ensuring that appropriate referrals are made for vacancies based on prioritization as determined by the Housing Priority Committee.

Re-Assessment

Typically, assessments should occur no more than once a year. However, a system utilizer should be reassessed when a major life change occurs. Examples include a diagnosis of a disability (new to the system utilizer or newly revealed to the assessor), changes in household size, and health related changes.

Coordinated Prioritization List

A by-name registry called the Coordinated Prioritization List is a report run through the HMIS that records all system utilizers experiencing homelessness in the CoC. This list can only be viewed with identifying information by HMIS System Administrators. This list includes all literally homeless people organized by housing need and VI-SPDAT / Montgomery Acuity Scale or Family VI-SPDAT score. Persons on the list are staying in shelters, housing programs or engaged with street outreach providers. As persons accept matches to housing placements, they are removed from the list.

Housing Match

The CES Manager and the Prioritization Team are expected to review assessment results and connect system utilizers with vacancies utilizing the process below.

- The CES Manager matches system utilizers to vacancies based on the VI-SPDAT and/or SPDAT prioritization scores and eligibility
- The CES Manager works with shelters and outreach providers to contact a system utilizer regarding an available vacancy for which they qualify
- For PSH, the Montgomery County Housing Support Services Acuity Scale and other HMIS data elements to determine how many of the ten vulnerability indicators the person may possess.
- When a system utilizer is identified, who qualifies for the vacancy, a match e-mail will be sent to the program within three business days of receipt of the reported vacancy
- Basic system utilizer qualifications will be provided (with signed system utilizer consent)

If a system utilizer is not interested in the vacancy, the vacancy is given to the next qualified person on the prioritization list. Service providers may request a new match after 10 days if they have followed all contact protocol and cannot locate the system utilizer.

Outcome Measurement

The Montgomery County CES will engage in the regular monitoring of all program outcomes. All information collected will help to determine whether system interventions are successful and identify gaps within the current system. Data collection must not only include basic demographics, but aggregate population data and outcomes, safety, service referrals, income stabilization, discharge data, etc. to establish measures to quantify access to services and quality of care. Data will be collected from a variety of programs and service areas in order to better gauge system performance, quality, and outcomes. Below is a list of performance indicators which the CES and DHHS will use to measure outcome quality:

Total Population Data:

- program point in time stays or interactions
- numbers and percentage of returning utilizers
- average length of time homeless for the aggregate population
- number of system utilizers in the program and length of time homeless

Safety Data:

- number and percentage of program utilizers who were involved in situations that escalated to crisis (police, crisis services, EMT calls)
- numbers of physical assaults, threats of assault, allegations of abuse, aggression or bullying

Services Data:

- number and percentage of utilizers receiving services including, but not limited to:
  - healthcare, dental, and vision
  - mental health
  - substance use
  - developmental disability services
  - legal
  - reunification/child custody
  - employment
  - GED programs
  - college or advanced education

Transition / Discharge Data:

- number and percentage of utilizers referred to MH/SUD residential treatment programs
- number and percentage of utilizers referred to homes for specialty populations (elderly, disabled, veterans, pregnant, etc.)
- number and percentage of utilizers who left voluntarily to unknown living situation
- number and percentage of utilizers who were discharged involuntarily

Program Decline Policy

Person(s) Decline Program

Choice is an important theme of the Montgomery County CES. Therefore, persons should only be referred to housing interventions they are eligible for and have an interest in living/participating. Persons may decline housing matches because of program requirements that are inconsistent with their needs or preferences. Program declines do not disqualify the person from the prioritization list but it may have an adverse impact on how long the system utilizer remains on the list prior to being housed.

Program Decline Person(s)

Publicly funded service providers are allowed two declines a year. Rapid re-housing, transitional housing, and permanent supportive housing providers may only decline under limited circumstances—such as when:

- The person(s) do not meet eligibility criteria for the program
- The household configuration cannot be accommodated with the space available in the housing program because the household composition has changed

If a program makes a decline, they must issue a program decline decision notification. This should include, at a minimum, the following details, if applicable:

- The reason the system utilizer cannot enter the program, including the reason for rejection by the system utilizer or program
- Instructions for appealing the decision, including the contact information for the person to whom and under what time frame the appeal should be submitted

If the provider has made three documented attempts to contact the person(s) for which no response was received to engage in intake, they must report this to the CES Manager. This will result in the next qualified person(s) being referred to the program and not count as a program decline.

More information on Coordinated Entry can be found by clicking here.

Coordinated Discharge

All programs must have specified procedures and protocols for handling utilizer discharges, both planned and unplanned. Discharges must be conducted with harm-reduction and trauma-informed practices and every effort to connect the utilizer to additional resources must be made. In the event of an unplanned discharge, all appropriate crisis interventions must be fully exhausted prior to discharge. At a minimum programs must adhere to the following:

Termination from Programs

Assistance may not be terminated for the following:

- Failure to participate in services
  - Every effort should be made to ensure meetings times are set at times most convenient for the utilizer
  - Communication is consensual and flexibility is offered
- Substance use
  - Utilizers should be made aware of resources and services, should they choose
  - Utilizers should be transparently made aware of any housing-related impacts (such as lease violations/evictions) due to substance use in their home and offered support in navigating landlord/tenant interactions
- Lack of income
  - Utilizers should be made aware of all resources available to them and supported in navigating entry to the services/interventions of their choosing
- Experiencing a crisis
  - When a utilizer is experiencing crisis in the presence of staff, staff should take appropriate crisis intervention measures and seek to lessen harm caused
  - When staff is not present, staff should engage appropriate crisis intervention techniques based on the mutually agreed-upon crisis plan
- Experiencing a mental health
  - When a utilizer is experiencing crisis in the presence of staff, staff should take appropriate crisis intervention measures and seek to lessen harm caused
  - When staff is not present, staff should engage appropriate crisis intervention techniques based on the mutually agreed-upon crisis plan
- Having a history with the criminal/legal system

All reasons, proposed solutions, crisis interventions, and steps taken to prevent termination should be documented within 24 hours or one business day of the event. Utilizers should be given a Letter of Termination with instructions for how to appeal the decision. Utilizers have the right to ask for a formal case conference , and have the right to have an advocate of their choosing present at said case conference. Should it be determined that the termination of assistance is permeant or longer than a year, the program must provide the utilizer with a soft handoff to other similar or appropriate services.

Harm Reduction in Program Discharge

All programs are expected to utilize trauma-informed discharge practices and techniques. This includes limiting harm where possible. In order to achieve this, programs are expected to:

- **Embrace the inherent value of people**-harm reduction practices are trauma informed, and never patronize nor pathologize
- **Promote equity, rights, and reparative social justice**-harm reduction seeks to repair, rather than participate in the damage caused by various systems
- **Offer the most accessible and noncoercive support-**Participation in services is always voluntary, free from threats, force, and the concept of compliance
- **Connect with community-**harm reduction seeks to connect persons with supportive, representative resources
- **Provide multiple pathways to wellbeing**-Harm reduction can and should happen across the full continuum of health and social care, meeting whole-person health and social needs

Click here for to learn more about Samhsa harm reduction framework.

Planned Discharge

Each provider must prepare a Discharge Summary for each utilizer to identify any on-going services needed. The following steps should be taken:

- Case Managers must meet with utilizers prior to discharge and complete an 'exit interview' to determine what services, if any, are needed following discharge from the shelter. A utilizer may invite an individual of their choosing and/or a People's Committee member, to assist with discharge planning
- The provider must provide a 'warm hand-off' to continuing care / services upon a utilizer's discharge from the program, to include case management, housing, social services, healthcare services, behavioral health services, legal services, child-care, job programs, training, educational / GED programs, transportation services, or appropriate services as determined by the utilizer
- A Discharge Summary will be completed by the Case Manger outlining all continuing care services and will be signed by both the Case Manager and the exiting utilizer

Discharge for Immediate Threat

If a utilizer is determined to be of immediate threat once appropriate crisis interventions have been deployed and exhausted, then the program may have the option of emergency discharge. When this occurs these steps must be taken:

- A report must be made within 24 hours
- All crisis interventions must be documented
- The utilizer must be given a letter documenting the incident, reason, and decision within two business days of the incident, with instructions on how to appeal the decision
- If the utilizer appeals the decision, the appeal procedure, the provider must provide the utilizer with written documentation of the outcome of the meeting and mutually agreed upon solutions within 48 hours
- For utilizers who are housed in PSH and have a lease, the provider is expected to coordinate with the landlord to ensure compliance with the lease prior to program discharge

Discharge for Non-Compliance

In cases of system utilizer non-compliance with program rules, a utilizer may only be discharge after the following steps have been taken:

- Verbal notice must be given
- A written letter outlining the noncompliance issues and steps for resolution must be provided to the system utilizer, with instructions for how to appeal
- If the utilizer appeals the decision, testimony, the appeal, and the original letter should be reviewed by a neutral panel including program staff, peers, and supervisors. All utilizers should have access to a self-selected representative if requested.
  - If the utilizer is found to be in compliance following an appeal, then a written letter clearing the utilizer of all claims should be provided and they should have all former services restored without further requirements
  - If the utilizer was found to be non-compliant following an appeal, then the utilizer should receive written notice specifying the findings of the review and be provided further steps for resolution
- If the utilizer fails to resolve the noncompliance, the program may provide the utilizer with a Letter of Program Discharge. The letter must documents and explain the reason(s) for the action taken, the process for exiting the program, and the date when the utilizer may access the program in the future (if applicable)

Program Standards

Creating A Culture of Respect, Dignity, and Compassion

Expectations for staff at all levels to create a safe, welcoming, supportive environment for utilizers are taken seriously. The County strongly emphasizes that programs within the CoC are expected to maintain a culture where utilizers feel safe and respected by staff at all levels. Meaningful ways to foster a positive environment within all programs is a top priority. Corrective measures for ensuring that all staff members are in compliance with this mandate must be developed within each program.

All operational mandates will be transparent and available to staff and utilizers. Programs should have written standards detailing:

- how staff will be trained, the type of training received, and how performance will be evaluated
- how conflicts with utilizers will be handled
- standards for interactions with system utilizers
- grievance protocols
- details regarding discharge policy
- protocols for de-escalating crisis

Harm Reduction

All programs are required to follow harm reduction practices when working with individuals or families with substance abuse issues. These requirements include:

- Connecting utilizers with substance use services
  - Utilizer follow-through on those services is not required for ongoing assistance
- Assistance cannot be terminated for the following:
  - Lack of income
  - Participating in substance use/lack of sobriety
    - If projects have evidence of utilizers engaging in illegal behavior in an assisted unit, proper steps must be taken to meet the needs of the utilizer before termination of assistance
  - Prior conviction/record
- Projects may choose to hold units or positions for a specified number of days allowing the utilizer to seek substance use treatment or other in-patient options without losing housing or position within the system
- When unable to distribute harm-reduction supplies, staff should be knowledgeable about current local resources and access points
- Identifying the appropriate crisis-service intervention and avoiding taking actions which may negatively impact the person's access to housing options

Equity & Inclusion

Ensuring equity means seeking to address the structural and institutional barriers present in our system and how those barriers may hinder the success of disenfranchised people. Montgomery County values practices and polices that seek to address historic and systemic exclusion of various populations. Therefore, it is the expectation that all programs uphold and abide by practices that radically promote equity and inclusion. This includes but is not limited to the following practices:

- Monitoring reports that present data on disparities and having an understanding of the impact to programs
- Conducting surveys and evaluations about equity practices
- Evaluating policies and procedures to ensure equitable, and trauma-informed practices, and make recommendations of policy change based on findings.
- Monitoring language and dissemination of program communications to remove barriers to inclusivity
- Setting expectations for and evaluate how the program is supporting inclusion of people from underrepresented groups in the workforce including, varying races, ethnicity, gender, class, disability, economic level, and sexual orientation
- Monitoring and supporting the implementation of an anti-discrimination policy, which ensures equal access to housing for protected classes in HUD programs.
- Supporting matters of equal access and cultural sensitivity of programs and practices for various populations, including accessibility for hearing impaired and other languages
- Collaborating with other programs and the Racial Equity Committee around related goals and action steps
- Creating and/or providing ongoing training, such as, Leadership training for BIPOC staff, Unconscious Bias and Racism training, LGBTQIA inclusion, cultural humility and professional development opportunities
- Designing housing, programs, and services with culture in mind, this includes:
  - Amenities catering to the everyday needs of the community
  - Asking participants how they would like to use their space and time
  - Involving participants throughout the process to encourage education equity
  - Being culturally sensitive in program delivery and assessments
  - Engaging in participants in conversations to assess safety needs
- Centering lived expertise as valuable and credible experience in hiring practices and through workforce and leadership integration

Click here to learn more about historic exclusion and impacted populations

Program Staff Training Requirements

The County expects that all programs are adequately staffed by qualified personnel to ensure quality service delivery and effective program management. The minimum requirements include:

- Program staff have the lived experience of homelessness *(priority)*
- Program staff have appropriate knowledge of or experience working with individuals and/or families experiencing homelessness
- Programs maintain written job descriptions that address the major tasks to be performed by each position
- Programs provide standardized training on best practices to all new staff
- Programs should strive to ensure all program staff are trained on the following:
    - Program policies and procedures
    - Program staff safety procedures
    - How to provide case management
    - Shadowing senior staff
    - Coordinated Entry Policies & Procedures
    - Housing First Practices
    - Harm Reduction Practices
    - Trauma-Informed Care
    - Crisis De-Escalation
    - Mental Health Awareness
    - Domestic Violence Screening & Awareness
    - Violence Against Women Act (VAWA)
    - Diversity, Equity, & Inclusion
    - Motivational Interviewing
    - Person-Centered Engagement
    - Professional Boundaries
    - Trauma-Informed Intake & Documentation
    - Landlord/Tenant Law
    - Fair Housing
    - Equal Access Rule
- Completion of training is documented by program management and kept on file for the duration of staff employment
- Programs are expected to support program staff in engaging in continuing education activities on an annual basis
    - This includes supervisors support of program staff development and ability to implement tools learned throughout trainings

Program Safety

Programs must ensure safety of program utilizers & staff. Programs must adhere to all of the following practices to help ensure safety of utilizers & staff:

- All staff must be appropriately trained prior to engaging with utilizers
- Meeting expectations and outcomes should be communicated, mutually agreed upon, and documented
- Utilizer and Staff should communicate to determine appropriateness of visit location, every time they visit
- Staff should record details of all home and field visits in a daily log that is accessible to all program staff *(time, location, duration, etc.)*
- Staff should have cell phones with them at all times in case of emergency
    - All program staff share cell phone numbers so that all staff can contact each other as needed
    - Staff must keep cell phones sufficiently charged, accessible, and operable at all times during work hours
- Staff should be able to demonstrate harm-reduction and crisis de-escalation techniques. Staff should be aware and have the contact information for all local first-responders, crisis intervention, or other appropriate emergency personnel
- Programs post comprehensive safety protocol where it can be seen by all

Utilizer Grievance Procedures

All programs are expected to have a written utilizer grievance procedure and provide the procedure to all staff and utilizers within the program. Written grievance procedures are expected to clearly outline the grievance process including appropriate persons to report the grievance to, an expected timeline for resolution, and information on how to escalate the grievance to SEPH if needed. The recommended procedure is as follows:

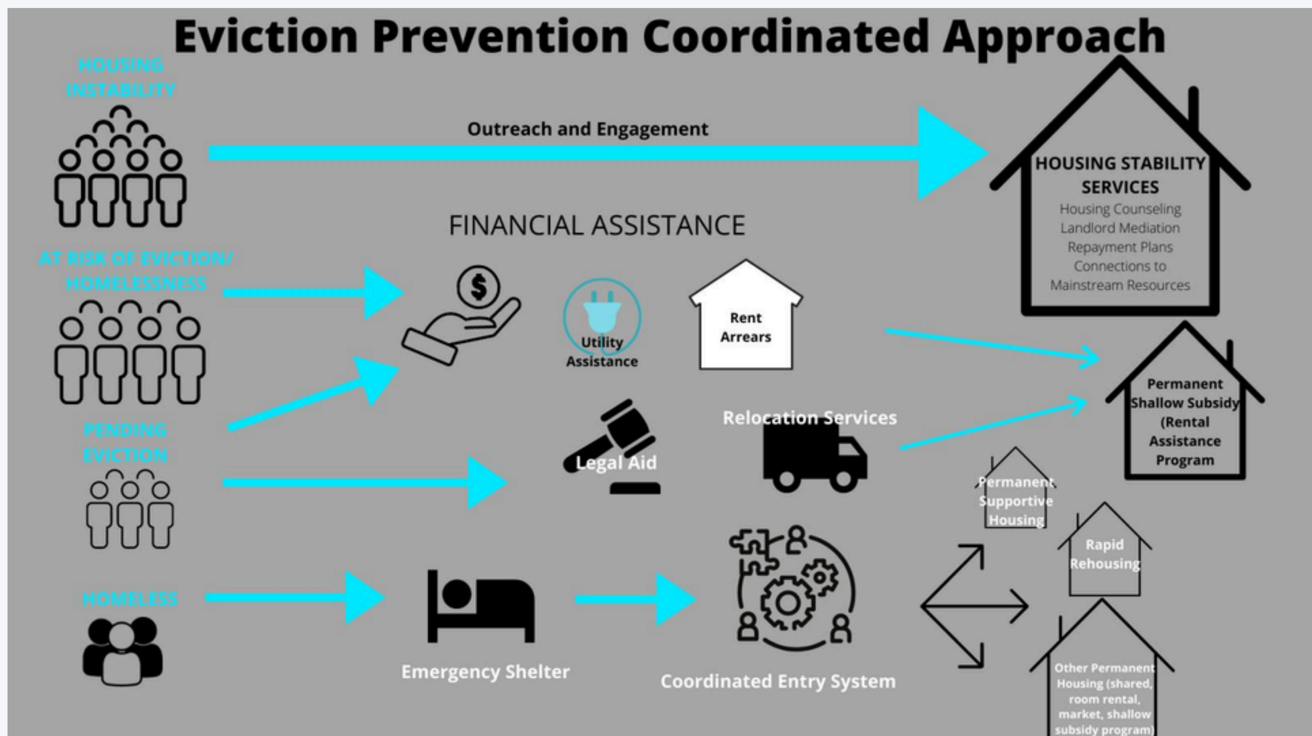
- The utilizer submits a grievance to a specific person/email
- The utilizer should be given a choice to include an advocate of their choosing to attend all meetings
- The Case Manager (or other appropriate staff) meets with the utilizer to discuss the grievance and identify potential solutions
- The Case Manager responds to the grievance in writing, noting any identified solutions
- The utilizer either considers the grievance resolved or unresolved and notifies program staff
- If the issue is not resolved, the issue will be escalated to the program supervisor and may require a panel review
- The review and decision must be provided in writing to the utilizer
- If the utilizer determines that the issue is still not not resolved, then the program supervisor will meet with the utilizer to determine possible solutions
- Staff will provide the utilizer with resources and referrals as needed to file the grievance with the County

Prevention

Prevention aims to address the needs of individuals and families before an event of homelessness with financial assistance and other services as needed.

The County expects all efforts to be made in order to prevent an occurrence of homelessness. In order to achieve this the program must :

- assess the need
- provide emergency financial assistance
- ensure case management services are available
- offer other services as needed (ie. burial)



Programs must abide by all documentation and record-keeping requirements for documenting at-risk of homelessness/imminent risk status, income, and project eligibility. Acceptable documentation includes the following:

- Third-party written verification of at-risk of homelessness or imminent risk status
- Third-party oral verification from a case worker, outreach worker, or program staff
- Self-certification of at-risk of homeless/imminent risk status

Programs must document that household income does not exceed 60% AMI. Acceptable documentation of income includes the following:

- Third-party written verification of income
- Third-party oral verification of income
- Self-certification of income

Prevention cont.

Eligibility Criteria
• Montgomery County resident • Household income at or below 60% of the area median income • Household has not received an eviction prevention grant in the past 12 months • Has received a court summons, judgement or "red and white" notice from the Sheriff's Office related to an eviction or "put-out" notice from landlord
Required Documents • Photo ID for all adults living in household • Current balance for checking and savings account • Proof of monthly income for all adult household members • Proof of expenses (e.g., utility bills, phone bills, car expenses, child care, rent/mortgage) • Eviction paperwork (court summons, judgement, or "red and white" notice from Sheriff's Office related to an eviction or "put-out" notice from landlord). • Rental ledger • Utility bill indicating disconnection date or that service is off
Eviction prevention grants are available to households that meet income guidelines, have received a court judgement for an eviction or "put-out" notice, and have not received an eviction prevention grant in the preceding 12 months.

Housing First in Prevention

Programs must fully adhere to a Housing First model this includes:

- Programs adhere to housing first practices throughout the duration of assistance, including at program entry, after enrollment, and upon case closeout
- Acceptance for assistance cannot be denied for the following:
  - Individual or family has zero income
  - Individual or family refuses to accept services beyond the monthly case management requirement
  - Individual or family is not currently sober
  - Individual or family has a criminal history

Diversion

Diversion is a centralized process that ensures that anyone seeking emergency shelter or housing assistance is provided with conflict resolution services prior to shelter intake or financial assistance.

Diversion Screening Questions:

1. Where did you sleep last night?
2. Do you have photo ID?
3. Have you been discharged from a hospital for medical or psychiatric reasons?
4. Are you having a mental health crisis now?
5. Do you have a safe place to sleep tonight?

Shelter Intakes

Individuals seeking shelter in person at one of the shelter facilities will be screened for diversion/ rapid exit by the emergency shelter staff. Until another Diversion Specialist is hired and trained, it is the responsibility for the shelter staff to facilitate the diversion conversation. Shelters should utilize "diversion funds" provided through their contract. If more funding is needed, contact SEPH for assistance with first month's rent and security deposit.

Transportation

If a person is unable to be diverted and requires transportation to shelter, the Diversion Specialist will arrange for transportation between the hours of 10 AM and 6PM. After hours, Crisis Center staff will arrange for transportation to emergency shelter.

Self Referral Protocol

- **Phone calls to the Shelter**
  - Individuals calling either men's or women's emergency shelter seeking information should be asked the diversion screening questions*. Between 10 AM and 6 PM, all individuals calling the shelter directly should be referred to the Diversion Specialist for assessment. Assessments will occur within 24 hours of the shelter inquiry.
  - Shelter providers must Email **lakeshia.johnson@montgomerycountymd.gov** with **client name, contact info, and responses to the diversion screening questions***. Email subject lines should follow the naming convention as follows: **Shelter Name- Diversion- Client Initials**.
  - If the individual calls after hours and reports having no safe place to stay for the night, they should be referred directly to the shelter for intake.

- **Crisis Center Shelter Inquiries (in person and phone calls)**
  - Individuals seeking shelter from the Crisis Center should be asked the diversion screening questions*. During business hours, 10 AM – 6 PM, Crisis Center staff will collect contact information from the client and email the Diversion Specialist. If the Diversion Specialist is available immediately, the Crisis Center will set up the client at a laptop to conduct a virtual diversion assessment with the Diversion Specialist.
  - If the individual is calling the Crisis Center after hours and the client reports having a safe place to stay for the night, the Crisis Center should email **lakeshia.johnson@montgomerycountymd.gov** with **name, contact info, and responses to the diversion screening questions**. The Diversion Specialist will follow up within 24 hours. Email subject lines should follow the naming convention as follows: **Crisis Center -Diversion- Client Initials**.
  - If the individual calls after hours and reports having no safe place to stay for the night, they should be referred directly to the shelter for intake. Crisis Center staff should call 2 Taft for women and 6 Taft for men to determine which shelter has vacancies. Afterhours, Crisis Center staff will complete the Shelter Referral form for clients that show up in person.

Diversion cont.

Community Referral Protocol
• **Street Outreach Referrals** ◦ Street Outreach teams may make direct referrals to emergency shelter. Shelter staff are responsible for completing intake paperwork and data entry to HMIS. It is expected that outreach workers will confirm that the individual has been sleeping outside. If not, the individual should be referred to the Crisis Center for centralized intake/ diversion. • **Hospital Referrals** ◦ To the extent possible, all referrals coming from a hospital setting should be coordinated with the Hospital Outreach Worker. The Hospital Outreach Worker will make every effort to divert the individual from emergency shelter including referring back to the individual's home jurisdiction. When diversion is not possible, a RN from Health Care for the Homeless will conduct a health screening to assess appropriateness for shelter and what other services need to be in place if the individual is referred to shelter. • **Referrals from other Institutional Settings *(residential rehabilitation, inpatient substance use treatment, adult group homes, mental health court, or crisis beds)*** ◦ The Montgomery County Department of Health and Human Services (DHHS) will make every effort to prevent discharges from institutional settings to emergency shelter. All service areas within DHHS will request community providers give at least 2 weeks but preferably 30 days notice prior to discharge. In the event that homeless diversion is not viable, DHHS will screen the individual for shelter appropriateness and provide additional services as needed including personal care aid, behavioral health case management, or Health Care for the Homeless services.

Outreach

Street outreach is initial encounter to engage a person who is unsheltered in order to better understand their situation, needs and environment.

The county seeks to promote a collaborative approach to street outreach within the Continuum of Care by:

- Identifying, engaging and assessing people in need of services
- Referring and keeping engaged people connected to services
- Reporting any changes to statuses
- Documenting contact
- Collect needed documentation for referred programs and services

Persons should be classified based on vulnerability and connected to housing resources via the CES. When more than one street outreach team serves overlapping geographic areas, those teams are expected to coordinate to reduce duplication of service as well as share information/case conference as necessary. Our outreach goals are met by meeting people where they are in order to build relationships and by establishing creative community partnerships that eliminate barriers to services.

Engagement with outreach can begin in the field via canvassing or through the Homeless Information Line. This line will connect callers to trained specialists who are available 24/7 to:

- Provide information on County homeless services and shelter resources.
- Receive reports regarding the location of individuals experiencing homelessness.

Information will be forwarded to outreach partners who will attempt to locate the individual to offer support and resources.

Housing First in Outreach

Programs must fully adhere to a Housing First model this includes:

Person Focused Assistance

- When a person does not want or is ambivalent about housing, the street outreach staff shall respectfully use all available skills such as Motivational Interviewing and Assertive Engagement to support and assist the individual in considering housing, but ultimately should assist the person with obtaining their desired services
- Street outreach staff shall not coerce, force, bribe, trick or bargain with unsheltered persons to accept housing
- Once a person moves into housing street outreach staff may support the person in transferring to other housing supports for up to six weeks from the time of the lease beginning.

Acceptance for assistance cannot be denied for the following:

- Individual or family has zero income
- Individual or family refuses to accept services
- Individual or family is not currently sober
- Individual or family has a criminal history

Shelter

An effective system provides immediate and easy access to safe and decent shelter to anyone that needs it and aims to re-house people as quickly as possible

The ESG program establishes minimum standards for safety, sanitation, and privacy in emergency shelters funded with ESG. Any emergency shelter that receives ESG funds for shelter operations must meet the minimum safety, sanitation, and privacy standards. In addition:

- The shelter will be inspected on-site to ensure that it meets the minimum standards before ESG funds are provided for shelter operations
- The shelter must meet all standards for the entire period during which ESG funds are provided for operating the emergency shelter
- If the shelter fails to meet the minimum standards, ESG funds (under either shelter operations or renovation) may be used to bring it up to the minimum standards.
- If the shelter continues to receive ESG shelter operating funds over a period of time, then a periodic, on-site inspection must be conducted each time the shelter receives funds

Plans for maintenance and cleanliness for all shelters must be written and developed with input from PWLE. If cleaning chores are assigned to utilizer, the program must identify processes for assigning chores, monitoring tasks, and validating high standards for cleanliness.

Emergency shelter projects must serve persons who meet category 1, 2, or 4 of HUD's homeless definition. ES projects must comply with HUD's requirements related to the definition of family and must keep families intact.

Documentation and Record-keeping Requirements

- All programs must ensure they abide by all the documentation (of homeless status and project eligibility) and record-keeping requirements as outlined by HUD and the ESG program

Shelter cont.

Housing First in Emergency Shelters

For shelter projects, the following practices and policies must be adopted and implemented at minimum:

- **Program Entry**
  - Diversion
    - Programs should divert people/households with other housing options or resources away from shelter and offer immediate linkage to homelessness prevention resource where needed, desired, and available
  - Reducing barriers to entry
    - Programs must minimize any barriers to entry. At minimum, projects CANNOT require the following as a condition of entry in to the project:
      - Minimum income level
      - Completion of drug test
      - Lack of prior conviction/record
    - Programs should not have policies that prohibit or limit returns to the project for more than 30 days immediately after utilizer exit, except for cases in which a program participant poses a danger to other utilizer or staff

Program Design

- Voluntary Supportive Services
  - Programs must offer supportive services to program participants on a voluntary basis
- Person Focused Assistance
  - Programs should uphold trauma-informed and harm-reduction practices at all times. Case managers should be equipped to meet the basic needs of all individuals seeking shelter, or have the resources made available to them to make appropriate referrals. To that end, not only are supportive services voluntary, but they are tailored to utilizer needs

Rapid Re-Housing (RRH)

RRH is permanent housing that provides short-term (up to three months) and medium-term (4-24 months) tenant-based rental assistance and supportive services to households experiencing homelessness.

Eligibility Criteria	Minimum Standards of Assistance
Families with a score of 7 and 15 on the Homeless Assessment Tool and individuals with a score of 5-9 on the VI-SPDAT	Maximum participation in a rapid re-housing program cannot exceed 24 months
Households with the ability to increase their income and pay the entire rent by the end of the assistance period	Support services must be available throughout the duration of stay in housing
Households with the longest history of homelessness	Program participants must enter into a lease agreement for a term of at least one year. The lease must be automatically renewable upon expiration except on prior notice by either party
Households expected to sustain housing once they have addressed housing barriers through case management	Depending on the program model rental assistance will be either a fixed rate (e.g. $400 per month) or based on household income (e.g. 30% of the household's monthly adjusted income)
All referrals to RRH will be made through the CES. Of those eligible households the populations must be prioritized in accordance with: Montgomery County's Strategic Plan to End Homelessness	

RRH cont.

Housing First in Rapid Re-housing

For RRH projects, the following practices and policies must be adopted and implemented at minimum:

Program Entry

- Reducing barriers to entry
  - RRH projects must minimize any barriers to homeless persons/households entry into their project. This means that projects cannot require things of potential utilizers to enter their project over and beyond demonstrating meeting basic eligibility (and any population prioritization) requirements. At minimum, RRH projects CANNOT require the following as a condition of entry in to the project:
    - Minimum income level
    - Completion of drug test
    - Lack of prior conviction/record
  - RRH projects should prioritize for assistance those persons with greater vulnerabilities.

Program Design

- Voluntary Supportive Services
  - RRH projects must offer supportive services to program participants on a voluntary basis
- Housing Focused Assistance
  - RRH projects' primary goal is to place utilizers into safe, stable housing as quickly as possible-all services and referrals should be tailored to the utilizers needs
  - RRH financial assistance, i.e., rental assistance, is individualized and flexible-RRH projects should not have a policy of providing only one month of financial assistance

Transitional Housing (TH)

TH provides temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing.

For transitional housing programs in the Montgomery County CoC, households must meet both the HUD definitions of homelessness. Once meeting the following eligibility requirements, households are then prioritized by Montgomery County's target populations based on the unique criteria for the CoC's transitional housing programs. Programs may not establish additional eligibility requirements beyond those specified below and those required by funders.

Eligibility Criteria
Each transitional housing program has its own eligibility criteria. At entry, this may be based on the sub-population served—such as age, gender, family composition, severity of behavioral health issues, etc. If multiple households meet the transitional housing programs individualized eligibility criteria, then prioritization will take place in the following order:
Families with a score of 7 and 15 on the Homeless Assessment Tool and individuals with a score of 5-9 on the VI-SPDAT
Households with the longest history of homelessness
Falling under one of the target populations for transitional housing: • Family with head of household between the ages of 18-24 years old • Households with behavioral health needs • Households fleeing domestic violence

TH cont.

Housing First in Transitional Housing

For TH projects, the following practices and policies must be adopted and implemented at minimum:

Program Entry

- Reducing barriers to entry
  - TH projects must minimize any barriers to applicant's entry into their project. This means that projects cannot require things of potential utilizers to enter their project over and beyond demonstrating meeting basic eligibility (and any population prioritization) requirements. At minimum, TH projects CANNOT require the following as a condition of entry in to the project:
    - Minimum income level
    - Completion of drug test
    - Lack of prior conviction/record
  - TH projects should prioritize for assistance those persons with greater vulnerabilities. This may be determined, in part, through local/regional common assessment tools

Program Design

- Voluntary Supportive Services
  - TH projects must offer supportive services to program participants on a voluntary basis
- Housing Focused Assistance
- When screening applicants for admission into the TH project, TH projects must assure that applicants are linked with TH assistance when:
- TH is desired by the applicant
- TH is most appropriate to meet health and safety needs of the applicant
- No permanent housing solutions (with or without services) are available that similarly or better meet the desires and needs of the applicant

Permanent Supportive Housing (PSH)

Permanent Supportive Housing (PSH) projects provide housing and supportive services to assist individuals with a disability, who are experiencing homelessness return to living independently in private housing.

Eligibility Criteria	Minimum Standards of Assistance
Households most vulnerable to the experience of homelessness as determined by the Montgomery County Acuity Scal	There can be no predetermined length of stay for a PSH project
One adult or child member of the household must have a disability	Supportive services designed to meet the needs of the project participants must be made available to the project participants throughout the duration of their stay in PSH
CoC funded programs must follow any additional eligibility criteria set forth in the HUD CoC Notice of Funding Opportunity (NOFO) through which a project was funded and the grant agreement	Project participants in PSH must enter into a lease (or sublease) agreement for an initial term of at least one year that is renewable and is terminable only for cause. Leases (or subleases) must be renewable for a minimum term of one month
Programs may not establish additional eligibility requirements beyond those specified here and those required by funders	To be able to house a program participant in any unit with CoC Program funds, whether supported with leasing or rental assistance, the unit must meet rent reasonableness standards. A recipient or subrecipient cannot rent a unit that exceeds reasonable rent using CoC funds. Further, if the unit is paid for with leasing assistance, leasing funds cannot be used to pay above the Fair Market Rent

All referrals to PSH will be made through the CES. Of those eligible households the populations must be prioritized in accordance with:
Montgomery County's Strategic Plan to End Homelessness
HUD's guidance on prioritization of chronically homeless households

PSH cont.

The County prioritizes vulnerability before chronicity, therefore the Acuity Scale is used to ensure consistency and inter-rater reliability. Individuals with high vulnerability and service needs must be prioritized for Permanent Supportive Housing using length of time homeless as a tie-breaker. High Vulnerability Includes:

- **Poor Access to Mainstream Services**: Is the person able to access Medicaid, SSI/SSDI, or other mainstream benefits?
- **Poor Engagement with Services**: How willing is the person to accept housing and services?
- **Currently unsheltered**
- **Poor Management of ADLs (Activities of Daily Living)**: Is the person able to manage activities of daily living like cooking and cleaning without assistance?
- **Veteran designation**
- **Risk / History of Exploitation**: Is the person vulnerable to sexual financial, or other types of exploitation due to gender identity, ethnicity, developmental disabilities, etc.?
- **Mental Health** as defined by the Montgomery County Housing Support Services Acuity Scale
- **Substance use** as defined by the Montgomery County Housing Support Services Acuity Scale
- **Cognitive Deficits** as defined by the Montgomery County Housing Support Services Acuity Scale
- **Medical Conditions** as defined by the Montgomery County Housing Support Services Acuity Scale

PSH projects are expected to provide housing and supportive services to assist individuals with a disability, who are experiencing homelessness return to living independently in private housing. PSH is targeted to the most vulnerable individuals.

- Those individuals with high vulnerability and service needs will be prioritized for PSH using length of time homeless as a tie-breaker

- If an individual meets the HUD definition of chronically homeless before they can be housed through CES, they will be prioritized over non-chronic vulnerable persons for HUD-funded permanent supportive housing programs only

Individuals with a disability and high service needs are first prioritized using the VI-SPDAT or Full SPDAT for housing placement. This will identify the most appropriate housing intervention (PSH, RRH or self-resolved). Those individuals scoring a 13+ on the VI-SPDAT or the equivalent on the Full SPDAT will be prioritized for high intensity PSH. Individuals scoring between an 8 and 12 on the VI-SPDAT or the equivalent on the Full SPDAT will be prioritized for mid/low Intensity PSH.

PSH cont.

Vacancies

In order to successfully match referred clients to housing programs, housing programs must report vacancies and complete the Montgomery County, Maryland Permanent Housing Vacancy form in HMIS. When possible, notification of a unit vacancy should be provided at least one month before the unit is available for a client, but at the latest as soon as the unit is vacated by the current occupant.

Housing First in Permanent Supportive Housing

For PSH projects, the following practices and policies must be adopted and implemented at minimum:

Program Entry

- Reducing barriers to entry
    - PSH projects must minimize any barriers to homeless persons/households entry into their project. This means that projects cannot require things of potential utilizers to enter their project over and beyond demonstrating meeting basic eligibility (and any prioritization) requirements. At minimum, PSH projects CANNOT require the following as a condition of entry in to the project:
        - Minimum income level
        - Completion of drug test
        - Lack of prior conviction/record
        - Participation in TH program prior to entering PSH
    - PSH projects must assess people applying for the project to identify people with greater vulnerabilities to prioritize applicants for assistance, based on the order of priority

Program Design

- Voluntary Supportive Services
    - PSH projects must offer supportive services to program participants on a voluntary basis
    - PSH projects should work with program participants on a regular basis to identify a plan for assessing for reduced supportive service needs and possible movement onto a non-PSH affordable housing option when/if the program participant desires
- Standard Lease Agreement
    - PSH projects must ensure that there is a standard lease agreement in place between the landlord/property manager and the utilizer. The lease agreement cannot include reference to participation in supportive services or compliance with a treatment plan as a condition of ongoing tenancy

Click here to learn more about PSH prioritization