2023 STATE EMERGENCY SOLUTIONS GRANT AGREEMENT

THIS AGREEMENT, made and entered	, by and between the COUNTY OF
SAN JOAQUIN, a political subdivision of the State	of California, hereinafter referred to as "COUNTY"
and City of Manteca hereinafter referred to as "CO	ONTRACTOR".

WITNESSETH

In consideration of the mutual promises as hereinafter contained, the parties hereto agree as follows:

1. CONTRACTOR shall perform those services outlined in the COUNTY'S 2024-25 Consolidated Annual Plan submittal to the United States Department of Housing and Urban Development, and comply with the Grant Agreement, and the terms therein, between the County and State for the Emergency Solutions Grants (ESG) program, and by this referenced incorporated herein.

2. SCOPE OF SERVICE

A. Activities

The CONTRACTOR will be responsible for administering a 2023 ESG program in a manner satisfactory to the COUNTY and consistent with any standards required as a condition of providing these funds. Such program will include the following activities eligible under the ESG program:

Program Delivery

Activity: Funding under this contract will be used for Emergency Shelter

The Subrecipient shall provide services to victims of domestic violence, dating violence, sexual assault, and stalking as required by VAWA, including but not limited to safe housing, counseling and legal assistance. The Subrecipient shall implement protective measures to ensure the safety and confidentiality of victims, including secure communication methods and safe housing options.

3. TIME OF PERFORMANCE

Services of the CONTRACTOR shall start on the 21st day of November 2023 and end on the 15th day of October 2025. The term of this Agreement and the provisions herein shall be extended to cover any additional time period during which the CONTRACTOR remains in control of ESG funds or other assets, including program income.

4. DUPLICATION OF BENEFITS

A Duplication of Benefit (DOB) occurs when a program beneficiary receives assistance from multiple funding sources totaling an amount that exceeds the need for a particular funding need. The duplication is the amount of assistance provided in excess of the need. It is the

COUNTY'S responsibility to ensure that each ESG activity provides assistance only to the extent that the CONTRACTOR'S project's funding need(s) has not been met by another funding source.

Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) prohibits federal agencies from providing assistance to any "person, business concern, or other entity" for any loss for which the entity has already received financial assistance from another source (See: 42 USC § 5155(a)). The Federal Register Notice, published on November 16, 2011 (Docket No. FR-5582-N-01), requires adequate policies and procedures in place to prevent a DOB and provide for the recapture of funds, if necessary.

5. <u>PAYMENT</u>

COUNTY agrees to pay CONTRACTOR the sum of \$ 9,640 for rendering of the aforesaid services, said sum to be paid as follows: Upon receipt of billing for services rendered as described above. Billings will be submitted for review and subsequent processing to the Neighborhood Preservation Division for payment approval. Payment requests shall include a quantification of CONTRACTOR'S match requirement denoting a minimum 100% match of requested payment.

6. The parties hereto agree that CONTRACTOR (including CONTRACTOR'S agents, servants and employees) is not an agent or employee of the COUNTY, but an independent CONTRACTOR solely responsible for CONTRACTOR'S acts.

7. General Compliance

The CONTRACTOR agrees to comply with the requirements of Title 24 of the Code of Federal Regulations, Part 576 (the Housing and Urban Development regulations concerning ESG). The CONTRACTOR also agrees to comply with all other applicable Federal, state and local laws, regulations, and policies governing the funds provided under this contract. The CONTRACTOR further agrees to utilize funds available under this Agreement to supplement rather than supplant funds otherwise available.

The Subrecipient agrees to comply with all applicable federal laws, including the Violence Against Women Act (VAWA), and ensure that services are provided in accordance with these regulations.

The Subrecipient agrees to comply with all applicable federal laws, including the Build America, Buy America Act (BABA), and ensure that products used in the project are in accordance with these regulations.

8. <u>Performance Monitoring</u>

The COUNTY will monitor the performance of the CONTRACTOR against goals and performance standards required herein. Substandard performance as determined by the COUNTY will constitute non-compliance with this Agreement. If action to correct such substandard performance is not taken by the CONTRACTOR within a reasonable period of time after being notified by the COUNTY, contract suspension or termination procedures will be initiated.

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Grantee will monitor the implementation of VAWA provisions. Subrecipients will submit reports of compliance and any incidents related to VAWA-covered activities.

Grantee will monitor the implementation of BABA provisions. Subrecipient will submit regular reports to the Grantee detailing compliance, including the use of domestic products and any waivers obtained. Grantee reserves the right to inspect and verify the use of American-made products in the project to ensure compliance with BABA requirements.

9. TERMINATION

Either party may terminate this agreement by giving thirty (30) days written notice to the other party.

In the event of non-compliance with VAWA provision, the Grantee may terminate this agreement and seek appropriate legal remedies.

In the event of non-compliance with BABA provisions, the recipient may terminate this agreement and seek appropriate legal remedies.

10. EQUIPMENT

The CONTRACTOR may purchase equipment on behalf of the COUNTY by insuring that title to the equipment is vested with the COUNTY. COUNTY approval in writing must be obtained prior to equipment purchase and the CONTRACTOR must submit an attachment listing all equipment purchased.

11. INDEMNIFICATION / INSURANCE

CONTRACTOR shall indemnify, defend and save harmless the COUNTY, its officers, agents and employees from any and all claims and losses accruing or resulting to any person, firm, or corporation for damage, injury or death arising out of or connected with the CONTRACTOR'S performance of this agreement. Without limiting CONTRACTOR'S indemnification, CONTRACTOR shall maintain in force at all times during the performance of this agreement, a policy or policies of insurance covering all of its operations. The limits of insurance is one million dollars (\$1,000,000) Combined Single Limits per occurrence. These limits include bodily injury, property damage, and general liability coverage which includes contractual liability coverage.

CONTRACTOR'S insurance shall be primary and the COUNTY shall be listed as additional insured. A certificate evidencing the maintenance of such insurance coverage shall be filed with Neighborhood Preservation Division and the certificate shall state that the COUNTY, its officers and agents, are additionally insured and the certificate shall state that the coverage shall not be cancelled or modified without giving the COUNTY thirty (30) days written notice. CONTRACTOR shall maintain Worker's Compensation Insurance.

In addition, if CONTRACTOR'S vehicles are used to transport clients, CONTRACTOR shall maintain comprehensive automobile liability, with the following minimum limits:

bodily injury each person	\$	200,000
bodily injury each occurrence	\$	500,000
property damage	\$	100,000
automobile liability umbrella coverage	\$1	,000,000

12. Non-Discrimination and Confidentiality

The Subrecipient shall not discriminate against victims of domestic violence, dating violence, sexual assault, or stalking. The confidentiality of information provided by victims shall be maintained in accordance with VAWA requirements.

13. PERFORMANCE REPORTING

The CONTRACTOR shall submit a performance report in a form prescribed by the COUNTY at the end of the contract term. This report will provide the number and type of homeless persons benefiting from ESG funding.

14. GENERAL PROVISIONS

The CONTRACTOR shall participate in the implementation and ongoing maintenance of the Countywide Homeless Management Information System.

The CONTRACTOR shall operate in a manner consistent with the requirement of 25 CCR 8409 (Exhibit A), including but not limited to use of a homelessness coordinated entry system, housing first practices, and progressive engagement practices.

The CONTRACTOR shall participate and comply with the COC Written Standards (Exhibit B) and the COC's Coordinated Entry system (Exhibit C).

The CONTRACTOR shall not assign this agreement without the COUNTY'S prior written consent.

15. PROCUREMENT PROCEDURES – Audits

The sub-recipient must comply with the Federal procurement procedures for selection of subrecipient audit services. To ensure compliance with HUD regulations to demonstrate independence of review, the use of different auditors is required at a minimum every five years.

16. COUNTY CONTRACT COORDINATOR

The COUNTY'S Contract Coordinator for this AGREEMENT is the COUNTY'S Health Care Services Agency, Neighborhood Preservation Division. Unless otherwise instructed, any notice, report, or other communication requiring an original SUBRECIPIENT signature for this AGREEMENT shall be mailed to the COUNTY Contract Coordinator.

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The Representatives during the term of this Agreement will be:

	GRANTEE	SUBRECIPIENT
ENTITY:	San Joaquin County	City of Manteca
SECTION/UNIT:	Neighborhood Preservation	City Manager's Office
Address:	16988 South Harlan Road Lathrop CA 95330	1001 W Center St Manteca CA 95337
CONTRACT COORDINATOR:	Nancy Perez	Vielka Guarascio
PHONE NUMBER:	209-468-3139	209 456-8556
EMAIL ADDRESS:	Nperez3@sjchcs.org	vguarascio@manteca.gov

All requests to update the SUBRECIPIENT information listed within this AGREEMENT shall be emailed to the COUNTY Health Care Services Agency - Neighborhood Preservation Division general email box at neighborhood@sigov.org. The SUBRECIPIENT reserves the right to change their representative and/or contact information at any time with notice to the COUNTY.

IN WITNESS WHEREOF, THIS SUBRECIPIENT AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

SUBRECIPIENT AUTHORIZED SIGNATURE	TITLE City Manager
PRINTED NAME OF PERSON SIGNING Toni Lundgren - On Behalf of the City of Manteca	DATE SIGNED
COUNTY AGENCY SIGNATURE	TITLE Deputy Director
PRINTED NAME OF PERSON SIGNING Dawn McLeish	DATE SIGNED

Exhibit C

Introduction

The Continuum of Care (CoC) has developed the following Coordinated Entry Written Standards.

The Stockton/San Joaquin Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of individuals and families experiencing homelessness within boundaries of the CoC. Both the ESG Rules and Regulations and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) CoC Program Interim Rules state that the CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area:

Establish and consistently follow written standards for providing Continuum of Care assistance; Establish performance targets appropriate for population and program type; and Monitor recipient and sub recipient performance.

These Written Standards are in accordance with the interim rule for the ESG Program released by the U.S. Department of Housing and Urban Development (HUD) on December 4, 2011, the final rule for the definition of homelessness also released by the HUD on December 4, 2011; and the CoC Program Interim Rule released by HUD on July 31, 2012. There are some additional standards outlined in this document that have been established by the CoC that will assist programs in meeting and exceeding performance outcomes that will help the CoC reach the goal of ending homelessness.

These written standards have been developed in conjunction with CoC and ESG sub-recipients and with service providers to allow for input on the procedure of Coordinated Entry/Assessment system, standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid ReHousing (RRH) and Street Outreach (SO).

The Coordinated Entry Written Standards will:

Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system;

Assist in assessing individuals and families consistently to determine program eligibility;

Assist in administering programs fairly and methodically;

Establish common performance measurements for all CoC components; and

Provide the basis for the monitoring of all CoC and ESG funded projects.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by these written standards. Agency program procedures should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The CoC Written Standards have been approved by the CoC. ESG sub-recipients will be required to have signed grant agreements stating that they agree to participate in the Coordinated Entry System for the Stockton/San Joaquin CoC. The Written Standards will be reviewed and revised as needed at a minimum

of once per year. Agreement to abide by the Written Standards will be a condition of being approved CoC or ESG funding.

This Document

These policies and procedures will govern the implementation, governance, and evaluation of the Coordinated Entry System (CES) in the CoC. It is expected that the standards will adjust as programs evolve, members gain more experience, and HMIS data from programs and services is analyzed. These Written Standards serve as the guiding principles for funding ESG and CoC programs. These policies may only be changed by the approval of the CoC. These policies will be reviewed annually in accordance with the CoC Board Governance Charter (by-laws).

Purpose:

The CoC's Coordinated Entry System (CES) process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.

Overview of Coordinated Entry/ Assessment

Coordinated Entry/Assessment is considered one of the many interventions in a community's united effort to end and prevent homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry/assessment refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated assessment include:

A designated set of coordinated assessment locations and staff members;

The use of standardized assessment tools to assess consumer needs;

Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate);

Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS); and

Prioritization of consumers with the most barriers to returning to housing for the most cost- and service-intensive interventions.

The implementation of coordinated assessment is considered national best practice. When implemented effectively, coordinated assessment can:

Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;

Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;

Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;

Reduce or erase entirely the need for individual provider wait lists for services;

Foster increased collaboration between homelessness assistance providers; and

Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

Responsibilities of the Continuum of Care

The CoC program includes transitional housing, permanent supportive housing for disabled persons, rapid re-housing, outreach, and the Homeless Management Information System. A CoC is a geographically based group of representatives that carries out the planning responsibilities of the CoC program, as set for the in 24 CFR part 578. These representatives come from organizations that provide services to the homeless, or represent the interests of the homeless or formerly homeless. The three major duties of a CoC are to (1) operate the CoC; (2) designate a HMIS for the CoC; and (3) develop a plan for the CoC. The Coordinated Entry/Assessment System must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability (NOFA) under which a project is awarded.

The CoC Interim Rule defines several responsibilities of the Continuum of Care (578.7 (a) (8). One of these responsibilities is to establish and operate either a centralized or coordinated assessment system, in consultation with recipients of ESG program funds within the geographic area. This coordinated entry/ assessment system provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

A coordinated entry/assessment system is defined to mean a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A coordinated entry/assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's coordinated assessment system.

Another responsibility of the CoC's, in consultation with recipients of ESG program funds within the geographic area, is to establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;

Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;

Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;

Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

CES systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically

assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Geographic Area:

The Stockton/San Joaquin Continuum of Care consists of all the communities within the County of San Joaquin in the State of California.

Target Population

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness who reside in San Joaquin County. Homelessness will be defined in accordance with the official HUD definition of homelessness. People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition within the next 72 hours. People who think they have a longer period of time before they will become homeless should be referred to other prevention-oriented resources available in the community.

Goals of Coordinated Entry/Assessment

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance.

The CES System is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The CES also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD's primary goals for coordinated entry processes are:

Assistance will be allocated as effectively as possible

Assistance is easily accessible no matter where or how people present

The CoC identified the following common goals for the Coordinated entry/Assessment System:

The process will be easy on the client, and provide quick and seamless entry into homelessness services

Individuals and families will be referred to the most appropriate resource(s) for their individual situation

The process will prevent duplication of services

The process will reduce length of homelessness

The process will improve communication among agencies

Guiding Principles

The goal of the coordinated assessment process is to provide each consumer with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible.

Adopt common standards: but allow flexibility for project customization beyond baseline standards.

Consumer Choice: Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.

Promote client-centered practices – Every homeless person should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for consumers participation in the development, oversight, and evaluation of coordinated assessment. Consumers should be offered choice whenever possible.

Prioritize most vulnerable as the primary factor among many considerations – Limited resources should be directed first to persons and families who are most vulnerable. Less vulnerable persons and families will be assisted as resources allow.

Collaboration: Because coordinated assessment is being implemented system wide, it requires collaboration between the CoC, providers, mainstream assistance agencies, funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by governing bodies, consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment/entry process.

Accurate Data: Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS in a timely fashion. Consumers' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.

Performance-Driven Decision Making: Decisions about and modifications to the CES process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.

Housing First: The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a "Housing First" approach, which is a client-driven strategy that provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. The CoC strongly encourages recipients of PSH and TH funding to implement a Housing First approach whenever possible. Coordinated assessment will support a housing first

approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

Prioritizing the Hardest to House: Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.

Transparency: Make thoughtful decisions and communicate directives openly and clearly.

Operating the Coordinated Entry System

The goals of the CES System include:

Information about available services and programs for persons experiencing a housing or homeless crisis

Uniform intake, assessment and screening tools and processes

Real-time knowledge about program inventories and capacity

Coordinated referrals to receive prevention, housing or related services

Enrollment prioritization and waitlist management for housing programs.

Key Elements:

Requirements:

The Stockton/San Joaquin CoC has adopted HUD's Notice CPD 14-012 on the Prioritizing Person's Experiencing Chronic Homelessness and other Vulnerable Homeless Persons in Permanent Supported Housing and Record Keeping Requirements for Documenting Chronic Homeless Status.

Pre-Screening

All potential consumers will be pre-screened and asked sufficient questions to determine if they are homeless or at risk of imminent homelessness. If the pre-screening determines that they are homeless, they will be offered a more thorough assessment to identify their specific needs. Guiding principles for this process include:

The pre-screening tool will be the same regardless of access point;

If the program that is triaging is also a service provider, the pre-screening tool can be combined with a deeper assessment;

Screening, Assessment and Referral

Consumers community-wide will be directed to any of the system access points for pre-screening, assessment and referral. System access points are any homeless service provider in the CoC and is where formal Screening and/or Assessment for client's entry into the housing programs funded by HUD's ESG and CoC programs for the Homeless Assistance System. Screening and assessment collects information to guide housing referrals based on program eligibility and services offered for Homeless Prevention Programs, Rapid Re-Housing, Transitional Housing and Permanent Supportive Housing.

Prioritization standards

The CoC has adopted the provisions and requirements set out in the HUD Notice CPD-14-012 for the Prioritizing Person's Experiencing Chronic Homeless and Other Vulnerable Homeless Persons in Permanent Supportive Housing (PSH) and Recordkeeping requirements for Documenting Chronic Homeless Status as the baseline written standards. The CoC will make available additional written standards for eligibility and prioritization of clients based on project type.

Low Barrier Policy

CoC providers will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No consumer may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Projects restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy.

No Wrong Door Approach

Because of the diversity and size of the CoC, access to the CES follows a "No Wrong Door" approach. The principles of this approach are:

A consumer can seek housing assistance through any of the participating homeless services providers and will receive integrated services;

Consumers should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs;

Participating providers have a responsibility to respond to the range of consumer needs and act as the primary contact for consumer who apply for assistance through their service unless or until another provider assumes that role;

Participating providers will provide a proactive service that facilitates the consumer applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting consumer; and

Participating housing providers will work collaboratively to achieve responsive and streamlined access services and cooperate to use available resources to achieve the best possible housing outcomes for consumer, particularly for those with high, complex or urgent needs.

CES Components:

Assessment Tool

The CoC's will use a universal assessment tool for use in managing the client intake, assessment, and referral process. The standard tool may be customized by each individual CoC project with additional program-specific assessment questions and response categories necessary to address the unique aspects and needs of individual programs. All assessment tools will utilize a scoring paradigm to assist with documenting clients' needs and prioritizing services

Assessment Process

CoC's will employ a progressive assessment approach. Progressive assessment stages the asking and sequencing of assessment questions such that prospective program participants are asked only those

questions directly related to service enrollment and prioritization decisions necessary to progress the participant to the next stage of assessment or determine a referral to a service strategy.

Data Sharing

All projects will follow the data sharing policies developed by the CoC's HMIS committee.

Fair and Equal Access

All CoC's will ensure fair and equal access to the CES programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.. If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

Full coverage

Access to the Coordinated Entry System will be provided throughout the Continuum of Care.

Joining the CES

All projects that receive CoC or ESG funding are required by their funders to participate in the CES. Other programs are encouraged and welcome to join the CES. Those programs that are not required by their funder to participate in the CES will sign a Memorandum of Understanding agreeing to participate in the system for a minimum of six months.

Mainstream services

All projects must implement a screening protocol to assess each client's potential eligibility for the following mainstream resources or services:

Housing

Medical benefits

Nutrition assistance

Income supports

Privacy protections

CES operations and staff must abide by all privacy protections as defined by the HMIS Committee. Consumer consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to program participants as a result of each consumer's participation in HMIS will be the same as CES.

Resource List

A list of all available CoC resources will be maintained, including each project's eligibility criteria and prioritization protocols. The list of resources must be updated annually and be publicly available.

Referral criteria

Referral criteria must identify all the eligibility and exclusionary criteria used by program staff to make enrollment determinations for referred persons or households. Established guidelines must describe acceptable time frames for reviewing and communicating referral decisions (i.e. whether the potential program participant is either accepted or denied enrollment). If a potential client is not offered enrollment, the reason for rejection must be clearly communicated and documented in HMIS. The

referral criteria must be published at least annually and support the identification of and connection to appropriate housing and services for all assessed clients.

Referral Rejection Policy

Project providers and program participants may deny or reject referrals, although service denials should be infrequent and must be documented in HMIS or other comparable system with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and consumer, and be reviewed and updated annually. All participating projects and clients must provide the reason for service denial, and may be subject to a limit on number of service denials.

At a minimum, project's referral rejection/denial reasons must include the following:

Consumer /household refused further participation (or client moved out of CoC area)

Consumer/household does not meet required criteria for program eligibility

Consumer t/household unresponsive to multiple communication attempts

Consumer resolved crisis without assistance

Consumer /household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.

Consumer /household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.

Program at bed/unit/service capacity at time of referral

Property management denial (include specific reason cited by property manager)

Conflict of interest.

Standardized access and assessment

All defined access point providers must administer the assessment tool defined by the CoC. The assessment process must be standardized across all projects, with uniform decision-making across all assessment locations and staff. If access points or assessment processes are conducted or managed by providers who do not receive HUD or local government funds, those providers must still abide by assessment standards and protocols defined by the CoC. CES will operate using a client-centered approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals.

Stakeholder Inclusion

Projects will support the implementation, expansion, and ongoing operation and evaluation of Coordinated Entry Systems by regularly convening stakeholder input and feedback opportunities. The CoC will develop a plan to collect stakeholder feedback at least annually and will engage participants from all CoC component types, referral sources, residents and participants of homeless services and programs, funders of homeless response systems, and mainstream system providers.

System Advertisement and Outreach

Outreach

The CoC will contact private and public agencies including those in the CoC, 211, VA, social service agencies and state and/or local government agencies to educate and provide information on available programs a minimum of once per year. CES will coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Assessment System.

Advertisement

Advertisement is to include a minimum of flyers posted at those places stated above (as allowed). Other forms of advertisement can include newspaper ads, radio, websites, etc. to generate referrals and applications. Advertising is to focus on people experiencing literal homelessness and clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria.

System Evaluation

The CES process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation mechanisms will include the following:

A periodic review of metrics from the coordinated assessment process. The data to be reviewed, and the thresholds that should be met, will be developed.

An annual forum with people experiencing homelessness that have been through the coordinated assessment process.

A report issued on the homeless assistance system to the community annually.

Exhibit B

Stockton/San Joaquin Continuum of Care Written Standards

The Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of San Joaquin County. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC) must: (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and sub-recipient performance.

All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing.

The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. There are some additional standards that have been established by the CoC that will assist programs in meeting and exceeding performance outcomes that will help the CoC reach the goal of ending homelessness.

The Continuum of Care Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system
- Assist in assessing individuals and families consistently to determine program eligibility
- Assist in administering programs fairly and methodically
- Establish common performance measurements for all CoC components
- Provide the basis for the monitoring of all CoC and ESG funded projects

PROGRAM REQUIREMENTS FOR ALL PROGAMS

- Programs must coordinate with other targeted homeless services within the CoC, including coordinated assessment
- Programs must coordinate with mainstream resources in the CoC, including housing, social services, employment, education and youth programs for which participants may be eligible
- Programs must have individual agency written policies and procedures, including privacy policies, and must consistently apply them to all participants
- Programs that serve households with children:
 - ✓ A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early

- childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney-Vento education services.
- ✓ The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), however all homeless programs are strongly encouraged to participate in HMIS.
 - ✓ Programs must meet minimum HMIS data quality standards
 - ✓ Programs providing Domestic Violence may opt out of participation in the CoC HMIS, but must utilize a comparable database to collect HUD required data elements and share that data with the CoC HMIS on an aggregate basis
- Programs must conduct an initial evaluation to determine eligibility and the amount and type of
 assistance, including essential services and safeguards for special populations, needed to regain
 stability in permanent housing. Programs shall conduct periodic re-evaluations of need regarding
 the amount and type of assistance, including essential services and safeguards for special
 populations, needed to regain stability in permanent housing
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
 - ✓ Programs must provide copies of or post in locations accessible to program participants written standards/program participant rules, including information regarding appeals processes and grievance procedures related to reasonable accommodations
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved and must have a written appeals process.
 - ✓ Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination
 - ✓ Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
 - ✓ Termination does not necessarily preclude assistance at a future date
 - ✓ Programs must have a process that allows participants to appeal termination decisions and where the reviewing person/entity was not part of the initial termination decision.
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS

- Participant Recordkeeping Requirements include:
 - ✓ All records containing personally identifying information must be kept secure and confidential
 - Programs must have written confidentiality/privacy notice, a copy of which should be made available to participants if requested
 - ✓ Documentation of homelessness (following HUDs guidelines regarding order of preference)

- ✓ A record of services and assistance provided to each participant
- ✓ Documentation of any applicable requirements for providing services/assistance
- ✓ Documentation of use of coordinated assessment system
- ✓ Documentation of use of HMIS
- ✓ Records must be retained for the appropriate amount of time as prescribed by HUD
- Financial Recordkeeping Requirements include:
 - ✓ Documentation for all costs charged to the grant
 - ✓ Documentation that funds were spent on allowable costs
 - ✓ Documentation of the receipt and use of program income
 - ✓ Documentation of compliance with expenditure limits and deadlines
 - ✓ Retain copies of all procurement contracts as applicable
 - ✓ Documentation of amount, source and use of resources for each match contribution

OCCUPANCY STANDARDS FOR ALL PROGRAMS

- All housing units, including scattered site programs owned and managed by private landlords, must
 meet applicable state or local government health and safety codes and have current certificate of
 occupancy for the current use and meet or exceed the following minimum standards: (For more
 detail refer to ESG regulations 576.403 (b) Minimum Standards)
 - ✓ Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
 - ✓ Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
 - ✓ Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
 - ✓ Each room must have a natural or mechanical means of ventilation
 - ✓ Must provide access to sanitary facilities that are in operating condition, private and clean
 - ✓ Water supply must be free of contamination
 - ✓ Heating/cooling equipment must be in working condition.
 - ✓ Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
 - ✓ Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
 - ✓ Building must be maintained in a sanitary condition
 - ✓ Must be at least one smoke detector and carbon monoxide detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide. Below are the minimum standards that apply to each specific component of the homeless system in addition to the above.

EMERGENCY SHELTERS

Emergency Shelter Procedures

Emergency shelter programs may serve various sub-populations: households with children, individuals male or female, unaccompanied youth, and victims of domestic violence. The level of support services available to participants varies from program to program. The length of stay is generally expected to be less than 30 days; extensions may be granted based on individual agency policies.

Access to Emergency Shelter: Information on how to access emergency shelter is available 24 hours a day/7 days a week by contacting 2-1-1. Individuals and households with children can also contact emergency shelters directly.

Eligibility Criteria:

- Participants must meet the HUD definition of homelessness 1, 2 or 4 as defined by 24 CFR Part 91, 582 and 583
- Each individual shelter may have its own written eligibility criteria, based on the sub-population served, i.e. age, gender, family composition, severity of behavioral health issues, etc.

Residency requirement: none

Minimum Standards:

- Minimum hours of operation 6PM 6AM
- Staff supervision whether paid or volunteer must be provided during hours of operation of program
- A minimal amount of personal information must be collected to establish a daily client roster to be kept in case of emergency and/or building needs to be evacuated
 - ✓ At intake each participant shall be informed of evacuation procedures.
 - ✓ Maps/diagrams of exits should be prominently placed throughout the facility

Performance Standards:

Reduce average length of stay by ten percent annually

RAPID RE-HOUSING PROGRAMS (RRH)

Rapid Re-Housing Programs (RRH) provide housing relocation and stabilization services and short or medium term rental assistance as needed to help a homeless individual or family move as quickly as possible to permanent housing and achieve stability in that housing.

The core components are housing identification and relocation, short and/or medium term rental assistance and move-in (financial) assistance, and case management and housing stabilization services.

Program staff are expected to remain engaged with the households from first contact to program exit (no more than 24 months), using a progressive engagement approach and tailoring services to the needs of the household in order to assist the household to maintain permanent housing.

Eligibility Criteria:

- Participants must meet the HUD definition of homelessness 1 or 4 as defined by 24 CFR Part 91,
 582 and 583
- Participants must be in an emergency shelter or residing in a place not meant for human habitation
- Participants must lack sufficient resources and support networks necessary to retain housing without rapid re-housing assistance (24 CFR 578.37(E)).
- The participant must be assessed using the VI-SPDAT or VI-F-SPDAT. Participants will be prioritized based on VI-SPDAT or VI-F-SPDAT score and length of time homeless.
- Participants will generally have the ability to maintain housing following assistance

Residency requirement: San Joaquin County resident minimum of 30 days

Minimum Standards

- Maximum participation in a rapid rehousing program cannot exceed 24 months. However, based on available resources, assistance may be as brief as entry into permanent housing or to a specific dollar limit. The amount of assistance following initial move-in will be adjusted based on quarterly reviews of income and need.
- Services that must be provided include landlord outreach, assessment of housing barriers, financial assistance, and case management
- Support services must be provided throughout the duration of enrollment in project
- RRH programs may provide move-in costs.
- RRH project will use Housing First approaches.
- Financial assistance and case management is be based on a household's individual needs using progressive engagement. The level of assistance should be adjusted to promote self-sufficiency.
- While enrolled in RRH a participants share of rent is not limited to HUD's 30% maximum.
- RRH programs will connect households with community resources and mainstream benefits to allow for individual resources to be used for housing costs.

Access to Rapid Re-housing

 All referrals for RRH projects will come through the coordinated entry system and the community RRH priority lists for families and individuals.

Performance Standards:

- Increase the percent of persons exiting the streets to some type of housing by ten percent annually
- Reduce the number of persons entering ES or TH programs for the first time by five percent annually

OUTREACH

Eligibility Criteria

• Literally Homeless as outlined by the HUD definition of homelessness.

Minimum Standards

Support services provided must be focused on:

- a. Getting participants housed
- b. Linking participants to mainstream benefits and resources
- c. Maintaining benefits for which the participants are eligible
- Participant engagement outreach workers will locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.
- Programs will address urgent physical needs, such as providing meals, blankets, clothes, or toiletries.
- Programs will provide assistance with navigating the homeless service system, including linking
 the participant to coordinated entry, conducting the VI-SPDAT assessment and referring the
 participant to the permanent housing priority list.
- Programs will assist with obtaining housing.

Performance Standards:

- Reduce the overall return to homelessness for persons entering permanent housing to less than 20%
- Reduce the number of persons entering ES or TH programs for the first time by five percent annually
- Increase the percent of persons exiting the streets to some type of housing by ten percent annually

HOMELESSNESS PREVENTION PROGRAMS

Homelessness Prevention provides stabilization services through short or medium term rental assistance as needed to help an at-imminent-risk-of-becoming-homeless individual or family achieve stability in that housing or obtain more affordable housing.

Eligibility Criteria:

- Participants be at imminent risk of becoming homeless as defined by HUD
- Participants must not have any other available resources
- Participants must meet income requirements of less than 30% of median income, using the HUD established criteria for determining income
- Participants will generally have the ability to maintain housing following assistance

Residency requirement: San Joaquin County resident minimum of 30 days

Minimum Standards

- Maximum participation in a homeless prevention program cannot exceed 24 months, however based on available resources, assistance may be as brief as one month of rental assistance or a maximum dollar limit. Assistance provided beyond one month will be adjusted based on quarterly reviews of income and need
- Services that must be provided include landlord outreach, assessment of housing barriers, financial assistance, and case management
- Support services must be provided throughout the duration of project enrollment

TRANSITIONAL HOUSING PROGAMS

Transitional Housing (TH) facilitates the movement of homeless individuals and families to permanent housing within 24 months of entering TH.

Eligibility Criteria: Individual transitional projects may have their own eligibility criteria based on the sub-population served, i.e. – age, gender, family composition, severity of behavioral health issues, etc.

Participants must meet the HUD definition of homelessness 1, 2 or 4 as defined by 24 CFR Part
 91, 582 and 583

Residency requirement: San Joaquin County resident minimum 30 days

Minimum Standards

- Maximum length of stay cannot exceed 24 months. However, individual projects may impose shorter periods of enrollment
- Assistance in transitioning to permanent housing must be provided
- Support services must be provided throughout the duration of stay in transitional housing
- Program participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months
- TH programs will screen potential participants using a common assessment form

Performance Standards:

- Reduce average length of stay by ten percent annually
- Reduce the overall return to homelessness for persons entering permanent housing to less than 20%
- Forty-five percent of adults in TH projects will have an increase in earned income

PERMANENT SUPPORTIVE HOUSING

Under the HEARTH Interim Rule, Permanent Supportive Housing (PSH) is one of the eligible program components. Permanent supportive housing is community-based housing, the purpose of which is to provide housing without a designated length of stay.

Eligibility Criteria:

- Participants must meet the HUD definition of homelessness 1, 2 Or 4 as defined by 24 CFR Part
 91, 582 and 583
- Participants must be in an emergency shelter or residing in a place not meant for human habitation
- PSH can only provide assistance to individuals with disabilities and families in which at least one adult or child has a disability
- Referrals for PSH will be generated through the CoC Coordinated Entry process and the CoCwide PSH priority lists for families and individuals.

Residency requirement: San Joaquin County resident minimum 30 days

Minimum Standards

- There can be no predetermined length of stay for a PSH program
- Supportive services designed to meet the needs of the program participants must be made available to the program participants throughout the duration of stay in PSH
- PSH programs will screen potential participants using a common assessment form
- PSH programs will utilize housing first approaches
- PSH program will use the priorities established in CPD-14-012, specifically:
 - HUD's "Order of Priority in CoC Program-funded Permanent Supportive Housing" is as follows:
 - ✓ First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
 - ✓ Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.
 - ✓ Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.
 - ✓ Fourth Priority—All Other Chronically Homeless Individuals and Families.
 - HUD's "Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness" is as follows:
 - ✓ First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.
 - ✓ Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.
 - ✓ Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
 - ✓ Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.
- Turnover beds in PSH projects will be prioritized for the chronically homeless
- Program participants in PSH must enter into a lease agreement for an initial term of at least one
 year. The lease must be automatically renewable upon expiration, except on prior notice by
 either party, up to a maximum term of 24 months
- PSH projects will use housing first approaches.

Access to PSH Projects

• All referrals for PSH projects will come through the coordinated entry system and the CoC-wide PSH priority lists for families and individuals.

Performance Standards:

- Reduce the overall return to homelessness for persons entering permanent housing to less than
 20%
- Ten percent of adults in PSH projects will have an increase in earned income
- Continuum of Care funded permanent supportive housing projects will have a housing stability measure of at least 85%.

Budget Worksheet

Applicant: City of Manteca

Acitivty: Emergency Homeless Shelter

	ACTIVITY COST					
Program Implementation (Direct Program Cost)	ESG Only		Other Sources		Total	
Task 1: Client Sheltering and Amenities	\$	9,640.00	\$	135,203.20	\$	144,843.20
Total Program Implementation	\$	9,640.00	\$	135,203.20	\$	144,843.20
Personnel/Other Costs (Program Administration)						
Office Supplies			\$	3,000.00	\$	3,000.00
Maintenance and Janitorial			\$	9,000.00	\$	9,000.00
Vehicle Expenses			\$	18,000.00	\$	18,000.00
Personnel Expenses			\$	559,224.00	\$	559,224.00
Total Personnel/Other Costs	\$	-	\$	589,224.00	\$	589,224.00
Total ESG Request Total Other Sources	\$	9,640.00	\$	724,427.20		
Total Project Cost (All Sources)	Ī				\$	734,067.20