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I. Introduction

The MS-503 Continuum of Care (CoC) Gulfport/ Gulf Coast CoC and Open Doors Homeless Coalition, its Collaborative Applicant and HMIS lead, use data and community input to plan and implement housing and services to fill gaps in the system in the six southern-most counties of Mississippi:

- Harrison (including Biloxi and Gulfport)
- Jackson (including Pascagoula and Moss Point)
- Hancock
- Stone
- George
- Pearl River

The General membership of the MS-503 CoC and Open Doors Homeless Coalition adopted the goals of *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness* in January, 2014:

- End Homelessness Among Veterans by the end of 2015 (this goal was achieved Dec 2016 and the community is working to sustain the effective end to homelessness among veterans.)
- End Chronic Homelessness by the end of 2017
- End Homelessness Among Families and Youth by the end of 2020
- Set a Course to End all Homelessness in South Mississippi

In order to achieve the goals through collaboration and coordination, the General Membership of the MS-503 CoC formally adopted committees in January, 2016:

- Veterans Committee
- Chronic Homelessness Committee
- Family and Youth Committee
- Coordinated Entry Committee

The MS-503 CoC and Open Doors Homeless Coalition formally adopted system performance measures in August, 2016, designed to align with the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which establishes specific goals and objectives targeted at system performance. To achieve the system performance goals, Open Doors Homeless Coalition, the HMIS lead, has develop measurement tools in its Homeless Management Information System (HMIS), AWARDS by Foothold:

- Reducing the number of people who become homeless
- Reducing the length of homelessness
- Reducing the returns to homelessness
- Reducing overall homelessness
- Increasing jobs and income

The policies contained in this manual were adopted by the MS-503 CoC General Membership in August, 2016, as an addition and amendment to the MS-503 CoC Policies and Procedures adopted by the MS-503 Gulfport/ Gulf Coast CoC General Membership, the MS-503 CoC Governing Council and Open Doors Homeless Coalition, its Collaborative Applicant and HMIS lead.

The Governing Council of the MS-503 CoC, also known as the Open Doors Homeless Coalition Governing Council, is elected annually by the General Membership. The Governing Council sets policies and reviews system performance and project quality at least annually. The unbiased review committee, a subset of the Governing Council, rates and ranks projects annually for inclusion in the HUD Continuum of Care grant proposal.
### Table 1. Funding Sources

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Housing Strategies/Components</th>
<th>Targeted Population</th>
<th>Eligible Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HUD: Continuum of Care (COC)</strong></td>
<td>Permanent Supportive Housing</td>
<td>Literally homeless individuals with disabilities and families with one member who has a disability</td>
<td>Acquisition, Rehabilitation, New Construction, Leasing, Rental Assistance, Transition (leasing), Tenant Based Rental Assistance, Sponsor-Based Rental Assistance, Project Based Rental Assistance, Vacancies and Property Damage, Supportive Services: Annual assessment of service needs, assistance with moving costs, case management, child care, education services, employment assistance or job training, food, housing search and counseling services, utility deposits, legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation</td>
</tr>
<tr>
<td></td>
<td>Rapid Re-housing</td>
<td>Literally homeless individuals and families</td>
<td></td>
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<tr>
<td></td>
<td>Transitional Housing</td>
<td>Literally homeless individuals and families</td>
<td></td>
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<tr>
<td></td>
<td>Supportive Services Only</td>
<td>Literally homeless individuals and families</td>
<td></td>
</tr>
<tr>
<td><strong>HUD: Emergency Solutions Grants (ESG)</strong></td>
<td>Street Outreach</td>
<td>Literally homeless individuals and families</td>
<td>Engagement, Case Management, Emergency Health Services, Emergency Mental Health Services, Transportation</td>
</tr>
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<td></td>
<td>Emergency Shelter</td>
<td>Literally homeless individuals and families</td>
<td>Essential services: case management, child care, education services, employment assistance or job training, legal services, life skills training, mental health services, outpatient health services, substance abuse treatment services, transportation; Renovation, Shelter Operations, Assistance required under &quot;URA&quot;</td>
</tr>
<tr>
<td></td>
<td>Rapid Re-housing</td>
<td>Literally homeless individuals and families</td>
<td>Housing relocation and Stabilization services: financial assistance - moving costs, rent application fees, security deposits, last month’s rent, utility deposit, utility payments; services - housing search and placement, housing stability case management, mediation, legal services, credit repair; short (3 months)/ medium (4-24 months) rental assistance; six months of rental arrears</td>
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<tr>
<td></td>
<td>Homeless Prevention</td>
<td>At risk of homelessness</td>
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<tr>
<td>State: CHOICE Program</td>
<td>Permanent Supportive Housing</td>
<td>Literally homeless individuals with mental illness and families with one member who has a mental illness</td>
<td>Rental Assistance: Up to 12 months of rental assistance and unlimited supportive services and mental health treatment through the community mental health center; security deposits, utility deposits, staff costs to issue rental assistance, costs attributed to case managers for housing search and stabilization, HMIS data entry.</td>
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<tr>
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<tr>
<th>State: CABHI and PATH (Federal grants that flow through the Mississippi Department of Mental Health)</th>
<th>Rent and Utility Assistance</th>
<th>Only for participants identified by participating community mental health centers for outreach and services for literally homeless persons with mental illness or literally homeless persons with chronic substance abuse issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Operations</td>
<td>Rental deposits and utility deposits</td>
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<td></td>
<td>Costs attributed to outreach workers, mental health treatment, substance abuse treatment, and other costs related to operation of program</td>
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<td></td>
<td>Personal health and hygiene items and household cleaning supplies</td>
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<td>Local: HOME Consortium (Gulfport/ Harrison County)</td>
<td>Permanent Housing</td>
<td>Low-moderate income individuals or families</td>
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These policies reference the HUD definition of homelessness as contained in the HEARTH Act. Table 2 below provides a brief synopsis of each category of homelessness, per HUD's definition.
| Category 1 | Literally Homeless | Individuals or families who lack a fixed, regular, and adequate nighttime residence, meaning:  
- Have a primary residence that is a public or private place not meant for human habitation;  
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or  
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution |
| Category 2 | Imminent Risk of Homelessness | Individuals or families who will imminently lose their primary nighttime residence, provided that:  
- Residence will be lost within 14 days of the date of application for homeless assistance;  
- No subsequent residence has been identified; and  
- The unaccompanied youth or young adult lacks the resources or support networks needed to obtain other permanent housing |
| Category 3 | Modified McKinney-Vento | Individuals or families who:  
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; and  
- Have experienced persistent instability as measured by two moves or more during the preceding 30 days; and  
- Can be expected to continue in such status for an extended period of time due to special needs or barriers; and  
- The individual lacks the resources or natural support networks needed to obtain other permanent housing or to remain in a doubled-up situation for 120 days or more |
| Category 4 | Attempting to Flee External Harm to Self | Individuals or families who:  
- Is fleeing or disengaging, or is attempting to flee or disengage, domestic violence, sex trafficking, sexual exploitation, gang participation, and/or organized crime; and  
- Has no other residence; and  
- Lacks the resources or support networks to obtain other permanent housing |
II. Centralized Intake Policies and Procedures

Developed December, 2013 Updated August, 2016

A. Background

In 2013 the MS-503 CoC began implementation of centralized intake/ coordinated assessment. The committee was tasked with researching various types of coordinated assessment, and selecting the one that would be the most appropriate and effective in South Mississippi. This group chose a “no-wrong door” approach through the HMIS system. The MS-503 CoC Governing Council and General membership are now exploring a site-based centralized intake procedure to be implemented in 2017.

The benefits of a site-based approach:
- reducing the amount of phone calls and legwork clients have to do to get into a program;
- closing side doors where households can get in ahead of households that have been prioritized;
- decreasing the amount of time housing providers spend processing requests for assistance, and increasing the amount of time they can spend on direct service; and
- improved data collection and quality that allows for data driven decision making based on client-level and system-wide needs.

The community’s proposed Access Point for Housing, a centralized intake for homeless programs, will begin in 2017 and will supplement the existing “no wrong doors” approach.

The current “no wrong door” approach and the planned site based approach for coordinated entry in 2017 promote a vision of a homeless system that:
- re-houses or shelters people the moment they ask for help, where no one has to sleep outside who doesn’t want to;
- permanently houses people as quickly and efficiently as possible; and
- effectively connects homeless households to mainstream self-sufficiency services in order to minimize returns to the homeless system.

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1 According to the National Alliance to End Homelessness, coordinated assessment, also known as coordinated entry or coordinated intake, paves the way for more efficient homeless assistance systems by a) helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match); b) reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and c) improving data collection and quality and providing accurate information on what kind of assistance consumers need. Coordinated assessment is ideally a system-wide process and can serve any and all populations. Systems may accomplish coordinated assessment through the use of a centralized phone hotline (e.g. a 2-1-1), a single physical point of assessment (through an emergency shelter or a dedicated assessment center, for example) or a decentralized coordinated system (with multiple assessment points all employing the same assessment and referral process). Each of these models has its advantages and drawbacks. Each assessment point in a coordinated system handles assessment or screening of consumer need, data entry, referrals, and, potentially, program admissions. Ideally, these centers are the main access points for prevention and diversion services as well. Assessment center staff, after an initial assessment, should either provide the necessary prevention or diversion services or admit or refer a family to the program that is best equipped to get them into permanent housing as quickly as possible.
Centralized intake plays an essential role in that ideal system. The data generated from centralized intake describes who is getting what they need from our system, who isn’t, and where we need to put our investments to realize our shared goal of ending homelessness.

Currently, all persons seeking services, wherever they enter, whether through outreach or at a program, are assessed with a common assessment tool, the VI-SPDAT, and entered into the coordinated entry portal with a housing prioritization score.

**B. Purpose**

The purpose of centralized intake is to provide an access point for households to enter the system when they become homeless. They are screened for eligibility and assessed to determine the best housing option to match their unique needs. Households are referred to the next available appropriate opening in the order of prioritization. The persons with the highest vulnerability in each category will be housed first.

**What centralized intake DOES:**
- Eligibility screening for homelessness prevention, shelter, transitional housing, rapid re-housing and permanent supportive housing.
- Vulnerability assessment to determine prioritization.
- Matching and referring clients to program openings based on prioritization, the household’s strengths and needs, and information from providers.

**What centralized intake DOESN’T do:**
- Screen and assess for subsidized housing.
- Create new housing in our system.
- Guarantee a placement in a housing program.

**C. Procedures**

Participating providers will follow the procedure outlined below for all households. This document is available on the Open Doors Homeless Coalition website; www.opendoorshc.org, and can be requested via email or hard copy from Open Doors Homeless Coalition staff.

1. **Clients**
   a. When persons experiencing homelessness or are at imminent risk of homelessness, a participating provider will enter their information, including the VI-SPDAT interview that will generate a score, into the HMIS coordinated entry portal.
   b. Eligibility. Individuals and families that are “literally homeless” (meeting HUD’s Category 1 or 4 definition of homelessness [see Table 2]) OR at imminent risk of homelessness. For purposes of eligibility for centralized intake, “imminent risk of homelessness” means individuals and families that are able to document that they must leave their current nighttime residence within 72 hours, and include households that:
      i. Have received a court summons for eviction.
ii. Have a compelling documented reason for facing homelessness within 72 hours.

c. Participation Requirement. All households (with the exception of households in domestic violence situations (DV)) must be assessed by centralized intake prior to program entry; or, in the case of households that are staying in emergency shelters that admit same-day, the assessment must occur as soon as possible after entry, and before being referred to another program. DV clients will be referred to the Domestic Violence hotline for assessment. In all cases, clients can expect:
   i. To be treated with respect and dignity.
   ii. Their initial phone call for assistance to be answered live or returned within two business days.
   iii. To be scheduled for an in-person, comprehensive, vulnerability assessment within two to five business days.
   iv. To be matched to an appropriate program based upon their unique needs, and referred based on their priority status to openings in that program.
   v. To wait until the system has the capacity to assist them, and to get help from a Navigator while they wait for an opening if their priority is lower and vacancy rates remain low.

e. Responsibilities. Clients must:
   i. Answer all questions truthfully and to the best of their ability.
   ii. Bring the following documentation to the assessment:

       • Current income verification
       • Homeless certification from a shelter or other professional, appropriate documentation of chronic homelessness, as requested for PSH
       • Evidence of disability, for acceptance into permanent supportive housing: signed letter from a professional capable of diagnosing in the State of Mississippi that indicates a permanent impairment to activities of daily living,
   iii. Keep their contact information current in order to be notified of available openings, and referred in a timely manner.

2. Providers
a. Participation Requirements. Providers will participate in centralized intake as follows.
   i. Time-limited housing programs that do not admit clients same-day MUST list all openings in the Daily Vacancy & Tracking Form, and can ONLY take clients that have been assessed and entered into the coordinated entry portal. Providers that are not complying with this requirement will be out of compliance with the MS-503 CoC Coordinated Entry procedure and funding will be at risk.
   Clients in a time-limited housing program that have been assessed and entered into the coordinated entry portal can go directly to a rapid re-housing, transitional or permanent supportive housing program in the community as long as prioritization policies are followed.
   ii. The following providers must list openings in the Daily Vacancy & Tracking Form,

       • Permanent supportive housing programs,
       • Rapid rehousing programs,
       • Homelessness prevention programs.

b. Providers can expect:
i. To receive a referral within five business days of posting an opening on the Daily Vacancy & Tracking Form. If a referral cannot be sent within five business days, Open Doors Homeless Coalition will notify the provider of the situation.

ii. To have client records available to them in HMIS at the time of referral.

iii. To hear back from Open Doors Homeless Coalition within two business days regarding any referrals.

c. It is the providers’ responsibility to:

i. Update their program’s vacancies/openings as described on the Daily Vacancy & Tracking Form. This must be done either on a daily or weekly basis regardless of whether there are new openings to report.

ii. Confirm verbally or via e-mail that open Doors Homeless Coalition is aware of openings.

iii. Work with Open Doors Homeless Coalition to fill openings that have been posted and unfilled for a week or more.

iv. Regularly update and make current all program eligibility guidelines and program contact information so that Open Doors Homeless Coalition can make the best referrals possible.

v. When a referral is received, respond via the HMIS secure messages email to Open Doors Homeless Coalition or agency that made the referral within three business days, and indicate whether the referral is accepted, declined by provider, declined by client, or pending, or the provider is unable to contact the client. In addition, the provider must also indicate the status of the referral on the Daily Vacancy & Tracking Form.

vi. Inform Open Doors Homeless Coalition when a referral packet and or any part of a client record in HMIS is incomplete.

vii. If the provider rejects a referral, describe in detail why and make any necessary changes to their eligibility information.

viii. Bring problems and suggestions for improvement to the monthly CoC meetings on the third Thursday of every month, 11975 Seaway Rd, Gulfport MS, Regions Banquet Room, 10:30-12:00.

ix. Provide housing and tailored services to referred households.

3. Coordinated Entry

a. The CoC can expect:

i. That program eligibility information, staff contact information, and program openings are accurate and current.

b. Coordinated Entry personnel will:

i. Answer client calls live or return them within two business days.

ii. Assess all eligible households within 2-5 business days.

iii. Make referrals to agencies within five business days of openings being posted on the Daily Vacancy & Tracking Form. If Open Doors Homeless Coalition cannot send a referral within five business days, Open Doors Homeless Coalition will notify the provider of the situation. (Open Doors Homeless Coalition will make available the client record in HMIS at the time of the referral).

iv. To the best of their ability, and with the information provided, refer clients in
vi. Fill out Referral Tracking Tab on the Daily Vacancy & Tracking Form each time a referral is sent in response to an opening.

vii. Respond within two business days to providers' questions, concerns and requests.

viii. Provide sufficient staffing to perform these functions, and maintain up-to-date staff roles and contact information.

ix. Continue to build partnerships with such entities as housing provider agencies, service provider agencies, workforce development agencies, public school districts, community and technical colleges, and public utilities.

4. Screening

Coordinated entry sites will:

a. Perform an initial telephone screening in HMIS to determine if a household qualifies for an assessment as described above in the Client Eligibility section.

b. Provide in-person screenings for individuals and families who do not have access to a telephone.

c. Answer calls live or return calls within two business days.

d. Refer households that do not qualify for an assessment to other appropriate programs and resources in the community.

5. Assessment

a. Within two to five business days of screening, Coordinated Entry personnel will perform a vulnerability assessment (VI-SPDAT) for all eligible households in HMIS. The assessment will be conducted at the location the household seeks services or as part of outreach.

b. Extended hours (beyond 8 am to 5 pm) will be available for households to access centralized intake outside of their workday (to be implemented in 2017).

c. Open Doors Homeless Coalition or community outreach workers will provide assessments at secure, offsite locations for households that cannot get to a coordinated entry site for their face to face assessments.

d. When assessment volumes are low, Open Doors Homeless Coalition will

i. Reach out to shelters that admit same-day, drop-in centers and or other appropriate venues to assess those who are not yet assessed and in the system;

ii. Follow up with households on the placement roster to re-establish eligibility.

6. Documentation

a. Homeless Verification. Open Doors Homeless Coalition, or the site where households are seeking services will collect documentation of homelessness and transmit it to the receiving provider at the time of referral. All homeless verifications must include the zip code where the household stayed the night before and the zip code of the last permanent residence. Homeless certifications are good for 90 days, except when the household is entering a HUD Continuum of Care (COC) Permanent Supportive Housing Program (PSH). If a household has been on the placement roster for more than 90 days AND an opening comes up that is appropriate for them, Open Doors Homeless Coalition or the site where households initially sought services will confirm homelessness status and will obtain
a new homelessness verification form and chronic homelessness documentation. HUD CoC PSH projects require homeless certifications to be no more than 24 hours old. The following are acceptable forms of homeless verification:

i. For literally homeless households:
   - Written observation by an outreach worker or other professional; or
   - Written referral by another housing or services provider (such as a shelter); or
   - Documentation of a court eviction; or
   - Certification by the individual or head of household seeking assistance stating that they were living on the streets or in shelter, preferably accompanied by a third party verification such as those listed in items a.-c., above. (For chronically homeless persons, self-certifications are limited to 25% of the participants)
   - HMIS documentation of 12 months of homelessness for chronically homeless households
   - Community observation documented in a letter

ii. For households staying with family or friends, a dated letter from the homeowner or landlord that the household in question must leave within 72 hours AND certification by the individual or head of household seeking assistance stating that they will become homeless within 72 hours. This should be rare.

iii. For individuals exiting an institution after less than 90 days and homeless at entry:
   - Discharge paperwork or written referral with evidence of homelessness, or
   - Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution.

b. Income. Clients must earn less than or equal to 50% of the Area Median Income as defined by HUD (http://www.huduser.org/portal/datasets/ilm.html).
   i. Open Doors Homeless Coalition or the provider will verify income eligibility and collect current income documentation at the time of vulnerability assessment.
   ii. All income documentation will be passed onto the provider accepting the household at the time of referral.

7. Matching

Assessed households will be matched to the appropriate program based on level of need and other criteria, including:

a. Household type and size;

b. Geographic location, including matching families with children to programs that can serve the family in the child’s current school district, or other location they prefer such as near family and/or friends;

c. Special populations, including but not limited to the following:
   i. Disability status/Chronic Homelessness
   ii. Domestic violence
   iii. Mental illness
   iv. Substance abuse
   v. Youth and young adults
8. Unfilled Openings
   a. Expected openings. When a provider is aware that a unit or bed will become available, the time from the unit being vacated to the time a new client moves in should not exceed 21 days.
   b. Unexpected openings. When a client leaves a unit or bed unexpectedly and/or without notice, the time from the unit being vacated to the time a new client moves in should not exceed 30 days.
   c. Reverse referrals (a provider admitting a household prior to assessment) should only happen when
      i. The provider has three or more openings that have been posted for over a week; AND
      ii. Both the provider and centralized intake know there is an opening; AND
      iii. There are NO households on the entire placement roster that meet the criteria.
      iv. At that point, if the provider is aware of a household that DOES meet the criteria, the provider can fill the unit with that household, and get the household scheduled for an assessment within three business days of program entry.

9. Prioritization
   Priority for openings is in the following order to households with the longest history of homelessness:
   a. Living outdoors with a child or pregnant—the younger the child, the more "in need;"
   b. Affected by a physical or developmental disability, or serious medical condition that could get worse if living outdoors, especially if a minor child in the household has the disabling or serious medical condition;
   c. Living outdoors;
   d. About to be released from a shelter with no other plans and will likely be homeless;
   e. In a shelter;
   f. In transitional housing.

10. Referrals
    a. When a provider reports an opening, Open Doors will prepare to refer two households for each opening based on eligibility criteria and date they were assessed. Open Doors will contact each household to update their information and verify that the household is still eligible for the opening.
    b. If a household cannot be reached, Open Doors will move on to the next household on the prioritized list that is eligible for the opening listed.
    c. Once two eligible households are found a primary and secondary referral will be made. Both client records will be available to the receiving provider in HMIS at this time. Each referral packet will include the following:
       i. Release of Information (ROI)
       ii. Current income documentation
       iii. Homeless verification
       iv. If the referral packet is incomplete, and or the provider is unable to access any part of the client record, the provider should notify Open Doors Homeless Coalition.
    e. Providers must choose the primary referral first if the household meets the eligibility criteria outlined on the Daily Vacancy spreadsheet.
f. When a household cannot be reached the provider may move on to the next referral according to the following:
   i. If the provider has three or more openings, they may move on to the next referral within one business day of attempting to contact the first referral.
   ii. If the provider has fewer than three openings, they may move on to the next referral within 2 business days of attempting to contact the first referral.

g. If a household does not qualify or is declined for another reason, the receiving provider will work their way through the referrals in priority order until one household qualifies and is accepted. For each unqualified/ineligible household, the provider must supply a detailed description of why the household was not accepted in the Daily Vacancy spreadsheet.
   i. For the safety of domestic violence survivors, providers should NOT list domestic violence as the reason on the spreadsheet for declining a referral when a household is declined because they are fleeing a domestic violence situation and the receiving provider is not equipped to handle such cases. The provider must make a referral to Gulf Coast Women's Center for Nonviolence hotline.

h. If all referrals do not qualify, Open Doors Homeless Coalition will send another round of referrals, and the provider shall follow the process described above.

i. A referral or acknowledgement of the opening must be entered on the Referral Tracking form by Open Doors staff within 5 business days of the opening being posted. Referrals must then be acknowledged (accepted, declined by provider, declined by client, pending, or unable to reach client) by the receiving provider within 3 business days.

j. Once a household is determined eligible the receiving provider must complete the Referral Tracking tab for each referral sent, including those declined, and also e-mail Open Doors or provider who made the referral in order to close the process.

k. Those households who did not qualify will be put back on the Placement Roster and will not lose their place.
III. Rapid Re-Housing Policies and Procedures (SHB 2163)
(Developed December, 2013; Updated August, 2016)

A. Overview and Purpose
Based on national research and promising practices, MS-503 Continuum of Care has, in consultation with Mississippi Home Corp's ESG program and as part of the CoC program, implemented rapid re-housing short term rental assistance for homeless families and individuals in South Mississippi. Rapid re-housing is a set of strategies that permanently houses individuals and families as quickly as possible where level and duration of support is tailored to meet the needs of each household. Each household has a lease in their name and is connected to mainstream self-sufficiency services in the community. Providers are expected to remain engaged with the households from first contact to program exit, using a progressive engagement approach and tailoring services to the needs of the household in order to assist the household to maintain permanent housing.

The purpose of this document is to create a common set of policies, procedures and standards that will be used by all contractors providing rapid re-housing under CoC or ESG.

B. Referral Process and Household Eligibility

1. Referral Process
   The following process will be used to refer individuals and families to any Rapid Re-Housing program.
   a. Filling Rapid Re-Housing Vacancies. Rapid re-housing providers can get clients from any of the following sources, provided they have been assessed by centralized intake, and all eligibility and vacancy information is kept up to date in the Daily Vacancy and Tracking
      i. Centralized Intake/ Outreach;
      ii. Shelters;
      iii. Transitional housing programs.

2. Centralized Intake
   All households being referred for Rapid Re-Housing assistance must be assessed and entered into the centralized intake portal for homeless housing programs, and follow the Centralized Intake Policies and Procedures in Section II above. While they may be identified through other sources, e.g., shelter or transitional housing providers, McKinney-Vento Liaisons in school districts, or other service providers, they will still require screening and assessment through the MS-503 CoC’s centralized intake system.

3. Documentation
   Centralized intake personnel are responsible for gathering documentation as outlined in section II.C.6 above. The receiving provider is responsible for confirming the household’s homeless status and
maintaining hard copies of the records. See the Section 2.C.6 of the Centralized Intake Policies and Procedures for acceptable forms of documentation of homelessness.

4. **Homeless Management Information System**

All rapid re-housing clients, except clients fleeing domestic violence and/or coming to the program from a domestic violence shelter, must be entered into HMIS. There are no bed lists for this program; however, agencies with RRH funds will be listed on the vacancy form.

5. **Eligibility**

Eligible households must:
- Be literally homeless as defined by HUD (See Table 2), Category 1 or 4, in South Mississippi.
- For MS-503 CoC Rapid Re-Housing Collaborative providers (CoC or ESG), participants should have a combined household income that is 50% or below the area median income (AMI) as established by HUD at entry, 30% or below AMI at reassessment in order to continue receiving assistance (to ensure that the program is serving those most in need), and a reasonable plan to be able to maintain housing after assistance ends. A reasonable plan may include a 12-month budget, the financial assistance worksheet, and or a narrative description of changes in household circumstances that will allow them to maintain housing after assistance ends. (Exceptions to income limitations may be made with appropriate case management notes to support the decision to continue assistance) All income must be appropriately documented at program entry and at reassessment.
- Households cannot be residing in subsidized housing or receiving a duplicate housing subsidy; however, deposits may be paid if an assisted household is residing in subsidized housing.
- Have at least one U.S. Citizen, U.S. National, or non-citizen with eligible immigration.

For CHOICE-Funded projects only:
- Households served by CHOICE rental assistance funding may only be served through an association with a participating community mental health center which is providing comprehensive community based mental health services.
- Assisted household(s) must include at least one (1) person living with a severe and persistent mental illness who is literally homeless, may have cycled in and out of the state mental health hospital, or may be exiting the state mental health hospital with no housing and no resources to obtain housing.
- Households must undergo a background check.
- Households cannot be residing in subsidized housing or receiving a duplicate housing subsidy.
C. General Operating Standards

1. Progressive Engagement
Providers will determine the amount of rent and utility assistance and/or supportive services households will receive using the progressive engagement approach. Households will be asked to identify the minimum amount and duration of assistance needed to achieve housing stability. Unless the requested amount exceeds fair market rent for the area, or the housing unit does not meet housing habitability standards, or the requested duration is longer than three months, the provider should begin with the amount and duration identified by the household. If it becomes clear after 90 days that the amount and/or duration are not enough, the household will be reassessed, and the amount and duration of assistance may be adjusted, not to exceed 24 months, not to exceed fair market rents, and the unit must continue to meet housing quality standards. If it becomes clear that a rapid re-housing intervention is insufficient and or inappropriate for a particular household, the provider will work with centralized intake and/or other housing providers to find a more suitable program. In all instances, providers will follow rules and regulations of the rapid rehousing funder.

2. Re-Housing Standard Timeframe
Households should be housed within 30 days of acceptance into the program.

3. Lease Terms
Wherever possible, participants must enter into an initial lease with the landlord of at least six months which is terminable for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party. If a six month lease is a barrier to re-housing the household within 30 days, the participant may enter into a month-to-month lease with the landlord.

4. Housing Habitability Standards
Housing for which rental assistance is paid with Rapid Re-Housing funds must meet HUD housing habitability standards. Before any assistance will be provided on behalf of a program participant, the provider must conduct a habitability inspection. Assistance will not be provided for units that fail to meet habitability standards, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the inspector verifies that all deficiencies have been corrected.

5. Lead Based Paint
Units that were built prior to 1978 and are to be occupied by households with child(ren) age 6 or under must pass a lead based paint visual assessment.

6. Suitable Dwelling Size
The dwelling unit must have at least one bedroom or living/sleeping room for each two persons.
   a. Children of the opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.
b. If household composition changes during the term of assistance, providers may relocate the household to a more appropriately sized unit. The household must still have access to appropriate supportive services.

c. Reasonable exceptions can be made, based on professional judgment, in cases where large families will not be able to afford such a large unit after the assistance ends.

7. Combining Households
   On a case by case basis, an eligible household may identify and combine with another household, at entry or mid-program.

8. Ongoing Assessment of Supportive Services
   To the extent practicable, each program must provide supportive services for residents and homeless clients using the program, which may be designed by the provider or participants. At the time of eligibility reassessment, each provider of assistance must conduct an assessment of the supportive services needed by the residents, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate.

   Participants must notify the provider of changes in the participant’s income or other circumstances (e.g., changes in household composition) that affect the participant’s need or eligibility for assistance.

10. Eligibility and Supportive Service Needs Reassessment.
    Reassessment of eligibility and needs will occur every 30 days from the date of program entry, or when a participant notifies a provider of any changes described in Item IV.b. above.

11. Hardship Policy.
    If a family is experiencing an unforeseen hardship during the period of assistance, the duration of housing assistance may be extended for no longer than a total duration of 24 months. If additional assistance is needed, the individual or family should be referred to a more appropriate housing solution using the coordinated entry referral process.
12. Termination.
The provider may only involuntarily terminate assistance to a household if the household is
removed by the landlord, or if the client reveals information after program entry that makes them
ineligible for the program. In the case of eviction by the landlord, the agency may continue to
provide assistance to a household in a new unit. Households cannot be terminated for being
unresponsive, but the agency can choose not to extend assistance past the initial duration agreed
upon by the household and the case manager. Attempts should be made by the provider to assist
the household in avoiding a return to homelessness.

In terminating assistance or denying an extension to a program participant, the provider must
provide a formal process that recognizes the rights of individuals receiving assistance under the
due process of law. This process, at a minimum, must consist of:

a. Providing the program participant with a written copy of the program rules and the
termination process before the participant begins to receive assistance;

b. Written notice to the program participant containing a clear statement of the reasons
for termination or denial of extension;

c. A review of the decision, in which the program participant is given the opportunity to
present written or oral objections before a person other than the person (or a
subordinate of that person) who made or approved the termination or denial of
extension decision; and

d. Prompt written notice of the final decision to the program participant.

e. Additionally, the provider must attempt (and document that attempt) to assist the
participant in finding additional resources to decrease the likelihood that they will not
become homeless as a result of termination or denial of extension. This assistance
must be documented and placed in the client file.

D. Eligible Program Activities

1. Housing Relocation and Stabilization Services:

a. Financial Assistance: Funds which are paid to housing owners, utility companies, or
other third parties. Does not include rental assistance. Eligible costs include:

1. **Moving Costs.** Reasonable one-time moving costs are eligible and include
   truck rental, hiring a moving company and up to three months of storage
   fees.

2. **Hotel/Motel Vouchers.** As approved by the RRH funder.

3. **Rent Application Fees.** Payment of an application fee that is charged by
   the owner to all applicants is eligible.

4. **Security Deposit.** Rapid Re-Housing funds may be used for security
   deposits in an amount not to exceed 2 months of rent. Rapid Re-Housing
   funds may be used for security deposits in conjunction with other local,
   state or federal housing subsidy or rental assistance, such as Tenant-
   Based Section 8 Housing Choice Vouchers.
5. **Last month's rent**: An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent.

6. **Utility deposit**: This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.

7. **Outside Utility Assistance**: Program staff will help households obtain outside utility assistance if they are unable to pay for the utilities themselves. In cases where the household is unable to locate other utility assistance, Rapid Re-Housing funds can be used if the household demonstrates a clear need for assistance (i.e., utility shut-off notice, monthly budget indicating the inability to pay utilities). If Rapid Re-Housing funds are used, the payment should take into consideration the utility allowance calculation when determining fair market rent.

8. **Arrears**: Up to six months of payment towards rent/utility arrears may be provided. If a household is more than two (2) months in arrears, program staff should attempt to negotiate a payment plan and/or identify other community resources to assist the household.

b. **Services**: Services should be targeted at removing the household's unique, immediate barrier(s) to re-housing.

1. **Housing Search & Placement**: Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible. Eligible costs include:
   - Supplemental assessment of housing barriers, needs and preferences to be used as a supplement centralized intake comprehensive assessment.
   - Development of an action plan for locating housing
   - Housing search and outreach to and negotiation with owner
   - Assistance with submitting rental applications and understanding leases
   - Assessment of housing for compliance with ESG or CoC Rapid Re-Housing requirements for habitability, lead based paint, and rent reasonableness
   - Assistance with obtaining utilities and making moving arrangements
   - Tenant counseling

2. **Housing Stability Case Management**: Assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability. Eligible costs include:
The following services are recognized as critical services needed in the prevention of homelessness or the rapid move from homelessness to housing and stability; however, there is not currently a funding source CoC-wide for the supportive services listed in #3–#13:

3. **Mediation**: Mediation between the program participant and the owner or person(s) with whom the program participant is living, to prevent the program participant from losing permanent housing in which they currently reside. Eligible costs include:
   - Time and/or services associated with mediation services

4. **Legal Services**: Legal services necessary to resolve a legal problem that prohibits the program participant from obtaining or maintaining permanent housing. Eligible costs include:
   - Hourly fees for legal advice and representation
   - Fees based on the actual service performed (i.e., fee for service), but only if the cost would be less than the cost of hourly fees
   - Client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling
   - Filing fees and other necessary court costs
   - Program employees’ salaries and other costs necessary to perform the services, if the program is a legal services provider and performs the services itself
   - Legal representation and advice pertaining to the following subjects: landlord/tenant matters, child support, guardianship, paternity, emancipation, legal separation, resolution of outstanding criminal warrants, orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking, appeal of veterans and public benefit claim disputes

5. **Credit Repair**: Services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report, and resolving personal credit problems (assistance cannot include the payment or modification of debt). Eligible costs include:
   - Credit counseling
   - Other related services

6. **Child Care**: When the household is ineligible for DSHS Working Connections Child Care, the costs of providing child-care vouchers, for
children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.

7. **Education and Employment Services.** Wherever possible, providers should connect households with education and employment services that exist in the community. When such services are not available or appropriate for the household, the provider may use Rapid Re-Housing funding to assist the household in pursuing education and employment opportunities that will result in the household being able to maintain housing after assistance ends.

8. **Life skills training.** The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be assessed as necessary to assist the program participant to obtain and maintain housing in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

9. **License Fees.** Fees to obtain or reinstate driver licenses or professional licenses are an eligible expense if such licenses are necessary to obtain and or maintain housing stability and or employment.

10. **Mental health services.** Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals for household members that are ineligible for existing community mental health programs. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

11. **Outpatient health services.** Eligible costs are the direct outpatient treatment of medical conditions for household members that are ineligible for existing community health care services when such treatment is necessary to obtain and maintain housing, and when provided by licensed medical professionals, including:

   - Providing an analysis or assessment of an individual’s health problems and the development of a treatment plan;
   - Assisting individuals to understand their health needs;
   - Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;
   - Preventive medical care and health maintenance services, including in-home health services and emergency medical services;
   - Provision of appropriate medication;
   - Providing follow-up services; and
   - Preventive and non-cosmetic dental care.
12. **Substance abuse treatment services.** The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible when the household member is ineligible for existing community substance abuse treatment programs. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

13. **Transportation.** Eligible costs are:
   - The costs of program participant’s travel on public transportation to and from medical care, employment, child care, or other services eligible under this section.
   - Mileage allowance for service workers to visit program participants;
   - If public transportation options are not sufficient within the area, the provider may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:
     - One-time emergency gas payment;
     - Payments for car repairs or maintenance on behalf of the program participant may not exceed $500 or 10 percent of the Blue Book value of the vehicle, whichever is greater (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);
     - Payments for car repairs or maintenance must be paid by the provider directly to the third party that repairs or maintains the car; and
     - The provider may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

14. **Service Requirements.** The following service components are required.
   - **Employment and Education.** Working age and work-able members of each household must be assessed and connected to the appropriate workforce development and or education services as needed and chosen by the participant.
   - **Case Manager Contact.** Case managers must have at least monthly contact with participants to assist in assuring long-term housing stability. This contact can be via e-mail, phone, or in-person contact. Reciprocated and unreciprocated contacts must be documented. Households cannot be terminated for being unresponsive, but the agency can choose not to extend assistance past the initial duration agreed upon by the household and the case manager.
2. Rental Assistance:

a. Amount of Assistance. Short term, shallow subsidy rental assistance for 1-3 months or medium term rental assistance for 4-24 months, approximately $500 per household per month. Excludes costs identified in section III.D.1.a. The total amount of expenditures for Rental Assistance must not exceed the minimum amount of assistance needed to create stability for the household based on the V1-SPDAT and the household’s individualized service plan. The average amount of assistance will be $2500 per household.

b. Duration of Rental Assistance. The standard duration of rental assistance will be three to six months. Regardless of what day of the month a lease begins, the first month, even if a partial month, will be considered one full month of rental assistance.

c. Dual Subsidy. Rapid Re-Housing monthly rental assistance cannot be used with any other local, state or federal housing subsidy or rental assistance. For example, monthly Rapid Re-Housing rental assistance cannot be used in combination with a Section 8 Voucher.

d. Fair Market Rent. The total monthly amount of rent and utility costs for each unit must not exceed HUD Fair Market Rents for the year in which the contract begins.

e. Household Contribution. For CoC rapid re-housing programs, the household share of rent and utility costs should be calculated using the HUD calculation which is 30% of the household’s current gross monthly income. There may be cases when it is appropriate for the CoC rapid rehousing program to pay 100% of the rent, up to the fair market rent, for a household. Each agency should maintain its own policy and apply the policy evenly for each household. For ESG, the household’s share may be calculated based on the household’s current need for a deep or shallow subsidy. For ESG, the subsidy may “stair-step” and gradually reduce through the period of assistance. For CHOICE, the household’s share will be 15% of the household’s gross income.

   i. The rent and utility amount needs to be clearly documented.
   ii. The total rent and utility amount must cover 100% of the utilities if utilities are not included in the monthly rent amount and the household pays for utilities directly.
   iii. The actual household contribution will be determined monthly, based on each household’s specific situation and financial resources.

f. Rent Reasonableness. Rapid Re-Housing funds will only provide rental assistance for a unit if the rent is reasonable. The provider must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.
E. Coordination Among Providers

Programs receiving funding for rapid re-housing assistance will be expected to:

1. Use the centralized intake system to get referrals;
2. Coordinate with emergency shelters to identify and serve eligible households;
3. Use the MSHousingSearch.com as a tool to assist in finding housing for clients; and
4. Work with the ODHC Services Coordinator who will:
   a. Convene the collaborative partners monthly at first, then move to quarterly meetings as appropriate;
   b. Coordinate line staff training opportunities;
   c. Monitor vacancies and ensure that any agencies with high vacancy rates are prioritized for referrals from centralized intake, shelters or transitional housing programs.
   d. Serve as a liaison between the collaborative partners, centralized intake and local landlords;
   e. Serve as a rapid re-housing specialist;
   f. Initiate and facilitate connections to education and employment opportunities and resources in the community, and make those available to the collaborative partners;
   g. Follow up with clients and or landlords at three, six and 12 months post program exit to measure housing stability;
   h. Report the following information to the CoC for the entire collaborative:
      i. Minimum, maximum and average monthly rental assistance amounts and duration; and
      ii. Housing stability at three, six and 12 months post program exit.
Non-Discrimination of Clients or Potential Clients

All decisions at Open Doors Homeless Coalition regarding clients or potential clients are made based on program eligibility and program requirements. Open Doors Homeless Coalition will not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, or any characteristic protected by law.
Open Doors Homeless Coalition

Drug Free Workplace Policy

Open Doors Homeless Coalition is a Drug Free Workplace. Reporting for work under the influence of any controlled substance is strictly prohibited. Controlled substances include alcohol, prescribed drugs (if used inappropriately) or illegal drugs. Any employee who reports for work under the influence of any controlled substance will face disciplinary action up to and including termination of employment.

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace. Any violation of this policy will result in disciplinary action up to and including termination.

At least annually, a training and awareness meeting will take place that addresses:

1. The dangers of drug abuse in the workplace
2. ODHC’s policy of maintaining a drug-free workplace
3. Available drug counseling and rehabilitation options
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

Each employee to be engaged in the performance of any ODHC activity is hereby notified that as a condition of employment by ODHC, the employee will:

1. Abide by the terms of ODHC’s drug-free workplace policy and
2. Notify the ODHC in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace no later than 5 days after conviction. ODHC will notify any federal, state, or local entities providing grant funding for any programs the employee worked under, within ten calendar days after receiving notice from an employee or otherwise receiving actual notice of such conviction.

Regarding employees convicted for a violation of a criminal drug statute occurring in the workplace, ODHC will provide notice to the grant officer on whose grant activity the employee was working. Notice shall include applicable grant numbers.

Within 30 calendar days of receiving notice of any employee who is convicted for a criminal drug statute occurring in the workplace will:

1. Take appropriate action against the employee, up to and including termination, or
2. Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program, and
3. Make a good faith effort to continue to maintain a drug-free workplace.
Board of Directors Code of Ethics

“This board of directors’ code of ethics was adopted by the Open Doors Homeless Coalition Board of Directors on August 15, 2013.”

Preamble

The Open Doors Homeless Coalition is a tax exempt organization formed to promote collaboration among its member agencies, advocate for the homeless, provide education and training for our members and the general public, provide Homeless Management Information Services and be the conduit for HUD funding. The business of the organization is managed under the direction of the Open Doors Homeless Coalition board of directors. The board’s code of ethics serves as a code of conduct for non-profit volunteers and staff in their capacity as board members. Code violations may result in sanctions imposed under the Procedures for Review of Board Member Conduct. The principles and requirements that comprise the code and procedures are based on and are designed to ensure full compliance by Open Doors Homeless Coalition and its officers, directors, and employees with the fiduciary duties imposed on such individuals by state corporate law, the federal tax code’s prohibition on private inurement and benefit, and other requirements of federal tax exemption, common law due process requirements, federal and state antitrust and unfair competition law, state tort law, and other legal precepts and prohibitions. Moreover, the checks and balances built into the code and procedures are designed to strike the proper balance between ensuring full compliance with the legal obligations described here and ensuring the integrity and efficacy of the code on the one hand and on the other the protection of board members, through the use of reasonable due process procedures, against patently false, malicious, or groundless accusations. Members of the board affirm their endorsement of the codes and acknowledge their commitment to uphold its principles.

Board of Directors Code of Ethics

1. Members of the board (including ex officio members of the board) shall at all times abide by and conform to the following code of conduct in their capacity as board members:
2. Ensure that their membership remains in good standing and obey all laws.
3. Conduct the business affairs in good faith with honesty, integrity, and reasonable competence
4. Keep confidential information related to the affairs of business of Open Doors Homeless Coalition
5. Exercise proper authority and good judgment in dealing with staff, suppliers, and the general public
6. Agree to use information provided in any other manner other than in furtherance of board duties
7. Regularly participate in professional development activities
8. Return all information upon retiring
9. Must act at all times in the best interests of the organization and not for personal or third-party
ARTICLE VII:  CONFLICT OF INTEREST

Section 1. Conflict of Interest:

a) A conflict of interest generally refers to any situation in which a decision-maker, such as a member of the Board of Directors (the "Board"), Board officer or committee member, is influenced in an organizational decision by personal, financial, business or other concerns that are unrelated to, or in conflict with, the organization's best interests. The duty of a Board member to avoid conflicts of interest is an expression of one of the paramount duties of a Board member, the duty of loyalty. The duty of loyalty requires each Board member to be faithful to ODHC’s best interests and not to use his or her position with respect to ODHC to advocate a personal agenda at ODHC’s expense. As such, each Board member has a duty to place the interest of ODHC foremost in any dealings he or she undertakes with or on behalf of ODHC.

b) All Board members shall adhere to the following Code of Conduct:

   - No ODHC Board member shall use his or her position, or the knowledge gained by virtue of that position, in a manner that conflict with the best interests of ODHC.
   - Each Board member has a duty to place the interest of ODHC first in any dealing with or on behalf of ODHC.
   - The conduct of personal business between any Board member and ODHC is prohibited, absent the express approval of the Board. Pertaining to the CoC HUD funding process, Board of Directors' members who have an affiliation with a requesting agency shall absent himself or herself from the discussion pertaining to said approval of the recommendation and shall abstain from voting on said issue due to conflict of interest.
   - If a Board member has an interest in a proposed transaction in the form of a significant personal financial interest in the transaction or in any entity involved in the transaction, or holds a position of trust, including director or officer in any such entity, he or she must make full disclosure of this interest before any discussion or negotiation of the transaction. Thereafter, the Board member shall absent him or herself from the discussion if the Board deems it appropriate.
   - Any Board member who is aware of a potential conflict of interest with respect to any matter coming before the Board or a committee of the Board shall disclose the potential conflict of interest before participating in any discussion or negotiation of any matter implicating such conflict of interest. Thereafter, the Board member shall absent him or herself from the discussion if the Board deems it appropriate.
   - The solicitation and acceptance of gifts or gratuities, for personal benefit, by officers, employees, and agents of the ODHC is strictly prohibited.
   - All officers, employees, and agents of the ODHC shall read and sign a copy of the Code of Conduct.

 c) Violations of the Conflict of Interest Policy or any part of the Code of Conduct shall be grounds for immediate removal from the Board or firing of employees or agents.

The undersigned board member agree to and will comply with the above policy:

Article VII – Conflict of Interest
OPEN DOORS HOMELESS COALITION

Ethics Policy

The highest standard of ethical conduct and fair dealing is expected of each employee, director, volunteer and all others associated with ODHC. Our reputation is a most valuable asset, and we must continually earn the trust, confidence and respect of our suppliers, members, clients, volunteers and our community.

This Policy provides general guidance on the ethical principles that we all must follow, but no guideline can anticipate all situations. We must all depend on the basic honesty and good judgment of every individual, and sensitivity to the way others see us and may interpret our actions.

If you have any questions about this Policy, it is your responsibility to consult your supervisor or the Executive Director. Exceptions to the Policy may be made only by the Executive Director or the Chairman of the Board of Directors.

Everyone is expected to promptly disclose to the management of ODHC anything that may actually or potentially be in violation of the Policy. We will not tolerate retaliation or retribution against anyone who brings violations to the management's attention.

I. Compliance with Laws and Regulations

All our activities are to be conducted in compliance with the letter and spirit of all laws and regulations. You are charged with the responsibility of understanding the applicable laws, to recognize potential dangers, and to know when to seek legal advice.

II. Political Activity

The Open Doors Homeless Coalition recognizes that employees, in their individual capacity may participate in the political process by supporting political parties, candidates, or causes. However, ODHC is a tax-exempt organization that is prohibited from directly or indirectly participating in any political campaign, support of or opposition to any candidate. ODHC may not contribute anything of value, including employee's time, to political campaigns, publish or distribute materials on behalf of any candidate or party, or engage in any other activity which may be considered in support of, or in opposition to any candidate.

You may personally contribute to a candidate or party of your choice. However, you may not be compensated or reimbursed by ODHC for your personal contribution. Any efforts devoted to political activity must be outside working hours. Unless authorized by the Executive Director, it must also be clear that any statements on public issues are not those of ODHC.

III. Personal Conduct

We strive to provide all employees, directors, volunteers and members with a healthy, safe and positive environment. The climate at ODHC must be free from discrimination and harassment based on race, color, religion, sex, sexual orientation, age, national origin, disability, veteran status, or any other factors unrelated to the ODHC's legitimate interests.

We will not tolerate sexual advances or comments, or any other conduct that creates, in the opinion of the management of ODHC, an intimidating or otherwise offensive environment. Similarly, the use of racial or religious slurs, or any other remarks, jokes or conduct that encourages or permits an offensive environment will not be tolerated.
If you believe you are subject to improper conduct, or become aware of the improper conduct of others, you should bring this to the attention of the Executive Director or the Chairman of the Board of Directors. All complaints will be investigated promptly.

Other prohibited activities not conducive to a good environment are threats of violent behavior or possession of a weapon. Also prohibited is the use, distribution, sale or possession of alcohol, drugs or any controlled substance on the ODHC’s premises or while on ODHC business. You may not be on ODHC premises, if you are under the influence of controlled substances, illegal drugs or alcohol.

IV. Employee Privacy and Other Confidential Information

You must protect the confidentiality of employee, client, and third party information and records. The only personal information about employees that ODHC collects is that which relates to their employment. Access to this information is limited to people with a need to know basis. Any release of the information to others must be authorized, in advance, by the Executive director or the Chairman of the Board. Personal information is released outside ODHC only with the employee's approval, except to verify employment or to satisfy legitimate investigatory or legal requirements. If you have access to any ODHC confidential information, including private employee information, you are responsible for acting with integrity. Unauthorized disclosure or inappropriate use of confidential information will not be tolerated.

V. Use of and Protection of ODHC Assets

You have a duty to preserve ODHC's assets. Since we are a charitable non-profit organization, it is imperative that everyone demonstrates cost control and follows vigorous procurement standards. Acquisitions of goods and services must be at the best possible price and quality.

You may not use ODHC employees, materials, equipment or other assets for any unauthorized purpose. Assets must be periodically tracked and inventoried, with appropriate action taken, if there are any losses.

VI. Accounting and Financial Reports

You must record and report information accurately. Reimbursable business expenses must be reasonable, accurately reported and supported by receipts.

ODHC's financial statement, and all books and records on which they are based, must accurately reflect all of the organization's transactions. All disbursements are receipts of funds and must be properly authorized and recorded. No undisclosed or unreported funds may be established for any purpose.

Those responsible for the handling or disbursal of funds must assure that all transactions are executed as authorized and recorded to permit financial statements in accordance with Generally Accepted Accounting Principles.

VII. Compliance

Failure to comply with this Policy will result in disciplinary action that may include reimbursement to ODHC for any losses or damages, termination of employment, and referral for criminal prosecution. Action will also be taken against supervisors or others who fail to report a violation or withhold relevant information concerning a violation to this Ethics Policy. All directors and employees must sign the attached Certification.
Certification

I have read and understand the Ethics Policy of Open Doors Homeless Coalition, and I agree to abide by this Policy in all dealings for and with this organization. I state that I have no interests that conflict or may conflict with my service for ODHC, except as set forth below.

______________________________
Signature and date
OPEN DOORS HOMELESS COALITION

CODE OF CONDUCT

- No ODHC Board member shall use his or her position, or the knowledge gained by the virtue of that position, in a manner that conflict with the best interests of ODHC.

- Each Board member has a duty to place the interest of ODHC first in any dealings with or on behalf of ODHC.

- The conduct of personal business between any board member and ODHC is prohibited, absent the express approval of the board. Pertaining to the CoC HUD funding process, Board of Directors' members who have an affiliation with a requesting agency shall remove him or herself from the discussion pertaining to said approval of the recommendation, and shall abstain from voting on said issue due to conflict of interest.

- If a Board member has an interest in a proposed transaction in the form of a significant personal financial interest in the transaction or in any entity involved in the transaction, or holds a position of trust, including director or officer in any such entity, he or she must make full disclosure of this interest before any discussion or negotiation of the transaction. Thereafter, the Board member shall remove him or herself from the discussion, if the Board deems it appropriate.

- Any Board member who is aware of a potential conflict of interest with respect to any matter coming before the Board or a committee of the Board, shall disclose the potential conflict of interest before participating in any discussion or negotiation of any matter implicating such conflict of interest. Thereafter, the Board member shall remove him or herself from the discussion, if the Board deems it appropriate.

- The solicitation and acceptance of gifts or gratuities, for personal benefit, by officers, employees, and agents of ODHC is strictly prohibited.

- All officers, employees and agents of ODHC shall read and sign a copy of The Code of Conduct.

Violations of the Conflict of Interest Policy or any part of the Code of Conduct shall be grounds for immediate removal from the Board or firing of employees, or agents.

I, the undersigned, have read, understand and concur with the Open Doors Homeless Coalition Code of Conduct.

Name (please print)

Signature
OPEN DOORS HOMELESS COALITION

Volunteer Waiver and Confidentiality Agreement

I ________________________, have requested that Open Doors Homeless Coalition allow me to volunteer my time to assist the organization. I acknowledge that this volunteer relationship is primarily for my benefit, and I enter into it because I derive satisfaction from donating my time. I am committed to providing assistance on a volunteer basis, and do not expect to be paid for my time.

Specifically, I agree that:

1. DONATION OF TIME—my decision to donate my time to ODHC is made of my own free will, without coercion or pressure by ODHC;

2. PERSONAL BENEFIT—the volunteer time I spend is primarily for my benefit, so that I may have the satisfaction of knowing that I am assisting a non-profit, civic organization;

3. NO EMPLOYMENT RELATIONSHIP—I acknowledge that I have no employment relationship with ODHC, and do not expect to receive any offer of employment as a result of my volunteer activities.

4. NOT ENTITLEMENT TO COMPENSATION—I understand that I am not entitled to any compensation or benefits in exchange for the time that I donate to ODHC, and I have no desire to receive compensation or benefits from ODHC; and

5. AT WILL SERVICE—I understand that ODHC may ask that I cease providing volunteer services for the organization at any time, for any reason, with or without notice.

6. CONFIDENTIALITY—I understand and acknowledge that during my volunteer service with ODHC, I will have access to confidential information not generally known to the public concerning the business and clients of ODHC. I agree that during my volunteer service with ODHC and at all times thereafter, I will hold ODHC's confidential information in strict confidence, and will not disclose or use such information outside the scope of my volunteer service with ODHC, or without ODHC's prior authorization. For purposes of the Agreement, "Confidential Information" includes, but is not limited to donors, methodologies, management philosophy and information concerning ODHC's employees and volunteers. I further agree and understand that I will immediately return all of ODHC's confidential information at the end of volunteer service, or whenever requested by ODHC.

VOLUNTEER

Signature of Volunteer

OPEN DOORS HOMELESS COALITION

Signature of ODHC representative

Printed Name and Date

Printed Name and Date
Whistleblower Policy

POLICY:

Open Doors Homeless Coalition has adopted a Code of Conduct that requires directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. It is the responsibility of all directors, officers and employees to report violations or suspected violations of the Code in accordance with this Whistleblower Policy. No director, officer or employee who in good faith reports a violation of the Code shall suffer harassment, retaliation or adverse employment consequence.

Code of Conduct

The directors, officers and employees of this association are expected to adhere to high standards of ethical conduct. Although it is impossible to describe all conduct that is to be addressed, this policy specifically requires the following:

1. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
2. Full, fair, accurate, and timely disclosure of relevant facts in all reports and documents dealing with matters of operation, governance and business administration;
3. Compliance with all applicable governmental laws, rules and regulations;
4. Prompt internal reporting of code violations to an appropriate person or persons within the association;
5. Personal accountability for adherence to the Code.

Reporting Violations

Employees who suspect that the Code of Conduct has been violated shall report their concerns to someone who can address them properly. In most cases, the President of the Board of Directors is in the best position to address an area of concern.

President's Role

The President of the Board of Directors is responsible for investigating and resolving all reported complaints and allegations concerning suspected violations of the Code of Conduct. The President of the Board of Directors shall advise the association's management and/or the finance committee when, in his/her discretion, the complaint entails a significant risk to the association. The President of the Board of Directors shall report to the finance committee at least annually on compliance activity. In the event that a reported concern or complaint involves corporate accounting practices, internal controls or auditing, the President of the Board of Directors shall immediately notify the finance committee of the complaint and work with the committee until the matter is resolved.

Acting in Good Faith

Anyone who files a complaint concerning a suspected violation of the Code of Conduct must have reasonable grounds for believing the information disclosed is true and correct. Unsubstantiated allegations that prove to have been made maliciously or without factual basis will be viewed as a serious disciplinary offense.

Confidentiality

Reports may be submitted on a confidential basis or anonymously. Reports of violations or suspected
violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

The President of the Board of Directors will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

No Retaliation

No director, officer or employee who in good faith reports a violation of the Code shall suffer harassment, retaliation or adverse employment consequence.
OPEN DOORS HOMELESS COALITION

Gift Acceptance Policy

ODHC relies on charitable contributions to fulfill its mission. While ODHC prefers unrestricted gifts, it recognizes and encourages appropriate collaborations with a variety of stakeholders, including donors that ensure careful control of the content and integrity of its programs and fiscal responsibilities. ODHC will encourage donors to seek their own legal or tax counsel before issuing a gift.

ODHC accepts gifts of cash and marketable securities and, at the discretion of the Board of Directors, remainder and lead interests in trusts, real estate, closely held securities, tangible items, retirement plans, through bequests or beneficiary designation, and life insurance. Tangible items offered to ODHC may be accepted, if they can be readily sold, or if they are of “related use.” ODHC will clarify with the donor under what circumstances, if any, it will pay for legal or professional fees associated with completing a gift.

ODHC reserves the right to refuse any gift that it believes is too restrictive in purpose, or not in its best interest. The acceptance of a questionable gift or the decision to fulfill a questionable request from a donor will be brought to the Board of Directors. The Board’s decision will be guided in consistency with our mission and preservation of our goodwill in the community.
Open Doors Homeless Coalition obtains a release of information in order to input information into the HMIS database. All client information is confidential and shared only to the extent authorized in the release of information. Persons who have experienced domestic violence are excluded from the HMIS database and their information is collected only in the aggregate with no identifying client information shared. At any point that Open Doors Homeless Coalition becomes aware of a person who is fleeing domestic violence, the individual/family is immediately referred to the Gulf Coast Women's Center for Nonviolence for shelter services, counseling, legal assistance, and other supportive services.
Open Doors
Homeless Coalition

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.

The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.

This authorization will remain in effect for a minimum of 12 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.

The following personal information will not be shared with any HMIS partner agencies via this HMIS computer system.

1. HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.

2. Domestic violence information, such as abuse history, abuser information, trauma information.

3. Behavioral health information, such as substance and alcohol abuse and mental illness.

4. Clients supportive services contacts, medication information and case notes.

If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except public (county, state or federal) cash disbursements.

If I am applying for county, state or federal cash disbursements such as ESG or SSVF, this information will be shared with Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other partner agencies via the HMIS computer system:

a) I agree to share my name (first, middle, last), gender, program enrollment, and exit dates information via the HMIS system with other partner agencies.

b) I agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.

c) I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the HMIS computer system. Exception is cash disbursements as noted above.

Date Signed:

Client: __________________________ Case Manager: __________________________

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