



**DELAWARE**  
Continuum of Care

# **Delaware Continuum of Care**

*(DE-500)*

## **POLICIES**

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## I. Conflict of Interest Policy

The DE CoC applies the Conflict of Interest Policy to all decisions that can impact CoC funding, including the CoC Program NOFO priority listing, scoring criteria for new and renewal project applications, ranking of projects, CoC funding policies development and amendment, and other items that affect activities undertaken by the DE CoC related to CoC Program funding.

HUD's Conflict of Interest rule prohibits any person from participating in discussions or influencing decisions concerning the award of a grant or other financial benefits to an organization in which they, an immediate family member, or business tie has an interest. HUD's Conflict of Interest rule does not define "Immediate Family" but the term can be understood to mean, at a minimum, a parent, spouse, domestic partner, child, or sibling. Therefore, any individual participating in or influencing decision-making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy.

1. No CoC Board/Funding Committee member may participate in discussions and/or influence decisions concerning CoC funding or the award of other financial benefits to the organization that the member represents.
2. No CoC Board/Funding Committee member may participate in discussions and/or influencing decisions concerning any agency or organization with which they have a conflict of interest.
3. No CoC Board/Funding Committee member or employee, owner, fiduciary, agent, consultant, board member, officer, elected/appointed official, or supplier/recipient of goods or services of a recipient or subrecipient of CoC funds may participate in DE CoC funding-related discussion or activities if they are in a position to participate in a decision-making process or gain inside information with regard to CoC funding, may obtain a financial interest or benefit from a CoC-funded activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CoC-funded activity.

This excludes representatives from federal, state, or local funders of homeless assistance services who provide grant funding to CoC recipients or subrecipients, in particular the Emergency Solutions Grants (ESG) Program. HUD requires CoCs to coordinate with ESG recipients and subrecipients to align priorities and resource allocation, establish project performance targets, evaluate project outcomes, develop and implement a coordinated intake/assessment system, and create written standards for the provision of CoC & ESG assistance.

No CoC Lead staff may participate in discussion or decision-making directly related to their CoC-funded projects (CoC Planning, HMIS, Coordinated Entry). The Committee Chair, in collaboration with the NC Board and consultants (when applicable), is responsible for coordinating the funding process as it relates to the CoC Lead's funded projects.

### Conflict of Interest Disclosure

All CoC Board/Funding Committee members are required to complete the [CoC Conflict of Interest form](#), at least annually, but mandatorily prior to participating in any CoC funding activities. Conflict of interest forms are managed by the CoC Lead, which is responsible for notifying the DE CoC Board of any and all disclosed conflicts of interest.

To ensure compliance with HUD's Conflict of Interest Rule, the DE CoC Board is responsible for reviewing all conflicts of interest to assess the extent to which it affects the member's ability to objectively and impartially participate in CoC funding activities and to determine if/when the conflicted member's recusal is required.

A CoC Board/Funding Committee member's conflict of interest status may change over time. If a CoC Board/Funding Committee member develops a conflict of interest, that member must disclose their conflict of interest immediately and submit a new CoC Conflict of Interest Form. Disclosed conflicts will be reviewed by the NC Board following the process above.

Any individual with a conflict of interest who will be voting on the Board or within a Committee is required to recuse themselves from discussion and voting on any issue in which they may have a direct, indirect or perceived conflict. An individual with a conflict of interest who is a committee chair shall yield that position during discussion and abstain from voting on the item. Board or Committee members will not be permitted to participate in any discussion and/or vote without a current statement on file.

### Common Conflicts of Interest

- A CoC Board/Funding Committee member is receiving housing assistance from a CoC-funded project.
- A CoC Board/Funding Committee member is employed by an agency that receives or is seeking to receive CoC funds as a recipient, subrecipient or contractor.
- An employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.
- A Board member of a CoC applicant participates in discussion and decision-making concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents.
- A CoC Board/Funding Committee member is employed by an organization that has a financial investment in one or more CoC-funded projects that result in financial gain or benefit (e.g., a government agency or intermediary organization that provides Capital funding or tax credit syndication).
- The spouse of a CoC Board/Funding Committee member provides consulting services to or is on the Board of an agency that is seeking CoC funds.
- The child of a CoC Board/Funding Committee member is receiving services from a CoC-funded project.
- A CoC Board/Funding Committee member owns property that receives rental payments from a CoC recipient.
- The sibling of a CoC Board/Funding Committee member owns a business that provides goods or services to a CoC-funded project.

## II. Anti-Discrimination Policy

The DE CoC is committed to a service-delivery environment in which all individuals are treated with respect and dignity. Each individual has the right to live in an atmosphere that promotes equal treatment and opportunity and that prohibits unlawful discriminatory practices. All programs must manage a responsible and sound operation in accordance with federal and local nondiscrimination and equal opportunity provisions, as codified in the [Fair Housing Act](#), Section 504 of the [Rehabilitation Act](#), Title VI of the [Civil Rights Act](#), Titles II & III of the [Americans with Disabilities Act](#), HUD's and [Equal Access rule: 24 CFR 5.100, 5.105\(a\)\(2\) and 5.106\(b\)](#).

This policy aims to ensure the safety, dignity, and well-being of all individuals and families housed in programs associated with the DE CoC. All projects funded through HUD CoC or ESG Program grants or receiving other government-funded homeless assistance programs shall operate in accordance with this policy, following all applicable laws. Programs must affirmatively provide equal access to their housing and supportive services in a nondiscriminatory manner that ensures that all persons are afforded equal opportunities.

### Nondiscrimination Policy

Each provider must have a policy prohibiting discrimination against persons based on race, ethnicity, color, sex, sexual orientation, gender identity, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, ensuring that all participants are afforded equal opportunities, as stipulated in the Delaware Fair Housing Act and Federal Law and regulations.

**NOTE: Providers may not exclude potential participants based on their sex. A single-sex shelter is acceptable **only under limited conditions** in which the facility meets both of the following requirements:**

- **Serving Individuals:** only projects serving individuals can operate as single-sex facilities. A shelter that accepts families with children cannot be single sex. The ESG Interim Rule prohibits involuntary family separation, stating at 24 C.F.R 576.102(b) that, “[t]he age of a child under age 18 must not be used as a basis for denying any family’s admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under 18.” There is no practicable way to operate a shelter that serves families with children as a single-sex facility since families with children will necessarily include household members of different genders; AND
- **Single structure with shared bedrooms or bathing facilities:** The shelter must not be considered a "dwelling unit" or it must have a shared bathing facility. This policy, which applies to ESG, is stated most clearly in the CoC interim rule, at 24 C.F.R 578.93: "The housing may be limited to one sex where such housing consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex."

### Reporting

The DE CoC has implemented a retaliation-free violation reporting policy to ensure adherence to policy regulations. Conduct prohibited by this policy and found to be unacceptable is subject to report, investigation, and response.

The DE CoC encourages the prompt reporting of all incidents of discrimination and non-compliance with this policy. It is established that all program participants must be advised at program intake of their legal rights, including an explanation of this policy, and must be given the written policy and instructions for reporting violations, as well as an accompanying reporting form, and must sign to acknowledge receipt.

Initially, reporters should contact administrators of the specific program demonstrating non-compliance with concerns, except in cases where retaliation is feared. If the concern is not resolved after administrators are involved, reporters may contact the Community Legal Aid Society of Delaware (CLASI): <http://www.declasi.org/contact-us/>

### Monitoring & Enforcement

The CoC Lead Agency will make certain reasonable efforts are made to ensure that all CoC-funded, ESG-funded, and other funded agencies are familiar with this policy and are adhering to the guidelines. All funded projects are to keep timely written documentation regarding specifics of placement/treatment/incidents and exceptions regarding subject individuals and families. Organizations will be found in violation of this Non-Discrimination Policy for actions including, but not limited to:

- Denial of services based on membership in a protected class, unless otherwise permitted by funding (ex: single-sex shelter).
- Publishing, circulating, issuing, displaying, posting, or mailing any written statement or utterance of any verbal statement disparaging any member of any protected class, that may result in exclusion from services or denial of fair treatment.
- Institution of rules limiting freedom of attire, especially affecting religious observance or gender identity, except in cases where decency, health, and safety are concerned.
- Real or implied creation of any quota system intent on limiting the number of protected class members to be served by an organization.
- Allowing an offensive and hostile living environment, promulgated by staff, other participants, or both, to discourage, demean, or otherwise disenfranchise participants as members of a protected class.

- Segregating any participant to a specific location based on protected class status.
- Refusal to make requested reasonable accommodations and modifications for members of a protected class; or
- Refusal or withholding of any accommodation, advantage, or privilege based on protected class status.

Confirmed acts of discrimination, harassment and misconduct will be dealt with appropriately. Responsive actions will include training, counseling, and progressive correction measures. The purpose of these responses in cases of confirmed violation is to promote adherence to this policy.

### **Equal Access Regardless of Sexual Orientation, Gender Identity, or Marital Status**

HUD is charged with promoting the federal goal of providing decent housing and a suitable living environment for all. In January 2011, citing evidence suggesting that LGBT individuals and families do not have equal access to housing, HUD initiated rulemaking to ensure that HUD's programs remain open to all eligible persons regardless of sexual orientation, gender identity, or marital status. In order to support compliance with the Final Rule published on September 21, 2016, we include in this policy these additional guidelines for avoiding discrimination on these bases.

#### **Access to Sex-Segregated Services and Facilities**

All individuals seeking services have the right to placement and services that align with their gender identity. This right is never contingent upon having received any medical treatment to physically change the body. Likewise, those who do not identify as male, or female, have a right to placement and services that best supports their own personal safety. No person's placement or acceptance for service in a sex-segregated facility can be refused based upon a determination that their appearance or behavior does not conform to gender stereotypes. Facilities that legally separate participants by sex must serve all who identify with that gender, without requiring documentation.

#### **Access to Family Services and Facilities**

All families, regardless of composition or gender identities within the family, have the right to placement and services in accordance with their needs, including placement in congregate facilities. Perceived non-congruence of gender identity or expression of any family member does not constitute an acceptable reason for refusal of services/placement.

#### **Access to Restrooms/Bathrooms>Showers/Personal Care Areas**

Facility restrooms/bathrooms/showers and personal care areas must be open for use consistent with gender identity by all program participants. No barriers to the use and availability of restrooms/bathrooms/showers and personal care areas can be imposed due to appearance or bodily/physical/biological characteristics. No participant can be required to produce legal documentation of gender identity to determine appropriate use of facilities. It is a violation of the Equal Access Rule to institute specific provisions such as schedules by which transgender program participants can use bathrooms/showers and personal care areas separate from cisgender program participants.

#### **Ensuring Safety & Privacy**

All individuals receiving services and placement have a right to safety and privacy. In instances when safety or privacy concerns are brought forth, programs and organizations must demonstrate non-discriminatory applied response. Fair and open use of a program and facilities space and features is a right of all. Any client's discomfort with transgender and /or gender non-conforming identity is not cause for limiting the transgender or gender non-conforming person's enjoyment and use of the facility and its features, either physically or programmatically.

#### **Affirming Use of Names and Personal Gender Pronouns**

Program participants have the right to be called by preferred name and referred to by the gender pronoun that they designate and that matches their gender identity.

## Homeless Management Information System (HMIS) Data Collection

With respect to gender questions in HMIS collection systems, program participants must be given all gender response choices and have their selection recorded accordingly.

### III. Housing First Policy

Housing First is a system orientation and evidence-based approach to homeless assistance that prioritizes the rapid placement and stabilization of people experiencing homelessness in permanent housing by removing barriers and providing appropriate supports/services tailored to the meet the needs of individual participants/households. The Housing First approach recognizes that everyone can achieve stability in permanent housing, with the right supports, and that housing stability provides the foundation people need to improve their health and well-being.

Using a Housing First Approach is a DE CoC Priority and the DE CoC is committed to incorporating a Housing First approach across all homeless assistance projects operating within the state's homeless response system, regardless of funding source, project type, or program model. At a minimum, all CoC-funded providers must follow a Housing First approach and demonstrate the implementation of Housing First practices in their CoC-funded projects, which are evaluated annually through the CoC funding process.

#### Housing First Access, Termination, and Retention

The following Housing First access, retention, and termination practices are required to be implemented by CoC-funded projects and are highly encouraged for all homeless assistance projects operating within the DE CoC. Adoption of these practices should be documented in all programmatic policies and procedures, and any other relevant documents that evidence the incorporation of these practices into the design and operation of a project.

#### HOUSING FIRST ACCESS

Project entry, assistance, and housing placement are not contingent upon, and everything possible is done to avoid denying/rejecting potential participants on, the following pre-requisites<sup>1</sup>:

- Abstinence from substances
- Participation in/completion of substance abuse treatment
- Minimum or maximum income requirements
- Health/mental health history and/or participation in related services
- Medication adherence
- Criminal background history
- Financial history
- Participation in services
- History of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions

#### HOUSING FIRST TERMINATION

Project does not terminate assistance and/or evict participants solely on the following basis<sup>2</sup>:

- Participation in services, compliance with service plans, or progress on service plans
- Loss of income or failure to improve income
- Substance use
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area

<sup>1</sup> With exception to certain pre-requisites required by funding source and/or federal, state, and local mandates/law.

<sup>2</sup> Without other violations to a participant's lease, sublease, occupancy agreement, and/or program rules.

## HOUSING FIRST RETENTION

Project avoids termination of assistance and/or eviction back into homelessness, whenever possible, and has processes in place to:

- Examine all extenuating circumstances when determining if violations warrant termination so that a program participant's assistance is terminated only in the most severe cases
- Provide the opportunity to transfer from one housing situation, program, or project to another if project enrollment/tenancy is in jeopardy
- Provide participants/tenants reasonable flexibility in paying their share of rent on time, such as offering special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements

## Housing First Engagement & Services

Housing First is not "housing only", meaning the Housing First Approach does not stop at housing placement. A key aspect of operating with a Housing First Approach is the implementation of housing-focused, client-centered, and evidence-based case-management/engagement practices and support services. All staff providing homeless assistance services within the DE CoC should be regularly educated on, trained in, and actively employ Housing First case-management/engagement practices and provide support services that meet the following standards:

### HOUSING-FOCUSED

- Participants are assessed for barriers to housing and provided with (or connected to) supports to address issues that impede them from moving into permanent housing
- Housing/service goals and plans are highly tenant-driven and include supports to complete housing search, resolve screening barriers, negotiate lease terms, and mediate family conflict
- Participants are continually engaged to promote housing stability including being connected with community-based resources and employment, educated on their tenant rights and responsibilities, and supported in developing strategies for responding to future housing crisis
- Proactive landlord-provider communication about participants at risk of losing their housing is promoted and support is provided to participants and landlords to resolve housing/lease issues before they escalate

### CLIENT-CENTERED

- Participants are offered a range of services that are voluntary, individualized, and culturally-appropriate
- Housing/service options are tailored to meet the unique needs of each individual/household
- Participant choice is emphasized in housing/service options, meaning participants are able to exercise choice regarding the location/type of housing they receive, what services they receive, and when to start using services<sup>3</sup>
- Participation in services or compliance with service plans are not conditions of continued enrollment or tenancy, but are regularly reviewed with participants and offered as a resource

### EVIDENCE-BASED

- Service delivery is trauma-informed and emphasizes engagement and problem-solving over therapeutic goals
- Case management staff utilize techniques including, but not limited to, assertive engagement, motivational interviewing, and critical time intervention to promote housing stability and participant engagement in services

<sup>3</sup> Choice may be constrained by local availability and affordability.



- Project housing/services are informed by harm-reduction principles that engage participants in non-judgmental communication regarding substance use and offering education on how to avoid risky behaviors/engage in safer practices

## IV. Homeless Children and Youth Education Rights Policy

Federal law ensures educational rights and protections for children and youth 18-24 experiencing homelessness. Every school district in DE is required to designate a homeless liaison that is responsible for ensuring the identification, school enrollment, attendance, and opportunities for academic success of students in homeless situations. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition and the DE CoC has established related requirements. This document summarizes basic information about the CoC responsibilities and recipients/sub-recipients of CoC and ESG funds.

### CoC Responsibilities

The Delaware Continuum of Care, through Centralized Intake Delaware, is responsible for coordinating with local school districts in the following ways:

- Helping to identify children and youth who are eligible for educational services. If a child or youth does not have a fixed, regular, adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human habitation, emergency shelters, transitional housing, motels/hotels, campgrounds, or in doubled-up situations.
- Helping to ensure that all families with children and youth who qualify in your area are informed about their educational rights and their eligibility for educational services and they receive those services.
- Attending relevant meetings and planning events held by local school districts.
- Ensuring that the local school districts homeless liaisons are aware of 211 and Centralized Intake processes for connecting homeless families and youth to ESG & CoC resources and helping to resolve any issues that might arise in linking eligible households to those resources.
- Helping to ensure that when placing families in emergency or transitional housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early childhood care and education programs.

### Provider Responsibilities

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or youth 18-24 are responsible for the items outlined in the sample policy below. The intent is to ensure providers are in compliance with the requirements established under federal law, by HUD through the annual CoC project application and by the DE CoC. All projects receiving CoC funds that are serving families with children and/or youth 18-24 are required to have similar policies. Projects may opt to adapt the sample policy below or to adopt a different policy that fulfills the requirements.

### SAMPLE POLICY

The purpose of this policy is to ensure that participants in **[PROJECT NAME]** are informed and assisted in understanding their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act, reauthorized by Title X, Part C of the No Child Left Behind Act.

To ensure that children and youth are immediately enrolled in school and connected to educational services, as required by federal and State law, this project will implement the following:

1. All housing, whether temporary or permanent, provided by the CoC project shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
2. The Program Director and/or his/her designee is responsible for:
  - a. Ensuring that all families with children and youth participating in this project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
  - b. Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and youth participating in the project are enrolled in school immediately, even if they lack the paperwork normally required. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and youth who are not required by State law to enroll in school shall be encouraged but not required to enroll.
  - c. Advocating as necessary to ensure that homeless students are able to choose to continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled), or the local school where they live currently. Students have the right, if feasible, to attend their school of origin the entire time they are homeless and until the end of the academic year during which they find permanent housing.
  - d. Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible, including assistance from the local school district's homeless liaison, early childhood education programs, Head Start, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, and referrals to health, mental health, dental and other services.
  - e. Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
  - f. Developing relationships with colleges to access higher education services specifically for homeless youth.
  - g. Designating a staff person who is responsible for:
    - i. Helping participants to understand their educational rights.
    - ii. Ensuring that children and youth are enrolled in school & connected to services.
    - iii. Ensuring that children and youth receive the transportation services to which they are entitled (i.e., school districts must provide transportation to and from schools of origin, as necessary).
    - iv. These need not be the only responsibilities of the designated staff person.
  - h. Ensuring that the designated person is involved in the development of participant's service plans where there are extensive or significant unmet educational needs.
  - i. Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

## IV. Emergency Transfer Plan Policy

The DE CoC is concerned about the safety of all CoC & ESG program participants, including participants who are victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. In accordance with the HUD CoC & ESG Interim Rules and the Violence Against Women Act (VAWA), the DE CoC has developed this Emergency Transfer Plan Policy.

Under this policy, all projects using federal homeless assistance funds in Delaware must follow the requirements of VAWA, prioritize the safety of participants, and have a written plan and procedure in place to be able to implement emergency transfers for tenants when needed. Information about VAWA requirements and sample forms for housing providers to use when implementing Emergency Transfer Plans in alignment with VAWA and HUD requirements, please visit:

<https://www.hud.gov/vawa#close>

## Emergency Transfer Eligibility, Request, & Documentation

A participant who is a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking (as detailed in 24 CFR part 5, subpart L) is eligible for an emergency transfer if the participant reasonably believes that there is a threat of imminent harm from further violence if the participant remains within the same unit.

Participants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

To request an emergency transfer, the participant shall notify their case manager<sup>4</sup> and/or the provider's management office and submit a written request for a transfer. Case managers are encouraged to assist participants with the submission of written requests and must provide reasonable accommodations to the application of this policy for individuals with disabilities or people who do not speak English as a first language. For people for whom written requests are not possible due to a disability, a case manager is required to provide help.

Written requests for emergency transfer may (but are not required to) be submitted utilizing the [HUD-5383](#) form.

If a participant seeks an emergency transfer, providers must accept self-certification from the impacted tenant requesting the transfer.

## Emergency Transfer Timing and Availability

Providers must act as quickly as possible to move a participant requesting emergency transfer to another unit, subject to availability and safety of another unit. If a participant reasonably believes a proposed transfer would not be safe, the participant may request a transfer to a different unit.

Providers must allow participants to make internal transfers prior to making external transfers. Providers with site-based projects must allow a participant to make an internal transfer as soon as a safe unit is immediately available within the same project, if that unit meets the resident's safety needs.

Nothing may prevent a participant from seeking both an internal and external transfer concurrently if a safe unit is not immediately available. If a safe unit is not immediately available, providers may contact Centralized Intake to assist in coordinating an external transfer to a safe unit in a different housing project in the CoC, whether it be site-based or tenant-based, that the household is eligible for.

Centralized Intake will prioritize participants requiring external transfers for openings in other housing projects in the CoC for which the household is eligible. The participant may not be required to meet any eligibility criteria or preferences unless it is covered by law, regulation, CoC Written Standards, and/or the HUD CoC NOFO.

## Lease, Sublease, and Occupancy Agreement Provisions

All leases, subleases, and occupancy agreements between a participant and landlord must include the requirement for the participant, landlord, and lease to comply with 24 CFR part 5, subpart L; as supplemented by 24 CFR 576 and 578 as applicable, including the prohibited bases for eviction and restrictions on construing lease terms under 24 CFR 5.20005(b) and (c). The lease, sublease, and occupancy agreement may specify that the protections under 24 CFR part 5, subpart L, apply only during the period of assistance under the CoC or ESG program, as applicable.

Site-based projects must require that any lease, sublease, or occupancy agreement with a participant permits the participant to terminate the lease, sublease, or occupancy agreement without penalty if determined that the participant qualifies for an emergency transfer under this plan.

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<sup>4</sup> If the notification and request are submitted to the participants case manager, it is the responsibility of the case manager to submit the request to the provider's management office.

## Prohibited Basis for Denial, Termination of Assistance, or Eviction

Participants may not be denied admission to, denied assistance under, terminated from participation in, or evicted from a project/unit on the basis or as a direct result of the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, stalking or human trafficking if the participant otherwise qualifies for admission, assistance, participation, or occupancy.

Providers must ensure that refusal of a transfer unit is not a basis for terminating a participant from assistance. Providers are encouraged, when possible, to bear moving costs related to emergency transfers. Providers are encouraged to work with survivors to identify ways to pay for moves associated with emergency transfers – note that moving costs are an eligible Supportive Service Expense under the CoC Program.

## Confidentiality

Providers will keep confidential any information that the participant submits in requesting an emergency transfer, and information about the emergency transfer, unless the participant gives the provider written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the participant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the [Notice of Occupancy Rights under the Violence Against Women Act For All Tenants](#) for more information about housing providers' responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

## Safety and Security of Participants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the participant is urged to take all reasonable precautions to be safe. Participants who are or have been victims of domestic violence are encouraged to contact the following resources for assistance with safety planning:

- The State of Delaware's Domestic Violence Coordinating Council's (DVCC) 24-hour Hotline Numbers. All hotline numbers are confidential and available 24/7. Hotlines are staffed by trained professionals who will assist in safety planning and will refer to available resources. Services are available to victims who do not speak English or who are hearing impaired (for Delaware Relay Services, dial 711).
  - **New Castle County**
    - **Domestic Violence:** 302-762-6110
    - **Rape Crisis:** 1-800-773-8570
    - **Bi-Lingual Hotline:** 302-762-6110
    - **TTY:** 1-800-232-5460
  - **Northern Kent**
    - **Domestic Violence:** 302-678-3886
  - **Kent and Sussex**
    - **Domestic Violence:** 302-422-8058
    - **Rape Crisis:** 1-800-262-9800
    - **Bi-Lingual Hotline:** 302-745-9874
- YWCA's local domestic violence shelter at (513)872-9259
- The Women's Crisis Center at (859)491-3335
- The National Domestic Violence Hotline at 1-800-799-7233 or (TTY) 1-800-787-3224
- National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>
- The National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

## VI. Infectious Disease Response Policy

The experience of homelessness places individuals at greater risk of exposure to a variety of infectious diseases including hepatitis A, tuberculosis, influenza, COVID-19, respiratory infections, and parasites including lice, scabies, and crab louse.

The DE CoC is required to maintain a response plan that lists action steps and outlines roles and responsibilities in the event of an infectious disease outbreak. This policy is intended to familiarize the CoC and CoC Providers with practical steps to both prepare for and respond to a public health emergency that minimize the impact on people experiencing homelessness. While the DE CoC acknowledges that response to infectious disease is largely led by Public Health Officials, the DE CoC will engage with local partners including public health and infectious disease specialists, emergency departments, Housing Providers, supportive services agencies, law enforcement, behavioral health agencies, federal/local government, and recovery service providers to assist with response coordination and support CoC providers in doing so.

### Implementation of the DE CoC Infectious Disease Response Plan:

There are three primary phases of management of infectious diseases, determined by HUD, along with the CDC: **Preparation, Mitigation, and Response**. Each section below provides general knowledge about each phase and an effective strategy for implementing the response plan through planning, communication, CoC support, training, and education. These components may change in scope, intensity, and approach as environmental conditions and infectious diseases change. Each phase holds distinct functions; some redundancies exist in areas where appropriate. The plan includes procedures on sanitation, screening, reporting, response, communication, and involvement of public health officials. It is intended that this Infectious Disease Response Plan is upheld and carried out in partnership with CoC Providers.

### Phase 1: Preparation

#### Communication

With support from the CoC Lead Agency, the CoC Board will send communications to ensure CoC leadership and agency directors, shelter managers, shelter staff, outreach staff and clients receive timely and appropriate information to prevent and respond to an outbreak. Communications should include, but is not limited to, news and media sources, public health information, and provider updates.

#### CoC Support

With support from the CoC Lead Agency, the CoC Board will assess gaps in ability to respond to outbreak. All CoCs have weak points and vulnerabilities that affect the ability to adequately respond to infectious disease outbreaks. When CoCs know in advance where weak points exist and have factored this into their preparation and response plan, they can ensure resources are distributed proportionately to serve these locations. Gaps can include, but are not limited to, bed utilization, program staff capacity, public health and emergency room capacity, and supplies such as personal protective equipment (PPE).

#### Training and Education

The CoC Lead Agency will ensure CoC funded program staff are notified of trainings and webinars provided by the CoC and other public health organizations on roles and responsibilities to prevent and respond to infectious disease outbreaks.

### Phase 2: Mitigation

#### Planning

Plans move from a preparation stage to public health response plans as determined by Public Health Officials. Mitigation begins when there is an increased risk, such as an outbreak in a nearby community, or when confirmed cases exist but the number has not risen to the level of outbreak. Typically, a mitigation strategy will include developing procedures to isolate

and treat infected people experiencing homelessness as they are identified. Strategies may include, but are not limited to, developing isolation procedures, developing screening protocols, and incorporating heightened sanitation measures. If these procedures need to be put in place, they will be evaluated on a case-by-case basis in collaboration with congregate shelter leadership, the DE CoC, and public health recommendations, which may include the use of the following supplies that homeless providers should prioritize keeping stocked:

- Personal Protective Equipment (PPE): Gloves, Masks, and Goggles
- Cleaning Supplies: Trash bags and other Disposal Objects
- Hand Hygiene Products: Soap, Hand Sanitizer, Wipes, Paper Towel and Tissues
- Food: Juices, Gatorade/Pedialyte, Soups/Broths, Jell-O, and Teas
- Thermometers and Thermometer Covers
- Medications: Advil/Tylenol, Cold and Flu, etc.
- Disinfectant: Bleach, Lysol, or other chemicals
- Linens: Extra towels, blankets, and sheets
- Dividers: Sheets, Curtains, Twine, and Plastics
- Extra Fluid

### Communication

Stay up to date on Public Health communications. Public Health Officials and CoC staff will share directly with providers through written and/or verbal communications about mitigating efforts such as vaccination, sanitation, and reporting when applicable. It is important to understand and expect that information will change over time as an outbreak evolves, which emphasizes the importance of open and clear communication channels between CoC leadership and providers. Practice regular and prompt information sharing with program staff and clients when attempting to mitigate the spread of infectious diseases. Communications with program participants and staff should be open, clear, and often about how to protect themselves from infection or seek help if they are symptomatic. Communication during this stage also includes posting flyers and other literature in prominent areas as a way to reinforce public health messaging.

### CoC Support

CoC Leadership will provide support to providers by facilitating communication of provider's needs and challenges to public health officials. CoC Leadership, during this stage, can provide support as circumstances permit in the following ways:

- Technical Assistance – Shelter providers may need assistance in ensuring their respective infectious disease response strategy is consistent with the CoC's strategy. CoC leadership can ensure providers effectively deploy their internal and external communication strategy.
- Supplies – Providers affected by an infectious disease outbreak may experience supply shortages. In these instances, providers should reach out to CoC leadership who will act in good faith to obtain additional supplies through CoC funding sources, community donations, or public health entities as circumstances permit.
- Alternative Sheltering Strategies – An affected shelter provider may need to move individuals according to their preference or safety needs. Proper isolation may require space demands that reduce the number of beds available. In this instance, the affected shelter may need staff support in identifying alternative available shelter beds.

### Training and Education

CoC Providers and CoC leadership ensure that mitigation practices recommended by Public Health Officials are effectively implemented across the CoC. Public Health Officials will be more directly involved with the distribution of information and resources such as testing sites, vaccination locations, and safety precautions to take to limit the spread. Providers should be willing to provide on-the-ground insight on outbreak trends to CoC leadership, other organizations and programs, and the community at large.

## Phase 3: Response

### Public Health Emergency

Public Health response and communication plans are put into action as directed by public health officials. Response is putting the preparedness plans into action during an emergency. The response phase follows an infectious disease outbreak and is conducted in partnership with Public Health Officials. It is designed to provide emergency assistance focused on short-term need and reducing the probability of further spread of disease.

### Communication

Public Health leads outbreak response communication and directs the CoC on how and what to communicate to its providers. This often includes increased healthcare awareness efforts, public notification and education, and outreach with vaccination clinics for high-risk populations. CoC communicates with providers to ensure they implement PH directions appropriately.

### CoC Support

CoC Leadership *will continue to* provide support to providers by facilitating communication of provider's needs and challenges to public health officials. CoC Leadership *can continue to* provide support in the capacity of *technical assistance, supplies, and alternative sheltering strategizing* as circumstances permit. (See Phase 2 CoC Support: Item C2)

### Training and Education

CoC Providers and CoC leadership will *continue to* ensure that public health information is shared and is geared towards direct and immediate implementation. Public Health Officials will *continue to* be directly involved with the distribution of information and resources such as testing sites, vaccination locations, and safety precautions to take to limit the spread. In this stage, adjustments are put into place to reflect disease-specific protocols which will be given and directed by Public Health Officials.

## Additional References & Resources

### Anti-Discrimination

- [Fair Housing Act \(42 USC 3601-19\)](#)
- [HUD Equal Access Final Rule](#)
- [HUD's Portal for Online Fair Housing Complaints](#)
- [HUD: Equal Access and Gender Identity Rules Training](#)
- [National Gay & Lesbian Task Force: Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People](#)

### Housing First

- [HUD: Housing First Implementation Resources](#)
- [HUD: Housing First Assessment Tool](#)
- [USICH: Housing First Checklist](#)
- [NAEH: Housing First Fact Sheet](#)
- [HUD: Evidence-Based Service Delivery](#)
- [HUD: Racial Trauma and Trauma Informed Services](#)
- [SAMSAH: Trauma Informed Organizational Toolkit for Homeless Service Providers](#)
- [MINT: Understanding Motivational Interviewing](#)

### Youth Education

- Find your local McKinney Veto Liaison: <http://youth-help.org>.
- National Center for Homeless Education: [http://center.serve.org/nche/briefs.pHousing\\_providers](http://center.serve.org/nche/briefs.pHousing_providers)

### Infectious Disease

- [HUD Infectious Disease CoC Toolkit](#)



## Appendix A: Anti-Discrimination, Fair Housing, & Equal Access Definitions

**Age discrimination** refers to situations in which how old an individual is determines whether or not the person has access to certain terms, conditions, or services. In Delaware, all ages are protected from housing discrimination.

**Ancestry** refers to the nation, country, tribe, or other identifiable group of people from which a person descends. It also can refer to the physical, cultural, or linguistic characteristics of the person's ancestors. Ancestry discrimination may often overlap with, but is not always synonymous with, national origin discrimination.

**Color discrimination** refers to discrimination based on shade or hue of skin, such as Light skinned or Dark-skinned. It is important that a variety of hues exist in every ethnic and racial group; therefore, color discrimination is not always synonymous with race discrimination and can even occur within a single racial group.

**Disability** refers to a physical or mental impairment that substantially limits an individual's ability to perform a major life activity. The protections against disability discrimination cover

- (1) individuals who currently have a physical or mental impairment that substantially limits one or more major life activities.
- (2) persons who previously had a physical or mental impairment that substantially limits one or more major life activities; and
- (3) persons who are believed to have a physical or mental impairment that substantially limits one or more major life activities, regardless of whether that belief is correct.

The protection against disability discrimination includes a duty to provide reasonable accommodations that would allow an individual with a physical or mental disability to access and obtain full enjoyment of employment, public accommodations or housing and real property.

**Domestic or sexual violence** refers to any act of domestic violence, sexual assault or stalking related to rape, incest, sexual abuse of children, unlawful contact with a minor, sexual exploitation of children, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault or indecent assault.

**Ethnicity** refers to membership in a particular cultural group. It is defined by shared cultural practices, including but not limited to holidays, food, language, and customs. Ethnicity may often overlap with ancestry, and like ancestry discrimination, ethnic discrimination may often overlap with, but is not always synonymous with, national origin discrimination.

**Family** includes, regardless of actual or perceived sexual orientation, gender identity, or marital status:

- (1) A single person
- (2) A group of persons residing together

Federal and local laws prohibit discrimination based on **familial status**, i.e., one cannot discriminate against households consisting of one or more individuals under 21 years of age and:

- (1) a parent or other person having legal custody of the minor(s) or
- (2) the designee of such parent or other person having such custody, with the written permission of such parent or other person. The protections afforded against discrimination on the basis of familial status shall apply to any person who is pregnant or is in the process of securing legal custody of any individual who has not attained the age of 18 years. Projects funded under the CoC and ESG Programs may limit housing to families with children, according to 24 CFR 578.93(b)
- (3) 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 receives CoC funds (24 CFR 578.93(e)).

**Gender identity** means the gender with which a person identifies, regardless of the sex assigned to that person at birth and regardless of the person's perceived gender identity. Perceived gender identity means the gender with which a person is perceived to identify based on that person's appearance, behavior, expression, other gender related characteristics, or sex assigned to the individual at birth or identified in documents. Programs must not ask participants to provide anatomical information or documentary (ID), physical, or medical evidence of gender identity.

**Marital status** refers to the state of being one of the following: Single, Married, Separated, Divorced, Widowed, Life Partner. Marital status discrimination includes discrimination based on assumed characteristics of people in particular marital status groups.

**National origin** refers to "the country where a person was born, or, more broadly, the country from which his or her ancestors came." National origin discrimination includes discrimination based on place of origin or on the physical, cultural, or linguistic characteristics of a national origin group. National origin discrimination includes discrimination on the basis of accent, manner of speaking, or language fluency.

**Race discrimination** includes discrimination on the basis of physical characteristics associated with a particular race, such as hair texture, facial features and hair color. Individuals of Hispanic or Latino ethnicity, or any ethnicity, may belong to one or more racial group. Race may be related to color but is not synonymous with color. Race is associated with the following groups:

- **American Indian/Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Asian:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- **Black/African American:** A person having origins in any of the Black racial groups of Africa.
- **Native Hawaiian/Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **White:** A person having origins in any of the original peoples of Europe and the Middle East Bi-racial or Multi-racial: All persons who identify with more than one of the five above races

**Religious discrimination** refers to discrimination based on an individual's religious observances, practices, or beliefs. It also includes discrimination based on moral or ethical beliefs as to what is right and wrong that are sincerely held with the strength of traditional religious views, regardless of how widespread the particular beliefs or practices are. Religious discrimination may manifest itself as a preference for or against members of a particular religious group. It may also be evidenced as intolerance for observation of religious laws regarding dress, dietary habits, and work schedules.

**Sex** encompasses both the biological differences between men and women and the cultural and social aspects associated with masculinity and femininity (i.e., gender). Sex discrimination refers to discrimination based on one of the following categories: male/Female; pregnancy, childbirth or related medical conditions; sex stereotyping; change in sex. **Sex-specific programs are acceptable only under the limited conditions noted above.**

**Sexual orientation** means one's emotional or physical attraction to the same and/or opposite sex (e.g., homosexuality, heterosexuality, or bisexuality). Sexual orientation discrimination includes discrimination based on perception of an individual's sexual orientation, whether that perception is correct or not.

**Source of income** refers to any lawful income, subsidy, or benefit with which an individual supports himself or herself and his or her dependents, including, but not limited to, child support, maintenance, and any federal, state or local public assistance, medical assistance, or rental assistance program.

**Assigned Sex:** Determination of gender at birth, usually male, female, or intersex.

**Cisgender:** A term used by some to describe people who are not transgender.

**Gender Expression:** External expression of gender identity exhibited through behavior, clothing, hairstyle, body language, and voice. Not all people feel safe expressing their gender identity.

**Gender Identity:** Internal or innate sense of being male, female, or another gender, which may or may not match assigned sex at birth.

**Gender Non-Conforming:** A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Not all gender nonconforming people identify as transgender; nor are all transgender people gender nonconforming.

**Non-binary and/or genderqueer:** Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. Not a synonym for transgender and should only be used if someone self-identifies as non-binary and/or genderqueer.

**Sexual Orientation:** Physical or emotional attraction to the same and/or opposite sex. Distinct from one's gender expression or identity.

**Transgender:** Umbrella term for people whose gender identity is different from their assigned sex, often shortened to "trans."

**Transgender man:** Person who was assigned female at birth but who identifies as a man.

**Transgender woman:** Person who was assigned male at birth but identifies as a woman.

**Transitioning (Gender Transition):** Process that some transgender people go through to live as the gender with which they identify rather than the sex assigned to them at birth. A complex process that occurs over a long period of time and can include various personal, medical, and legal steps. Transitioning **does not** require medical treatment. **Avoid** the phrase "sex change."

**Transsexual:** An older term that originated in the medical and psychological communities. Unlike transgender, transsexual is **not** an umbrella term. Many transgender people do not identify as transsexual and prefer the word transgender.