Table of Contents

NC507 Continuum of Care Written Standards

OVERVIEW

The Collaborative Applicant serves as the NC-507 Wake County Continuum of Care lead agency for the City of Raleigh and Wake County. The Collaborative Applicant has developed these program standards to establish specific community-wide expectations for the best chance of ending homelessness. These guidelines create consistency across the community, protect our clients by putting their needs first, and provide a baseline for holding all CoC programs to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of federal program funds within the geographic area, CoCs must establish and operate either a centralized or coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

In consultation with recipients of ESG program funds within the geographic area, CoCs must establish and consistently follow written standards for providing CoC assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance (these policies must include the emergency transfer priority required under §578.99(j)(8));
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance (these policies must include the emergency transfer priority required under §578.99(j)(8));
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance (these policies must include the emergency transfer priority required under §578.99(j)(8))

In addition, the following are the requirements for Written Standards for all Emergency Solution Grant (ESG) funded program types per 24 CFR Part 576(3): Emergency Solutions Grant Program Interim Rule:

- ESG funded programs are required to coordinate with other programs targeted to people experiencing homelessness in the area covered by the CoC to provide a strategic, community-wide system to prevent and end homelessness for the CoC; and
- ESG funded programs are required to coordinate to the maximum extent practicable, ESG-funded activities with mainstream housing, health, social services, employment, education, and youth programs for households experiencing homelessness or at-risk of homelessness.

DEFINITIONS

Acuity: When using the VI-SPDAT prescreens, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with a higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using a case management tool, acuity refers to the severity of the presenting issue and the ongoing goals in addressing these issues.

Case Management Tool: A standardized or community-approved tool for case management to track outcomes in the coordinated entry process. Housing programs administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later, when possible, to ensure the household continues to make progress.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has Page 4 of 11 been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12- month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is not an adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of homelessness has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients 1 1of ESG and/or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, “a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data.” The

recipient or sub-recipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD's HMIS requirements. (24 CFR 578.57)

Coordinated Entry: "A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" (24 CFR 578.3). CoC's have the ultimate responsibility to implement coordinated entry in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3) Page 5 of 11

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless: Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised 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, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/she 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: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3) Page 6 of 11

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks before permanent housing entry.[1]

Prevention and Diversion Screening Tool: A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organizations. This screening tool gives programs a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Re-housing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of a criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing: Temporary housing for participants who have signed a lease or occupancy agreement with the purpose to transition households experiencing homelessness into permanent housing within 24 months.

VI- SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based

tool used throughout NC-507 to determine initial acuity and set prioritization and intervention for permanent housing placement.

[1] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf

Street Outreach Written Standards

Overview

The NC-507 Continuum of Care developed the following Street Outreach performance standards to ensure:

- Program accountability to individuals and families experiencing unsheltered homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Program compliance with the Department of Housing and Urban Development
- Service consistency within programs
- Adequate program staff competence and training, specific to the target population served

EXPECTATIONS

These performance standards attempt to provide a high standard of care that places community and client needs first. Based on best practices, this high standard of care is necessary to achieve our goal of ending homelessness in Raleigh/Wake County. The Collaborative Applicant recommends that street outreach programs funded through other funding sources also follow these standards.

Unless otherwise outlined by the programs funding source, providers of Street Outreach must target unsheltered homeless individuals and families who lack a fixed, regular, and adequate nighttime residence, such as an individual or family with a primary nighttime residence that is in a public or private place not meant for human habitation including but not limited to a car, park, abandoned building, bus or train station, airport, or camping ground.

Outreach programs must meet people where they are, both geographically and emotionally. This means meeting people in locations that are most convenient for them as well as developing trusting relationships with unsheltered people through active listening, persistence, consistency, and without judgment. Because outreach happens in non-traditional settings with people who often have complex needs, outreach workers face challenges that require special skills to do their job well. Engaging unsheltered people on their turf means workers must be able to maintain their and their client's safety, have strong ethics and boundaries, and good coping skills after working under very difficult and stressful circumstances. Outreach workers must make frequent judgment calls about balancing safety and ethics with clients' needs.

Since street outreach programs work with a vulnerable population that often has little or no access to services, the main component of street outreach work is to ensure the survival of people living on the streets. Street outreach programs provide necessary supplies for living unsheltered and assist people to access emergency shelters, especially during very cold or hot times of the year.

Regularly engaging community providers, including law enforcement and other city and county departments encountering unsheltered people, and creatively including homeless and formerly homeless individuals to assist in the engagement of this population are necessary to provide effective street outreach.

Street outreach programs must operate with a Housing First approach. Housing First programs believe that anyone can and should be housed and the barriers to permanent housing should be minimized. Housing First allows street outreach programs to move unsheltered individuals more

quickly from places not meant for human habitation into permanent housing.

PERFORMANCE STANDARDS

PERSONNEL STANDARD:

The program shall adequately staff services with qualified personnel to ensure the quality of service delivery, effective program administration, and the safety of staff and program participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with unsheltered individuals and families.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- All programs should use the Homeless Management Information System (HMIS) wherein all end users must abide by the NC HMIS User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with unsheltered individuals and families.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- The organization will train program staff on general topics such as self-care, teamwork, boundaries and ethics, and personal safety. It will also train staff on specific skills necessary to effectively connect with unsheltered individuals, including, but not limited to, relationship-building, motivational interviewing, cultural competence, effective referrals and linkages, basic medical and mental health care, and conflict de-escalation.

STREET OUTREACH

Standard: Street outreach programs will provide assertive outreach and engagement to unsheltered individuals living in places not meant for human habitation, and assist them in accessing emergency shelter, physical and behavioral health services, income supports, and permanent housing.

Benchmarks:

- Street outreach programs will assertively outreach and engage unsheltered individuals where they are, seeking them in campsites, under bridges, near the entrance and exit ramps to roads and highways, in abandoned buildings, living in bus or train stations, or other places not meant for human habitation.
- Street outreach programs will collaborate with local service or basic needs providers and organizations where unsheltered individuals seek basic services such as food pantries, crisis centers, community centers, day shelters, and others, setting up regularly scheduled times to outreach and engage unsheltered individuals in these locations.
- Street outreach programs should provide outreach and engagement, crisis intervention counseling, case management, emergency and permanent housing planning, employment and other income assistance, and life skills training. Program staff will help unsheltered individuals

connect to physical and mental health services, substance abuse treatment, transportation, services for special populations (i.e. developmental disabilities, HIV/AIDS), and other mainstream services, including public benefits such as Social Security Disability, Medicaid/Medicare, Food Stamps, TANF.

- Street outreach programs may not deny or terminate services to individuals unwilling or unable to obtain higher-level services or follow a basic case management plan.
- Street outreach programs must actively participate in the NC-507 Coordinated Access System. Program staff will assess unsheltered individuals with the VI-SPDAT as soon as possible and participate in community bi-weekly case conferencing meetings.
- Street outreach programs shall not charge money for any housing or supportive service provided.
- Street outreach programs must work to connect their clients to permanent housing programs, such as rapid re-housing and permanent supportive housing, in the community. When appropriate based on the individual's needs and wishes, the provision of or referral to rapid rehousing services that can quickly assist individuals to obtain safe, permanent housing shall be prioritized over the provision of or referral to an emergency shelter or transitional housing services. If a permanent housing program does not have availability or the client is not currently matched to a program, Street Outreach programs must continue to engage clients and discuss alternative housing options.
- Communities will share information across outreach teams and sites and engage with other systems, including law enforcement, hospitals, and emergency departments, corrections, libraries, and job centers to proactively seek all unsheltered people within CoC, including people living in encampments or tent cities, and not be limited to serving only persons seeking assistance**.** This *must* be conducted by prioritizing the client's privacy, health, and safety above all else.
- All outreach should be person-centered and emphasize building rapport and trust as a means of helping people obtain housing with appropriate services.

OUTREACH AND ENGAGEMENT

Standard: Programs will locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them to provide immediate support, intervention, and connections with homeless assistance programs, essential services, and permanent housing programs.

Benchmarks:

- All participants must meet the following program eligibility requirements for street outreach programs unless otherwise specified by a program funder:
    - Unsheltered homeless, living in places not meant for human habitation such as campsites, abandoned buildings, bus or train stations, in cars, or under bridges
    - All Street Outreach providers must use the standard order of priority for documenting evidence to determine unsheltered homeless status. Street Outreach must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
        - Third-party documentation (including HMIS)
        - Intake worker observations through outreach and visual assessment
        - Self-certification of the person receiving assistance
    - Programs should engage individuals, make an initial assessment of needs, and determine unsheltered homeless status. During outreach, if programs determine that an individual does not meet the definition of unsheltered homelessness, they should still connect any

literally homeless person needing assistance to the Coordinated Entry System to access needed services, but not enroll them for expanded services in the street outreach program.
    - Programs can only turn away unsheltered individuals from program entry for the following reasons:
        - The individual does not meet the unsheltered homeless definition
        - The safety of staff is at imminent risk
        - The individual does not meet other program requirements set by the program funder. i.e. PATH, Runaway and Homeless Youth (RHY) Street Outreach, etc.
    - Programs cannot disqualify an individual or family from entry because of:
        - Employment status or lack of income.
        - Evictions or poor rental history.
        - Unwillingness or inability to obtain higher-level services or follow a basic case management plan.
    - Programs may make services available and encourage engaged individuals to participate in higher-level services but cannot make service usage a requirement.
    - Street outreach programs must continue to outreach and engage unsheltered individuals regularly, offering them higher-level services, and ensuring basic needs are met.
    - Programs will maintain releases of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for caseworkers and administrators.

CASE MANAGEMENT SERVICES

Standard: Street outreach programs shall provide access to case management services by trained staff to any unsheltered individuals, matching their needs and desires.

Benchmarks:

- Street outreach staff provide regular and consistent case management and connect program participants to essential services based on the individual's specific needs and the level at which the participant desires.
    - Case management includes:
        - Building trusting, lasting relationships with unsheltered individuals.
        - Providing access to essential services, such as emergency health services, emergency mental health services, and transportation to eligible services.
        - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the participant. Program staff will engage participants in an individualized housing and services plan. Participants do not need to access additional services to be referred to permanent housing providers.
        - Helping clients to create strong support networks and participate in the community, as they desire.
        - Encouraging unsheltered individuals to seek emergency shelter and advocating with local shelter providers to accept and work with the individual, per the Coordinated Entry System.

TERMINATION

STANDARD:

Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination (24 CFR 576.402).

Benchmarks:

- In general, the program may terminate assistance under a formal process established by the program that recognizes the rights of individuals and families affected.
- The program is responsible for providing evidence that extenuating circumstances were considered and significant attempts were made to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for participants who feel assistance was wrongly terminated.
- Programs should only terminate assistance when a participant has presented a terminal risk to staff or other clients. If a barred client presents him/herself later, programs should review the case to determine if the debarment can be removed to give the participant a chance to receive further assistance.
    - Programs may deny entry or terminate services for program-specific violations relating to the safety and security of program staff and participants.

Emergency Shelter Written Standards

Overview

The NC-507 Continuum of Care developed the following Emergency Shelter performance standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Program compliance with the Department of Housing and Urban Development and the Department of Veteran Affairs
- Service consistency within programs
- Adequate program staff competence and training, specific to the target population served

EXPECTATIONS

All program grantees using the Department of Housing and Urban Development Continuum of Care and the Department of Veteran's Affairs VA Supportive Housing (VASH) funding must adhere to these performance standards. Programs funded through the Continuum of Care will be monitored by the Collaborative Applicant to ensure compliance. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in Wake County.

EMERGENCY SHELTER

Emergency shelter is any facility whose primary purpose is to provide temporary housing for individuals or families experiencing homelessness for 90 days or less. Emergency shelters, as we know them today, emerged during the late 1970s and early 1980s in response to an increasing number of individuals experiencing homelessness. These initial shelters were meant to provide a short-term emergency stay for individuals as they rehoused themselves. However, because of decreased affordable housing in urban centers, a lack of substantive supportive services catering to the needs of homeless individuals, and a large subpopulation of individuals with disabling conditions, the movement out of the emergency shelter into permanent housing stalled with many individuals staying in the shelter for long periods of time.

With the advent of permanent supportive housing and rapid rehousing based on the national best practice, Housing First, communities are moving some of their most vulnerable homeless individuals and families with the longest histories of homelessness into permanent housing. This allows the emergency shelter system to regain its original intention, providing individuals experiencing homelessness a temporary stay until they can regain permanent housing.

Emergency shelters serve a wide variety of people experiencing homelessness in our communities and may target their services to a population. Many emergency shelters serve a single-gender, individuals and/or families, people fleeing domestic violence, or a combination thereof. The most effective emergency shelters direct their services and resources toward a truly interim housing solution and have strong connections to permanent housing programs catering to the needs of people experiencing homelessness. Emergency shelters can provide short-term housing for individuals and families waiting for placement in a rapid rehousing or permanent supportive housing program.

PERFORMANCE STANDARDS

PERSONNEL STANDARD:

Programs shall adequately staff services with qualified personnel to ensure the quality of service delivery, effective program administration, and the safety of program participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- All paid and volunteer staff participate in ongoing internal and/or external training on the community-approved prevention and diversion screening tool, the individual and family VI-SPDAT screening tool, and the community-approved case management tool.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS End User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- If the shelter provides case management as part of its programs, case managers provide case management with the designated case management tool frequently (every six months minimum) for all clients.
- Organizations should share and train all program staff on the NC-507 Emergency Shelter Written Standards.

CLIENT INTAKE PROCESS

STANDARD:

Programs will actively participate in their community's coordinated entry system. Programs will serve the most vulnerable individuals and families needing assistance.

Benchmarks

- All adult program participants must meet the following program eligibility requirements in ESG-Funded Emergency Shelter:
    - 18 years or older

    - Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homeless definition)
- All ESG recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
    - Third-party documentation (including HMIS)
    - Intake worker observations through outreach and visual assessment
    - Self-certification of the person receiving assistance

• Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:

- Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
- All program beds are full
- If the program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)

- Programs cannot disqualify an individual or family because of employment status or lack of income.
- Programs cannot disqualify an individual or family because of evictions or poor rental history.
- Programs may make services available and encourage adult household members to participate in program services but cannot make service usage a requirement to deny initial or ongoing services.
- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for caseworkers and administrators.
- Programs may deny entry or terminate services for program-specific violations relating to the safety and security of program staff and participants.

EMERGENCY SHELTER

STANDARD:

Shelters will provide safe, temporary housing options that meet participant needs under guidelines set by the Department of Housing and Urban Development.

Benchmarks:

- Shelters must meet state or local government safety, sanitation, and privacy standards. Shelters should be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents.
- Shelters must be accessible under Section 504 of the Rehabilitation Act, the Fair Housing Act, and Title II of the Americans with Disabilities Act, where applicable.
- Shelters may provide case management, counseling, housing planning, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, transportation, and services for special

populations per 24 CFR 576.102 but cannot deny shelter services to individuals and families unwilling to participate in supportive services. See the next section for specific required and optional services shelters must provide.

- Shelters providing shelter to families may not deny shelter to a family based on the age and gender of a child under 18 years of age.
- Shelters must comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821- 4946), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851- 4956), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.
- Shelters must actively participate in their community's coordinated entry system.
- Shelters shall not charge money for any housing or supportive service provided.
- Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.

CASE MANAGEMENT SERVICES

STANDARD:

Shelters shall provide access to case management services by trained staff to each individual and/or family in the program.

Benchmarks (Standard Available Services)

• Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.

· Shelter staff provide regular and consistent case management to shelter residents based on the individual's or family's specific needs. Case management includes:

  - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
  - Assisting clients to maintain their shelter bed in a safe manner and understand how to get along with fellow residents.
  - Helping clients to create strong support networks and participate in the community as they desire.
  - Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
  - If the shelters provide case management as part of its programs, use of the community-approved case management tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.

- Shelter staff or other programs connected to the shelter through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.
- Basic life skills, including housekeeping, grocery shopping, menu planning, and food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- Relationship-building and decision-making skills.

- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress, and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring, and/or dispensing outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears,

TERMINATION

STANDARDS:

Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination (24 CFR 576.402). NC-507 CoC recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks

- In general, if a resident violates program requirements, the shelter may terminate assistance under a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance.
- Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance and keep a copy signed by the client in the file.
- Programs may carry a barred list when a client has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the program a chance to provide further assistance at a later date.

CLIENT AND PROGRAM FILES

STANDARD:

Shelters will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and program files should, at a minimum, contain all of the information and forms required by HUD at 24 CFR 576.500 and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the shelter program and indirectly by other community service providers. ESG requires:
    - Documentation of homeless status (see above for the priority of types of documentation)
    - Determination of ineligibility, if applicable, which shows the reason for this determination
    - Annual income evaluation
    - Program participant records
    - Documentation of using the community's coordinated entry system
    - Compliance with shelter and housing standards

- Services and assistance provided o Expenditures and match
- Conflict of interest/code of conduct policies
- Homeless participation requirement
- Faith-based activity requirement, if applicable
- Other Federal requirements, if applicable
- Confidentiality procedures

- All client information should be entered into the NC HMIS under data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, enter HUD required data elements, and update the client's information as changes occur.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All programs must have consent for release of information form for clients to use to indicate consent in sharing information with other parties.
- All records about ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute written files with microfilm, photocopies, or similar methods.

EVALUATION AND PLANNING

STANDARD:

Shelter will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

Benchmarks

- Agencies maintain written goals and objectives for their services to meet the outcomes required by ESG.
- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, adjusting the program as needed to meet the needs of the community.
- Programs regularly review project performance data in HMIS to ensure the reliability of data. Programs should review this information, at a minimum, quarterly.

Rapid Rehousing Written Standards

OVERVIEW

The NC-507 Continuum of Care developed the following Rapid Rehousing performance standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Program compliance with the Department of Housing and Urban Development and the Department of Veteran Affairs
- Service consistency within programs
- Adequate program staff competence and training, specific to the target population served

EXPECTATIONS

All program grantees using Department of Housing and Urban Development Continuum of Care, Emergency Solutions Grant, VA SSVF, and HOME TBRA funding must adhere to these performance standards. Rapid Rehousing programs funded through the Continuum of Care and Emergency Solutions Grant will be monitored by the Collaborative Applicant to ensure compliance. The NC-507 CoC recommends that rapid rehousing programs funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in Wake County.

Some requirements and parameters for rapid rehousing assistance vary from program to program. It will be necessary to refer to the regulations for each program along with these program standards (CoC: 24 CFR 587; ESG: 24 CFR 576; SSVF: 38 CFR 62; HOME: 24 CFR 570). The program standards note many of the differences below in each of the following sections. For other helpful documents to check for compliance with requirements, see the footnotes below.[2]

RAPID REHOUSING SYNOPSIS AND INTENDED GOALS

Rapid rehousing provides an immediate permanent housing solution for vulnerable homeless individuals and families by providing short-term rental assistance and services.[3] Common publicly-funded types of rapid rehousing programs include HUD CoC-funded rapid rehousing, Emergency Solutions Grant-funded rapid rehousing, Supportive Services for Veteran Families (SSVF) programs funded through the Department of Veteran Affairs, and Tenant-Based Rental Assistance programs funded through the HOME Investments Partnership (HOME) formula grant program. Research shows rapid rehousing to be one of the most effective types of contemporary homeless service programs to end homelessness from a financial and housing stability perspective.[4]

In general, rapid rehousing programs have latitude in determining the target population the program will serve and a great degree of flexibility in how programs apply subsidies, in duration and amount, to house and stabilize individuals and families experiencing homelessness. Many rapid rehousing programs focus on ending homelessness among youth and family populations. Other programs focus exclusively on veterans and veteran

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[2] https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf; http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/6509.2

[3] https://www.gpo.gov/fdsys/granule/CFR-2012-title24-vol3/CFR-2012-title24-vol3-part576/content-detail.html

[4] http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000265-Rapid-Re-housing-What-theResearch-Says.pdf

families. Others design their programs to target the needs of survivors of domestic violence or persons experiencing chronic or episodic homelessness. Rapid rehousing is an intervention that can adapt to serve individuals, families, and youth with a variety of housing barriers.

No matter the focus population, all rapid rehousing programs should adopt a Housing First philosophy by reducing barriers to eligibility (i.e. no income, sobriety, and rental history) and housing people as quickly as possible. These programs should also participate in the coordinated entry process, including the local prioritization of individuals and families for permanent housing interventions. In Wake County, each Access Site and Emergency Shelter utilizes a community-approved prevention and diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to assist in determining priorities and housing triage methods, while permanent housing programs use a case management tool for more developed housing placement purposes and intensive case management over time. Communities use the VI-SPDAT to prioritize individuals and families experiencing literal homelessness based on chronicity, length of time homeless, and an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

PERFORMANCE STANDARDS

PERSONNEL STANDARD:
Programs shall adequately staff services with qualified personnel to ensure the quality of service delivery, effective program administration, and the safety of program participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- Program designates staff whose responsibilities include identification and recruitment of landlords, encouraging them to rent to homeless households served by the program. Staff have the knowledge, skills, and agency resources to understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. Grantees should train their case management staff who have housing identification responsibilities on this specialized skill set to perform the landlord recruitment function effectively.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS End User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have written job descriptions that address tasks staff must perform and the minimum

qualifications for the position. Ideally, rapid rehousing programs would have staff dedicated to housing identification and landlord recruitment. However, if programs cannot have dedicated staff, case manager job descriptions must include responsibilities for landlord recruitment and negotiation.
- Case managers provide case management with an approved case management tool frequently (minimum of bi-monthly) for all clients.
- Organizations should share and train all program staff on the NC-507 Rapid Rehousing Written Standards.

PRIORITY FOR TENANTS WHO NEED EMERGENCY TRANSFERS UNDER VAWA 2013 STANDARD:
Tenants eligible for emergency transfers under the NC-507 emergency transfer policy and VAWA statute and regulations have priority for open rapid rehousing units if they also meet all eligibility requirements and relevant prioritization requirements for the project.

CLIENT INTAKE PROCESS
STANDARD:
Programs will actively participate in their community's coordinated entry system by only taking referrals from the coordinated entry system for their program. At a minimum, programs will perform the Prevention and Diversion screening tool to determine the ability of the program to divert the presenting household from the homeless service system and/or the VI-SPDAT Prescreen on all program applicants to determine their acuity score. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance.

Benchmarks
- All adult program participants must meet the following program eligibility requirements:
    - Rapid rehousing programs work with households who meet the definition of homelessness in the definitions section of the performance standards (CoC RRH programs may work with participants in Categories 1 and 4. ESG RRH programs may work with participants in Category 1 and literally homeless participants in Category 4). SSVF programs should follow specific guidelines for eligible participants.
    - Adult household members can participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
    - CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the award.
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
- Programs focus on engaging participants by explaining available services and encouraging each adult household member to participate in said services, but programs do not make service usage a requirement or the denial of services a reason for disqualification or eviction.
- Programs must use the standard order of priority of documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
    - Third-party documentation (including HMIS)
    - Intake worker observations through outreach and visual assessment.
    - Self-certification of the person receiving assistance

- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for caseworkers and administrators.
- Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons:
    - Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
    - Rapid rehousing subsidy money has been exhausted
    - If the housing has in residence at least one family member with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
    - For SSVF and HOME programs only, the family or individual has household income over 50% of area median income

RAPID REHOUSING

STANDARD:

Programs will assist participants in locating and moving into safe, affordable housing, providing housing stabilization and case management services meant to provide long-term sustainability as defined under the specific program type.

Benchmarks

- Programs explain program rules and expectations before admitting the individual or family into the program. Programs have rules and expectations that ensure fairness and avoid arbitrary decisions that vary from client to client or staff to staff.
- Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness before the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.
- Programs may assist with rental application fees (ESG, CoC and SSVF only), moving costs (ESG, SSVF, and CoC only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.
- Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner. Initial lease agreements should be for one year, renewable for a minimum term of one month, and terminable only for cause. HOME TBRA leases should not have prohibited lease provisions (24 CFR 92.253).
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance

agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program participant.

- Programs should take a progressive approach when determining the amount that households will contribute toward their monthly rent payment. Programs should remain flexible, considering the unique and changing needs of the household. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program participants must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term. Programs should have written policies and procedures for determining the rent amount participants pay towards housing costs. This amount must be reasonable based on household income (this could potentially be 50-60% of their monthly income), including $0 for households with no income. These policies should also address when and how programs use financial assistance as a bridge to housing subsidy or a permanent supportive housing program.
- When determining the amount and length of financial assistance, programs should base their decision on the needs of the household and its long-term housing stability plan. Programs should have well-defined policies and procedures for determining the amount and length of time for financial assistance to program participants as well as defined and objective standards for when case management and/or financial assistance should continue or end. Programs must review the amount of rental assistance provided every 3 months and continued need determined through consultation between the participant and the case manager. Programs should review regulations for the funding source to determine maximum months they can pay for rental assistance.
- Use with other subsidies: Except for the one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.
- HUD CoC grantees will adhere to the responsibilities of grant management outlined by the CoC Written Standards.

HOUSING STABILIZATION/CASE MANAGEMENT SERVICES

STANDARD:

Programs shall provide access to housing stabilization and/or case management services by trained staff to each individual and/or family in the program.

Benchmarks (Standard Available Services)

- Programs provide individual housing stabilization and/or case management services to program participants at least monthly. These services include:
    - Housing stability services to assist participants in locating and obtaining suitable, affordable permanent housing, including:
        - Assessment of housing barriers, needs, and preferences.
        - Development of an action plan for locating housing.
        - Housing search.

        - Outreach to and negotiation with landlords or property owners.
        - Tenant counseling.
        - Assessment of housing for compliance with program type requirements for habitability, lead-based paint and rent reasonableness.
        - Assistance with submitting rental applications.
        - Understanding lease agreements.
        - Arranging for utilities.
        - Making moving arrangements.
        - Assuring participants have the basics at move-in, including simple furnishings, mattresses, and cooking utensils like pots and pans.
    - Case management services, including assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for participants who have obtained and maintained permanent housing through the homelessness prevention or rapid rehousing program by:
        - Developing, in conjunction with the participant, an individualized housing and service plan with a path to permanent housing stability.
        - Developing, securing, and coordinating services.
        - Obtaining federal, state, and local benefits.
        - Monitoring and evaluating program participants' progress towards goals.
        - Providing information about and referrals to other providers.
        - Conducting 3-month evaluations to determine ongoing program eligibility.
    - Programs may offer other services, including:
        - Legal services to resolve a legal problem prohibiting a program participant from obtaining or retaining permanent housing (only ESG and CoC), including:
            - Client intake.
            - Preparation of cases for trial.
            - Provision of legal advice.
            - Representation of legal advice.
            - Counseling.
            - Filing fees and other necessary court costs.
            - Mediation between the program participant and the owner or person(s)with whom the participant is living (only ESG and CoC).
        - Credit repair (only ESG and CoC), including:
            - Credit counseling.
            - Accessing a free personal credit report.
            - Resolving personal credit problems.
            - Other services needed to assist with critical skills related to household budgeting and money management.
- Case management includes the following types of contact: home visits, office visits, meeting in a location in the community, or phone calls (at least one visit per month must be in person). Programs should use an approved case management tool as a guide for their case management services to program participants. Meeting times, place, and frequency should be mutually agreed upon by both the participant and case manager.
- CoC and ESG RRH programs must meet with participants at least once per month to assist the participant in long-term housing stability. Program staff must conduct an annual assessment of service needs.
- The program will evaluate the household for continued eligibility every three months or as changes are

reported in household income and housing stability. To continue receiving rapid rehousing assistance, the household must demonstrate:

- Lack of resources and support networks. The household must continue to lack sufficient resources and support networks to retain housing without program assistance.
- Need. The program must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.
- For ESG, at the 12-month annual recertification, the client's income must be at or below 30% Area Median Income.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.
- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress, and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring, and/or dispensing, outpatient therapy, and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.
- For CoC PSH, in addition to the services mentioned such as one-time moving costs and case management, other eligible supportive service costs include childcare, food, housing search and counseling, outreach services, transportation, and one-time utility deposit.

SERVICE COORDINATION

STANDARDS:

Programs will assist program participants in obtaining appropriate supportive services and other federal, state, local, and private assistance as needed and/or requested by the household. Program staff will be knowledgeable about mainstream resources and services in the community.

Benchmarks:

- Programs should arrange with appropriate community agencies and individuals the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; substance abuse assessments and treatment; legal services, credit counseling services; and other assistance requested by the participant, which programs do not provide directly to clients.
- Programs coordinate with other mainstream resources for which participants may need assistance: emergency financial assistance; domestic violence shelters; local housing authorities, public housing, and Housing Choice Voucher programs; temporary labor organizations; childcare resources and other public programs that subsidize childcare; youth development and child welfare; WIC; Supplemental Nutritional Assistance Program (SNAP); Unemployment Insurance; Social Security benefits; Medicaid/Medicare or other comparable services if available.
- For CoC RRH, in addition to one-time moving costs and case management, other eligible supportive service costs include child care, education, and employment services, food, housing search and

counseling, legal services, life skills training, mental health and outpatient health services, outreach services, substance abuse treatment, transportation, and a one-time utility deposit.

TERMINATION

STANDARDS:

Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. The Collaborative Applicant recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks

Emergency Solutions Grant Rapid Rehousing

- To terminate assistance to a program participant, the agency must follow the due-process provisions outlined in 24 CFR 576.402 as follows:
  - If a program participant violates program requirements, the grantee may terminate the assistance under a formal process established by the grantee, recognizing the rights of the individuals affected. The grantee must exercise sound judgment and examine all extenuating circumstances in determining when violations warrant termination so that programs terminate assistance to program participants in only the most severe cases.
  - To terminate rental assistance and/or housing relocation and stabilization services to program participants, the required formal process, at a minimum, must consist of:
    - Written notice to the program participant containing a clear statement of the reasons for termination;
    - A review of the decision, in which the program participant has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision;
    - Prompt written notice of the final decision to the program participant.
  - Termination under this section does not preclude the program from providing further assistance later to the same individual or family.

Continuum of Care Rapid Rehousing, HOME Tenant-Based Rental Assistance

- To terminate assistance to a program participant, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows:
  - The grantee may terminate assistance to program participants who violate program requirements or conditions of occupancy. Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.
  - To terminate assistance to program participants, the grantee must provide a formal process, recognizing the rights of the individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:
    - Providing program participants with a written copy of program rules and the termination process before the participant begins to receive assistance with a copy signed by the client;
    - Written notice to program participants containing a clear statement of the reasons for termination;
    - A review of the decision, in which the program participant has the opportunity to present written or oral objections before a person other than the person who made or approved the

termination decision;
    - Prompt written notice of the final decision to the program participant.

Supportive Services for Veteran Families –Rapid Rehousing

- Limitations on and continuations of the provision of supportive services can be found under 38 CFR 62.35 as follows:
    - Extremely low-income veteran families: a participant classified as an extremely low-income veteran family will retain that designation as long as the participant continues to meet all other eligibility requirements.
    - Limitations on the provisions of supportive services to participants classified under 62.11(c): a grantee may provide supportive services to a participant until the earlier of two dates:
        - The participant commences receipt of other housing services adequate to meet the participant's needs;
        - Ninety days from the date the participant exits permanent housing.
    - Supportive services provided to participants classified under 62.11(c) must be designed to support the participants in their choice to transition into housing that is responsive to their individual needs and preferences.
    - Continuation of supportive services to veteran family member(s): if a veteran becomes absent from a household or dies while other members of the veteran family are receiving supportive services, then such supportive services must continue for a grace period following the absence or death of the veteran. The grantee must establish a reasonable grace period for continued participation by the veteran's family member(s), but that period may not exceed 1 year from the date of absence or death of the veteran, subject to the requirements of bullets (1) and (2) of this section. The grantee must notify the veteran's family member(s) of the duration of the grace period.
    - Referral for other assistance: if a participant becomes ineligible to receive supportive services under this section, the grantee must provide the participant with information on other available programs and resources.
    - *Families fleeing domestic violence*: Notwithstanding the limitations in 62.34 concerning the maximum amount of assistance a family can receive during a defined period of time, a household may receive additional assistance if it otherwise qualifies for assistance under this part and is fleeing from a domestic violence situation. A family may qualify for assistance even if the veteran is the aggressor or perpetrator of domestic violence. Receipt of assistance under this provision resets the maximum limitation for assistance under the regulations for the amount of support that can be provided in a given amount of time under 62.34

<u>FOLLOW-UP SERVICES</u>

STANDARD:

Programs must ensure a continuity of services to all clients exiting their programs. Agencies can provide these services directly or through referrals to other agencies.

Benchmarks

- Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources as well as a list of prevention and diversion

services available if another housing crisis occurs, as desired.

- Programs should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referrals to other agencies and community services to prevent future episodes of homelessness.

CLIENT AND PROGRAM FILES

STANDARD:

Programs will keep all program participant files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and program files should, at a minimum, contain all the information and forms required by HUD (24 CFR 576.500), and the VA, service plans, case notes, referral lists, and service activity logs, including services provided directly by the permanent supportive housing program and indirectly by other community service providers. Programs should have:
  - Documentation of homeless status, chronic homelessness status (where applicable), and disabling condition.
  - Determination of ineligibility, if applicable, which shows the reason for this determination.
  - Initial and annual income evaluation, per program rules.
  - Program participant records.
  - Documentation of using the community's coordinated entry system.
  - Compliance with shelter and housing standards.
  - Services and assistance provided.
  - Expenditures and matches.
  - Conflict of interest/code of conduct policies.
  - Homeless participation requirement.
  - Faith-based activity requirement, if applicable.
  - Other Federal requirements, if applicable.
  - Confidentiality procedures.
- All client information should be entered in HMIS under data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of the client's information as changes occur.
- Programs must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.
- All records about CoC and ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute written files with microfilm, photocopies, or similar methods. Records about other funding sources must adhere to those record retention

requirements.

EVALUATION AND PLANNING

STANDARD:

Homelessness prevention and rapid rehousing programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness or at-risk of homelessness.

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC and ESG programs or other funding sources. These written goals and objectives should strive to meet these performance benchmarks (for programs serving a high need population such as chronically homeless or no income, the CoC will take targeting efforts into account):
  - Reduce the length of time program participants spend homeless. Households served by the program should move into permanent housing in an average of 30 days or less.
  - Maximize permanent housing success rates. Programs should ensure that at least 80% of households exit to a permanent housing setting.
  - Decrease the number of households returning to homelessness. Programs should ensure that at least 85% of households exiting the program do not become homeless again within one year of exit.
- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.

Prevention and Diversion Written Standards

OVERVIEW

Homelessness prevention programs can play an important role in ending homelessness. Like rapid rehousing programs, homelessness prevention programs can focus on financial assistance and housing stabilization services on specific populations, including survivors of domestic violence, families with children, and formerly homeless individuals and families. While research clearly shows the effectiveness of rapid rehousing programs on reducing homelessness in communities, homelessness prevention programs demonstrate mixed results. In order to end homelessness, communities understand they must prevent new episodes of homelessness and returns to homelessness for individuals and families in housing crises. However, it can be difficult to determine which households would have become homeless if not for this intervention. Data suggests that only one out of ten households presenting for prevention programs would become homeless without financial assistance. In light of this research, homelessness prevention programs should target their limited financial assistance and housing stability resources appropriately and develop methods to determine which households are at greatest risk of becoming homeless. In order to do so, prevention programs are encouraged to focus their spending on households who are at imminent risk of homelessness (within 72 hours) or those households who can be diverted from the shelter system with the aid of financial assistance. Homelessness prevention programs should target their funding towards households that have similar characteristics to the general homeless population in their community.

No matter the focus population, all prevention and diversion programs should adopt a Housing First philosophy by reducing barriers to eligibility (i.e. no income, sobriety, and rental history) and maintaining existing housing or rehousing people as quickly as possible. These programs should also participate in the coordinated entry process, including the local prioritization of individuals and families for permanent housing interventions. In Wake County, each Access Site and Emergency Shelter utilizes a community-approved prevention and diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to assist in determining priorities and housing triage methods, while permanent housing programs use a case management tool for more developed housing placement purposes and intensive case management over time. NC-507 CoC uses the VI-SPDAT to prioritize individuals and families experiencing literal homelessness based on chronicity, length of time homeless, and an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

EXPECTATIONS

All program grantees using the Department of Housing and Urban Development Continuum of Care, Emergency Solutions Grant, VA SSVF, and HOME TBRA funding must adhere to these performance standards. Prevention and Diversion programs funded through the Continuum of Care (applicable for high-performing CoC's) and Emergency Solutions Grant will be monitored by the Collaborative Applicant to ensure compliance. The NC-507 CoC recommends that Prevention and Diversion programs funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in Wake County.

Some requirements and parameters for Prevention and Diversion assistance vary from program to program. It will be necessary to refer to the regulations for each program along with these program standards (CoC: 24 CFR 587; ESG: 24 CFR 576; SSVF: 38 CFR 62; HOME: 24 CFR 570). For other helpful documents to check for compliance with requirements, see the footnotes below.2

PERFORMANCE STANDARDS

PERSONNEL STANDARD:

Programs shall adequately staff services with qualified personnel to ensure the quality of service delivery, effective program administration, and the safety of program participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS End User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position. Ideally, Homeless Prevention and Diversion programs would have staff dedicated to diversion mediation and prevention services. However, if the programs cannot have dedicated staff, case manager job descriptions must include responsibilities for diversion conversations and prevention strategizing.
- Case managers provide case management with an approved case management tool frequently (every six month's minimum) for all clients.
- Organizations should share and train all program staff on the NC-507 Rapid Rehousing Written Standards.

PRIORITY FOR TENANTS WHO NEED EMERGENCY TRANSFERS UNDER VAWA 2013 STANDARD:

Tenants eligible for emergency transfers under the NC-507 emergency transfer policy and VAWA statute and regulations have priority for open rapid rehousing units if they also meet all eligibility requirements and relevant prioritization requirements for the project.

CLIENT INTAKE PROCESS

STANDARD:

Programs will actively participate in their community's coordinated entry system by only taking referrals from the coordinated entry system for their program. At a minimum, programs will administer the community-approved prevention and diversion screening tool to determine the ability of the program to divert the

presenting household from the homeless service system and/or the VI-SPDAT Prescreen on all program applicants to determine their acuity score. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance.

Benchmarks

- All adult program participants must meet the following program eligibility requirements:
  - Homelessness prevention programs work with households who meet the at-risk of homelessness definition (Category 2) in the definitions section of the performance standards.
  - Adult household members can participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
  - CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the award.
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
- Programs focus on engaging participants by explaining available services and encouraging each adult household member to participate in said services, but programs do not make service usage a requirement or the denial of services a reason for disqualification or eviction.
- Programs must use the standard order of priority of documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
  - Third-party documentation (including HMIS)
  - Intake worker observations through outreach and visual assessment.
  - Self-certification of the person receiving assistance
- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for caseworkers and administrators.
- Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons
  - Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
  - Prevention and Diversion money has been exhausted

HOMELESSNESS PREVENTION

STANDARD:

Programs will assist participants in staying in their current housing situation, if possible, or assist households at imminent risk of homelessness to move into another suitable unit as defined under the specific program type.

Benchmarks

- Programs are encouraged to target prevention funds toward community diversion efforts. When paying financial assistance to divert households from homelessness, programs should target assistance to households most likely to experience homelessness if not for this assistance.
- Programs explain program rules and expectations before admitting the individual or family into the program. Programs will have rules and expectations that ensure fairness and avoid arbitrary

decisions that can vary from client to client or staff to staff.

- In evaluating current housing, programs consider the needs of the individual or family living there to decide if the current unit meets Housing Quality Standards and long-term sustainability (ESG and SSVF only).
- When moving the individual or family into a new unit, programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, etc. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness before the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.
- Programs may assist with rental application fees (ESG and SSVF only), moving costs (ESG, CoC, and SSVF only), temporary storage fees (ESG and SSVF programs only), security deposits (up to 2 months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their program is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.
- Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner.
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a program participant.
- Programs will determine the amount that households will contribute toward their monthly rent payment. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, programs can choose not to charge households rent during their participation in the program. All rent payments made by program participants must be paid directly to the landlord or property owner. Programs will review the amount of rental assistance paid for the participating household every 3 months, and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term.
- Programs may provide no more than 3 months of rental and utility assistance to a participating household for homelessness prevention. If the household needs more than 3 months of financial assistance, the agency Executive Director or his/her designated proxy may extend financial assistance month-to-month based on proof of continued need and demonstrated success of stated housing sustainability plan.
- Use with other subsidies: Except for the one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.

HOUSING STABILIZATION/CASE MANAGEMENT SERVICES

STANDARD:

Programs shall provide access to housing stabilization and/or case management services by trained staff to each individual and/or family in the program.

Benchmarks (Standard Available Services)

- Programs provide individual housing stabilization and/or case management services to program participants at least monthly. These services include:
  - Housing stability services to assist participants in maintaining current or obtaining an alternative suitable, affordable permanent housing unit, including:
    - Assessment of current housing and client needs to retain current housing.
    - Development of an action plan for locating new housing.
    - Housing search.
    - Outreach to and negotiation with landlords or property owners.
    - Tenant counseling.
    - Assessment of housing for compliance with program type requirements for habitability, lead-based paint, and rent reasonableness. ▪ Assistance with submitting rental applications.
    - Understanding lease agreements.
    - Arranging for utilities.
    - Making moving arrangements.
    - Assuring participants have the basics at move-in, including simple furnishings, mattresses, and cooking utensils like pots and pans.
  - Case management services, including assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for participants who have obtained and maintained permanent housing through the homelessness prevention or rapid rehousing program by:
    - Developing, in conjunction with the participant, an individualized housing and service plan with a path to permanent housing stability.
    - Developing, securing, and coordinating services.
    - Obtaining federal, state, and local benefits.
    - Monitoring and evaluating program participants' progress towards goals.
    - Providing information about and referrals to other providers.
    - Conducting 3-month evaluations to determine ongoing program eligibility.
  - Programs may offer other services, including:
    - Legal services to resolve a legal problem prohibiting a program participant from obtaining or retaining permanent housing (only ESG and CoC), including:
      - Client intake.
      - Preparation of cases for trial.
      - Provision of legal advice.
      - Representation of legal advice.
      - Counseling.
      - Filing fees and other necessary court costs.
      - Mediation between the program participant and the owner or person(s)with whom the participant is living (only ESG and CoC).
      - Credit repair (only ESG and CoC), including:
      - Credit counseling.
      - Accessing a free personal credit report.

    - Resolving personal credit problems.
    - Other services needed to assist with critical skills related to household budgeting and money management.
- Case management includes the following types of contact: home visits, office visits, meeting in a location in the community, or phone calls (at least one visit per month must be in person). Programs should use an approved case management tool as a guide for their case management services to program participants. Meeting times, place, and frequency should be mutually agreed upon by both the participant and case manager.
- The program will evaluate the household for ongoing eligibility or as changes are reported in household income and needed to maintain housing stability. To continue receiving prevention services, the client must indicate a need, including relevant and appropriate documentation.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.
- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress, and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring, and/or dispensing, outpatient therapy, and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.

SERVICE COORDINATION

STANDARDS:

Programs will assist program participants in obtaining appropriate supportive services and other federal, state, local, and private assistance as needed and/or requested by the household. Program staff will be knowledgeable about mainstream resources and services in the community.

Benchmarks:

- Programs should arrange with appropriate community agencies and individuals the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; substance abuse assessments and treatment; legal services, credit counseling services; and other assistance requested by the participant, which programs do not provide directly to clients.
- Programs coordinate with other mainstream resources for which participants may need assistance: emergency financial assistance; domestic violence shelters; local housing authorities, public housing, and Housing Choice Voucher programs; temporary labor organizations; childcare resources and other public programs that subsidize childcare; youth development and child welfare; WIC; Supplemental Nutritional Assistance Program (SNAP); Unemployment Insurance; Social Security benefits; Medicaid/Medicare or other comparable services if available.

TERMINATION

STANDARDS:

Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. The Collaborative Applicant recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks

- To terminate assistance to a program, agencies must follow the due process outlined under the formal process established by the CoC that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the program wrongly terminated assistance.
- Agencies must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance and keep a copy signed by the client in the file.
- Programs may carry a barred list when a client has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the program a chance to provide further assistance at a later date.

FOLLOW-UP SERVICES

STANDARD:

Programs must ensure a continuity of services to all clients exiting their programs. Agencies can provide these services directly or through referrals to other agencies.

Benchmarks

- Programs prioritize the development of housing stability plans for each participant to ensure continued permanent housing stability and connection to community resources as well as a list of additional prevention and diversion services available if another housing crisis occurs.
- Programs should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referrals to other agencies and community services to prevent future episodes of homelessness.

CLIENT AND PROGRAM FILES

STANDARD:

Programs will keep all program participant files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and program files should, at a minimum, contain all of the information and forms required by HUD (24 CFR 576.500), and the VA, service plans, case notes, referral lists, and service activity logs, including services provided directly by the permanent supportive housing program and indirectly by other community service providers. Programs should have:
    - Documentation of homeless status, chronic homelessness status (where applicable), and disabling condition.

- Determination of ineligibility, if applicable, which shows the reason for this determination.
- Initial and annual income evaluation, per program rules.
- Program participant records.
- Documentation of using the community's coordinated entry system.
- Services and assistance provided.
- Expenditures and matches.
- Conflict of interest/code of conduct policies.
- Homeless participation requirements.
- Other Federal requirements, if applicable.
- Confidentiality procedures.

- All client information should be entered in HMIS under data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements and update client information as changes occur.
- Programs must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.
- All records about CoC and ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute written files with microfilm, photocopies, or similar methods. Records about other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

STANDARD:

Homelessness prevention programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness or at-risk of homelessness.

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC and ESG programs or other funding sources. These written goals and objectives should strive to meet these performance benchmarks (for programs serving a high need population such as chronically homeless or no income, the CoC will take targeting efforts into account):
  - Reduce the length of time program participants spend homeless. Households served by the program should move into permanent housing in an average of 30 days or less.
  - Maximize permanent housing success rates. Programs should ensure that at least 80% of households exit to a permanent housing setting.
  - Decrease the number of households returning to homelessness. Programs should ensure that at least 85% of households exiting the program do not become homeless again within one year of exit.

- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.

NC507 Continuum of Care
Permanent Supportive Housing Written Standards

OVERVIEW

The Collaborative Applicant serves as the NC-507 Wake County Continuum of Care lead agency for Raleigh and Wake County. The Collaborative Applicant has developed these program standards to provide specific guidelines for how programs operate to have the best chance of ending homelessness. These guidelines create consistency across the community, protect our clients by putting their needs first, and provide a baseline for holding all CoC programs to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of federal program funds within the geographic area, CoCs must establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

In consultation with recipients of ESG and CoC program funds within the geographic area, CoCs must establish and consistently follow written standards for providing CoC assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs (24 CFR 578.7(a)(9)).
- For permanent supportive housing programs, program standards to define policies and procedures for prioritization of eligible households.
- Policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs.
- Definitions for participation in the CoC's Homeless Management Information System (or comparable database for domestic violence or victims' service programs).

The NC-507 Continuum of Care developed the following Permanent Supportive Housing program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Program compliance with the Department of Housing and Urban Development and the Department of Veteran Affairs
- Service consistency within programs
- Adequate program staff competence and training, specific to the target population served

EXPECTATIONS

All program grantees using Department of Housing and Urban Development Continuum of Care and the Department of Veteran's Affairs VA Supportive Housing (VASH) funding must adhere to these performance standards. Programs funded through the Continuum of Care will be monitored by The Collaborative Applicant to ensure compliance. The Collaborative Applicant recommends that permanent supportive housing programs funded through other funding sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first.

Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in Wake County.

PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing programs provide safe, stable homes through long-term rental assistance, paired with long-term intensive case management services, to highly vulnerable individuals and families with complex issues who are otherwise at risk of serious health and safety consequences from being homeless.[1] This model seeks to provide a stable housing option and the necessary supportive services for individuals and families who would not succeed in other permanent housing settings. Permanent supportive housing is designed for persons with disabilities, including severe mental health, physical health, HIV/AIDS, and/or substance abuse disorders, especially targeting individuals and families meeting the Department of Housing and Urban Development's definition of chronic homelessness. Types of permanent supportive housing include HUD CoC Permanent Supportive Housing, HUD-VASH, and other programs that combine services and rental assistance in the community specifically to house this population.

Successful permanent supportive housing programs use the national best practice called Housing First, the model in which programs house all persons immediately without preconditions such as sobriety, income, or behavioral requirements and pair supportive services matched to the needs of the household.[2] Long-term studies demonstrate that individuals and families experiencing homelessness, even chronic homelessness, can move into a home with case management, follow a standard lease, and successfully remain in housing over a long period of time. Permanent supportive housing programs with preconditions for entry and overly burdensome program rules cause this high-need population to regularly fail in housing or drive programs to target lower-need individuals who do not need permanent supportive housing programs to successfully remain housed.

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[1] https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html

[2] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf

Permanent supportive housing programs should participate in the NC-507 coordinated assessment process, including the local prioritization of individuals for housing. In Wake County, each Coordinated Entry participating agency utilizes a community-wide screening tool and agreed upon dynamic prioritization process. The community uses the VI-SPDAT to prioritize individuals and families experiencing homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs after assessing for unsheltered homelessness, chronic homelessness and length of time experiencing homelessness. Permanent supportive housing programs are intended to serve individuals and families with the longest time homeless and the highest needs.

DEFINITIONS

Acuity: When using the VI-SPDAT prescreens, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using the Case Management Tool acuity refers to the severity of the presenting issue and the ongoing goals in addressing these issues.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) had been homeless and living as described in (i) continuously for at least 12 months or on at least 4 occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in (1) or 2) of this definition, including a family whose composition had fluctuated while the head of household has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and /or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, “a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data.” The recipient or subrecipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements. (24 CFR 578.57)

Coordinated Assessment: “A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool”

(24 CFR 578.3). CoCs have ultimate responsibility to implement coordinated assessment in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home Page 5 of 16 because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless:
Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family

living in a supervised 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, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/she 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: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing;

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.[3]

Prevention and Diversion Screening Tool: A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives programs a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Rehousing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing: Temporary housing for participants who have signed a lease or occupancy agreement with the purpose of transitioning participants into permanent housing within 24 months.

[3] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based tool used throughout NC-507 to determine initial acuity and set prioritization and intervention for permanent housing placement.

PERFORMANCE STANDARDS
PERSONNEL STANDARD:

Programs shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of program participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- All paid and volunteer staff participate in ongoing internal and/or external training on the Prevention and Diversion Screening Tool, the individual and family VI-SPDAT screening tool, and the Case Management Tool.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS End User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- Case managers provide case management on a frequent basis (every six month's minimum) for clients.
- Organizations should share and train all program staff on the NC-507 Permanent Supportive Housing Written Standards.

PRIORITY FOR TENANTS WHO NEED EMERGENCY TRANSFERS UNDER VAWA 2013 STANDARD:
Tenants eligible for emergency transfers under the NC-507 emergency transfer policy and VAWA statute and regulations have first priority for open permanent supportive housing units, if they also meet all eligibility requirements and relevant prioritization requirements for the PSH project. To access PSH beds dedicated to chronic homelessness, tenants eligible for emergency transfers must also be chronically homeless, unless there is no other option for an emergency transfer in the community and the tenant is otherwise eligible for PSH. Tenants documented as chronically homeless before entering a permanent housing project retain chronic homeless status for the purposes of eligibility for an emergency transfer under VAWA 2013.

ORDER OF PRIORITY FOR CoC-FUNDED DEDICATED OR PRIORITIZED CHRONICALLY HOMELESS BEDS STANDARD:

Programs receiving CoC-funded permanent supportive housing which have dedicated or prioritized their beds to serve individuals and families experiencing chronic homelessness must follow the order of priority in accordance with the Order of Priority section in Notice CPD-16-114[4] when selecting participants for housing. Grantees must exercise due diligence when conducting outreach and assessment to ensure the program serves people in the order of priority as adopted by the NC-507 Continuum of Care.

Benchmarks

- First Priority: Chronically homeless individuals or families with the longest history of homelessness, currently living unsheltered or in a place not meant for human habitation AND that meet the following:
    - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
    - The chronically homeless individual or head of household of a family has not been identified to meet the severe service needs described in priority one.
- Second Priority: Chronically homeless individuals and families as defined in 24 CFR 578.3 with the longest histories of homelessness AND the most severe service needs (as found through the acuity score on the VI-SPDAT with information from community stakeholders).
    - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
    - The chronically homeless individual or head of household of a family has severe service needs as assessed through the VI-SPDAT. This person has a history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- Third Priority: Chronically homeless individuals or families with the most severe service needs.
    - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months but less than others identified in the community needing permanent housing; and
    - The chronically homeless individual or head of household of a family has severe service needs as assessed through the VI-SPDAT. This person has a history of high utilization of

[4] https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf

crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

- Fourth Priority: All other chronically homeless individuals or families.
    - The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total of the four separate occasions is less than 12 months; and
    - The program has not identified the chronically homeless individual or head of household of a family, who meets all of the criteria of a chronically homeless person or family, as having severe service needs.

ORDER OF PRIORITY FOR CoC-FUNDED NON-DEDICATED OR NON-PRIORITIZED CHRONICALLY HOMELESS BEDS STANDARD:

Programs receiving CoC-funded permanent supportive housing that do not dedicate or prioritize their beds for individuals and families experiencing chronic homelessness must first follow the order of priority as mentioned in the section above: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds. However, if the community does not have any chronically homeless individuals or families or someone meeting the priority listing above cannot be identified within 30 days, programs will prioritize their beds in accordance with the Order of Priority section in Notice CPD-16-115[5] for non-dedicated or non-prioritized beds when selecting participants for housing.

Benchmarks

- First Priority: Priority listing under section: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds.
- Second Priority: Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs.
    - An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
- Third Priority: Homeless individuals and families with a disability with severe service needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
- Fourth Priority: Homeless individuals and families with a disability coming from places not meant for human habitation, safe havens, or emergency shelters without severe service needs.
    - An individual or family is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the

[5] https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf

individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

- Fifth Priority: Homeless individuals and families with a disability coming from transitional housing.
    - An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

CLIENT INTAKE PROCESS

STANDARD:

Programs will actively participate in their community's coordinated assessment system by only taking referrals from the coordinated assessment system for their program. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance. The program will ensure active client participation and informed consent.

Benchmarks

- All adult program participants must meet the following program eligibility requirements:
    - Literally homeless or fleeing domestic violence (see definitions above for Category 1 and Category 4 of the Homeless Definition). Some programs have stricter participant guidelines and should see their specific program and application information to determine eligibility.
- Programs may require participants to meet only these additional program eligibility requirements if they have targeted specific populations under their grant applications:
    - Chronic homelessness (for CoC-funded PSH that requires chronic homelessness and programs that have committed to prioritize turnover beds to people experiencing chronic homelessness).
    - Homeless veterans (for HUD-VASH programs).
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
- Programs may focus on engaging participants by explaining available services and encouraging each adult household member to participate in said services, but programs may not make service usage a requirement or the denial of services a reason for disqualification or eviction.
- Programs cannot disqualify an individual or family from program entry for lack of income or employment status.
- Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons:

- Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
- All program beds are full.
- If the housing has in residence at least one family member with a child under the age of 18, the program may exclude registered sex offenders and person with a criminal record that includes violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)

• Programs shall use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. That order should be as follows:
  - Third-party documentation (including HMIS)
  - Intake worker observations through outreach and visual assessment
  - Self-certification of the person receiving services
  - CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the award.
• Programs must provide evidence of a diagnosis of one or more of the following conditions (for the CoC program, one adult OR child in the family would qualify): substance- use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a traumatic brain injury, or chronic physical illness or disability. The documentation must include:
  - Written verification of the condition from a professional licensed by the state to diagnose and treat the condition; or
  - Written verification from the Social Security Administration; or
  - Copies of a disability check (e.g. Social Security Disability Insurance check or Veteran Disability compensation); or Intake staff (or referral staff) observation confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days after the application for assistance and accompanied with one of the types of evidence above; or
  - Other documentation approved by HUD or the VA.
• Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for caseworkers and administrators who need said information.

PERMANENT SUPPORTIVE HOUSING

STANDARD:

Programs will provide safe, affordable permanent housing that meets participants' needs in accordance with the client intake practices and within the CoC established guidelines for permanent supportive housing programs. Programs will pair permanent housing with intensive case management services to participants to ensure long-term housing stability.

Benchmarks

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.[6]
- Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, ongoing service needs and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease.
- Programs provide assistance to the participant in locating and procuring housing.
- For rental assistance or tenant-based rental assistance grants, program participants must sign a lease in their name for a one-year period. For leasing assistance grants, agencies must master lease a unit and then have a sub-lease with the program participant for a one-year period. All participant leases and subleases must be standard leases that would apply to any other person leasing said unit and automatically renewable upon expiration for a minimum term of one month. Participant sub-leases with grantees must confer all of the legal rights and protections of the lease between the agency and the landlord
- HUD CoC grantees will adhere to the responsibilities of grant management outlined by the Collaborative Applicant
    - For CoC-funded permanent supportive housing programs, HUD does not require programs to impose occupancy charges on participants as a condition of residing in the housing (CFR 578.77). However, if programs do require occupancy charges, they must impose them on all participants of the program and these charges cannot exceed the highest of:
        - 30% of the household's monthly adjusted gross income;
        - 10% of the household's monthly income; or
        - If the household receives payments for welfare assistance from a public agency wherein part of the payment is for housing costs, the portion of the payment designated for housing costs.
- For CoC programs, PSH assistance must be provided without a designated length of stay.
- For HUD-VASH permanent supportive housing programs, participants must follow rent payment guidelines of the Housing Choice Voucher program.

CASE MANAGEMENT SERVICES

STANDARD:

Programs shall provide access to intensive case management services by trained staff to each individual and/or family in the program. Programs should note acceptance or refusal of all services offered in thorough case notes.

Benchmarks (Standard Available Services)

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.[7]

[6] See SAMHSA's Key Elements of PSH: http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf

[7] See SAMHSA's Key Elements of PSH: http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf

- Program staff or other programs connected to the permanent housing program through formal relationship will provide regular and consistent case management to clients based on the individuals' or families' specific needs. This case management should optimally happen at the participants' home whenever possible, or at a minimum, in a convenient place for the participant. Case management includes:
    - Assessing, planning, coordinating, implementing, and evaluating the services delivered to participants.
    - Assisting participants to maintain their permanent housing placement in a safe manner and understand how to get along with fellow residents or neighbors.
    - Helping participants to create strong support networks and participate in the community, as they desire.
    - Using an agreed upcon case management tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve participants.
- Program staff or other programs connected to the permanent housing program through formal relationships will provide basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- Program staff or other programs connected to the permanent housing program through formal relationship will assist participants in accessing cash and non-cash income through employment, mainstream benefits, child care assistance, health insurance, and other sources.
- Program staff or other programs connected to the permanent housing program through formal relationship will provide individualized budgeting and money management services to clients as needed.
- Program staff or other programs connected to the permanent housing program through formal relationships will provide ongoing assistance with food, clothing, and transportation.
- Programs must assess service needs annually.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.
- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.
- For CoC PSH, in addition to the services mentioned such as one-time moving costs and case management, other eligible supportive service costs include childcare, food, housing search and counseling, outreach services, transportation, and one-time utility deposit.

TERMINATION

STANDARDS:

Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. The Collaborative Applicant recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.[8]
- While violation of a participant's lease or sublease may be cause for termination, programs should develop a termination of services policy giving participants multiple housing chances or work to move participants to a higher-level permanent supportive housing intervention, when possible (i.e. programs will move a participant two times before terminating him/her from services). Programs should only terminate services when clients pose a safety risk to staff or other residents of their community.
    - Programs' goal should be to avoid eviction by working with the landlord and participant to form an agreement allowing participants to move prior to a legal eviction, when possible.
- To terminate assistance to a program participant, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows:
    - The grantee may terminate assistance to program participants who violate program requirements or conditions of occupancy. Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.
    - To terminate assistance to program participants, the grantee must provide a formal process, recognizing the rights of the individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:
        - Providing program participants with a written copy of program rules and the termination process before the participant begins to receive assistance with a copy signed by the participant in the file;
        - Written notice to program participants containing a clear statement of the reasons for termination.
        - A review of the decision, in which the program participant has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; and
        - Prompt written notice of the final decision to the program participant.
- Programs should not immediately terminate participants who enter an institution (medical, mental health, or crisis). HUD CoC PSH grants allow grantees to maintain open units for institutionalized individuals and families for up to 90 days.

EXITING AND FOLLOW-UP SERVICES

STANDARD:

[8] See SAMHSA's Key Elements of PSH: http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf

Programs must ensure a continuity of services to all clients exiting their programs, including those individuals and families terminated from the program. Agencies can provide these services directly or through referrals to other agencies.

Benchmarks

- Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, as desired.
- Programs routinely check in with PSH participants to identify those households whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program.
- Programs develop a plan, in conjunction with the participating household, for effective, timely exit of individuals and families whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program.
- Programs should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services in order to prevent future episodes of homelessness.
- For HUD CoC PSH grants, programs may provide services to formerly homeless individuals and families for up to six months after their exit from the program.

CLIENT AND PROGRAM FILES

STANDARD:

Programs will keep all program participant files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and program files should, at a minimum, contain all the information and forms required by HUD (24 CFR 576.500), and the VA, service plans, case notes, referral lists, and service activity logs, including services provided directly by the permanent supportive housing program and indirectly by other community service providers. Programs should have:
    - Documentation of homeless status, chronic homelessness status (where applicable), and disabling condition.
    - Determination of ineligibility, if applicable, which shows the reason for this determination.
    - Initial and annual income evaluation, per program rules.
    - Program participant records.
    - Documentation of using the community's coordinated entry system.
    - Compliance with shelter and housing standards.
    - Services and assistance provided.
    - Expenditures and match.
    - Conflict of interest/code of conduct policies.
    - Homeless participation requirement.
    - Faith-based activity requirement, if applicable.
    - Other Federal requirements, if applicable.

- Confidentiality procedures.

• All client information should be entered in HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of client's information as changes occur.
• Programs must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
• Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.• All records pertaining to CoC funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

STANDARD:

Permanent supportive housing programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

Benchmarks

• Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC and VA programs or other funding sources.
• Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
• Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to their program as needed to meet the needs of the community.
• Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

Adopted on xx.xx.xx