

Siouxland Coalition to End Homelessness Continuum of Care Program Standards for CoC Funded Permanent Supportive Housing Programs

Approved by Siouxland Coalition to End Homelessness on

The Siouxland Coalition to End Homelessness (SCEH) Continuum of Care (CoC) developed the following Permanent Supportive Housing Program Standards to ensure:

- program accountability to individuals and families experiencing homelessness, specifically those who are experiencing chronic homelessness.
- program compliance with HUD, and/or other applicable federal partner, rules and guidance.
- program uniformity, adequate program staff competence and training, specific to the target population being served.

Nondiscrimination Requirements:

All programs throughout the CoC must comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) and HUD's Homeless Assistance Programs. Congress restricted immigrant access to certain federal public benefits but also recognized exceptions to protect life or safety, based on a 3-part test. The link below covers the types of assistance funded through the Emergency Solutions Grants (ESG) and the Continuum of Care (CoC) Programs that are covered by the life or safety exceptions to the Act.

<https://www.hudexchange.info/resources/documents/PRWORA-Fact-Sheet.pdf>

DEFINITIONS

Chronically Homeless – The definition of “chronically homeless, as stated in Definition of Chronically Homeless final rule is:

- 1) A homeless individual with a disability who:
 - a. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **AND**
 - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. Stays in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, 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 an institutional care facility;
- 2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or similar facility, for fewer than 90 days and met all of the criteria in paragraph 1) of this definition, before entering the facility;
 - 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 paragraph 1) or 2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Coordinated Entry – “A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The Coordinated Entry 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.” [as described in 24 CFR Section 578.3 and further detailed in CPD-17-01.]

Dedicated PSH Beds – Those PSH beds which are required through the Project’s grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. The bed will continue to be a Dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC’s geographic area at that time.

Dedicated PLUS PSH Beds - A CoC-funded PSH project where the entire project will serve individuals and families that meet one of the following criteria at project entry:

- 1) Experiencing chronic homelessness as defined in 24 CFR 578.3;
- 2) Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- 3) Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- 4) Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- 5) Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- 6) Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Disabling Condition –

- 1) A condition that:
 - a. is expected to be long-continuing or of indefinite duration;
 - b. substantially impedes the individual's ability to live independently;
 - c. could be improved by the provision of more suitable housing conditions; and
 - d. is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post- traumatic stress disorder, or brain injury; OR
- 2) A development disability, as defined above; OR
- 3) The disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV). 24 CFR 583.5.

Family - Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family. See 24CFR§ 5.403.

Homeless – An individual or family may be defined as homeless under any of the following categories included in the Homeless Definition Final Rule:

- 1) Literally Homeless (Category 1):
 - a. Living in a public or private place not meant for human habitation,
 - b. Living in temporary shelter, which includes congregate shelters and transitional housing, or
 - c. Exiting an institution where the individual or family has resided for 90 or fewer days and was living in shelter or in a place not meant for habitation before entering the institution.
- 2) Imminently losing their primary night-time residence (Category 2)
- 3) Unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless under this definition but who are defined as homeless under another Federal statutes and meet additional specified criteria (Category 3)

***Note:** For CoC-PSH assistance to be provided to persons defined as homeless under Category 3, the project must be located within the geographic area of a CoC that has received HUD approval to serve this population.*
- 4) Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (Category 4). See 24 CFR 578.3.

***The CoC Program Notice of Funding Opportunity (NOFO) may impose additional eligibility requirements that are not reflected in the regulations. Projects funded to carry out PSH assistance under the CoC Program must follow both CoC Program NOFO and regulatory requirements.**

Household – Covers any configuration of persons in crisis, whatever their age or

number (adults, youth, or children; singles, couples or multiple adults; with or without children).

Housing First – An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing *without preconditions* and barriers to entry such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Non-Dedicated PSH Beds - Those PSH beds which are not required through the Project's grant agreement to only be used to house persons experiencing chronic homelessness. All recipients of non-dedicated CoC Program-funded PSH are encouraged to change the designation of their PSH to be dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the CoC's geographic area who meet that criteria. The number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating years and may occur without an amendment to the grant agreement.

Permanent Supportive Housing (PSH) – An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. PSH combines housing assistance with voluntary support services to address the needs of chronically homeless people. PSH assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are longer-term and more intensive than RRH, while still tailoring to the unique needs of the household.

Severity of Service Needs – A person who has been identified as having the most severe service needs. This means an individual for whom at least one of the following is true:

- 1) History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- 2) Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- 3) For youth and victims of domestic violence, high risk of continued trauma or high risk or harm or exposure to very dangerous living situations.
- 4) When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

Severe service needs should be identified and verified through data-driven methods such as an administrative data match or through the used of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type,

but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements.

SSI/SSDI Outreach, Access, and Recovery (SOAR) – Initiative to train case managers on how to prepare a Social Security disability benefits application and properly document behavioral health issues to increase access to benefits for those with behavioral health issues experiencing or at risk of homelessness.

PERSONNEL

STANDARD: The program shall be adequately staffed by qualified personnel to ensure quality service delivery, effective program management, and the safety and stabilization of program participants.

CRITERIA:

- 1) The agency selects for its service staff only those employees with appropriate knowledge or experience of working with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.
- 2) The program provides training to all paid staff on both the policies and procedures employed by the program and on specific skill areas as determined by the program.
- 3) All paid service staff participate in ongoing and/or external training and development to further enhance their knowledge and ability to work with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.
- 4) For programs that use HMIS/DVMIS, all HMIS/DVMIS users must abide by the standard operating procedures found in the HMIS Policies and Procedures manual. Additionally, users must adhere to the privacy and confidentiality terms set forth in the User Agreement and attend all trainings as applicable.
- 5) Agency staff with responsibilities for supervision of the casework, counseling, and/or case management components have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrate ability and experience that qualifies them to assume such responsibility.
- 6) Staff with supervisory responsibilities for overall program operations shall 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.
- 7) All staff have a written job description that, at a minimum, addresses the major tasks to be performed and the qualifications required for the position.
- 8) Case supervisors review current cases and individual service plans on a regular and consistent basis to ensure quality/coordinated services.
- 9) Case managers provide case management on a frequent (minimum of weekly during initial phase and tapering off as household stabilizes) basis for all clients.
- 10) The program operates under an affirmative action/civil rights compliance plans or letters of assurance.

ORDER OF PRIORITY FOR PERMANENT SUPPORTIVE HOUSING

STANDARD: Programs receiving CoC Permanent Supportive Housing funding which have beds that are dedicated to serve individuals and families who are identified as chronically homeless are required to follow the Order of Priority in accordance with the Order of Priority section of Notice CPD-16-11, and per the agreed-upon Order of Priority as established by the SCEH CoC when selecting participants for housing. The SCEH CoC utilizes a Coordinated Entry Model with one primary access/entry point for placement of Permanent Supportive Housing clients. The Coordinated Entry Intake process must exercise due diligence when conducting outreach and assessment to ensure that Chronically homeless persons are prioritized for assistance based on their total length of time homeless and/or the severity of their needs.

CRITERIA: The following is the Order of Priority by which all Chronically Homeless individuals and families will be prioritized for Permanent Supportive Housing resources for projects with Dedicated, Non-Dedicated, and DedicatedPLUS beds throughout the SCEH CoC.

First Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 with:

- Longest History of Homelessness **AND**
- Most Severe Service Needs*

Second Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 with:

- Longest History of Homelessness **BUT WITHOUT**
- Most Severe Service Needs*

Third Priority – Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 with:

- Most Severe Service Needs*

Fourth Priority – All other Chronically Homeless Individuals and Families as defined in 24 CFR 578.3 not already included in priorities 1 through 3.*

*This includes CH individuals and families who were placed in transitional housing due to a lack of PSH availability, but for whom TH is not going to result in their ability to maintain their own permanent housing without the necessary supports. This is an exception and not the norm for taking people out of TH and placing in PSH. There must be documentation in the client file for why PSH is the best housing intervention now for this client. Household cannot be transferred from Transitional Housing to a Dedicated PSH bed.

Fifth Priority – Literally homeless individuals and families who are not chronically homeless but who have a disability and severe service needs and/or a long period of continuous or episodic homelessness.

IMPORTANT NOTE: When observing the Fifth Priority, it is important to note that the eligibility requirements for ALL CoC-funded Permanent Supportive Housing programs, require that the head of household must have a documented disabling condition, as defined in 24 CFR 583.5.

For DEDICATED CHRONICALLY HOMELESS BEDS only, CoC-funded projects may only serve the Fifth Priority when no other chronically individuals or families have been identified by Coordinated Entry.

Tie Breaker - When two households in the same priority are scored equally on the Prioritization List, the following tiebreakers will be used in this order:

- Households consisting of youth (accompanied or unaccompanied).
- Participants who have been on the prioritization list the longest.

CLIENT INTAKE PROCESS

STANDARD: The program will be an active participant in the Coordinated Entry system. The Coordinated Entry system will utilize the Order of Priority (listed above), knowledge of all program eligibility criteria, client need and location, and unit availability to identify and refer the household to a Permanent Supportive Housing program. The PSH program will assist participants in locating safe, affordable housing that meets participants' needs in accordance with client intake practices and within CoC guidelines for PSH programs. The process from referral to housing in its entirety should be less than 60 days for Permanent Supportive Housing projects.

CRITERIA:

- 1) All adult program participants must meet the following program eligibility requirements:
 - a. Adults in the Household are Literally Homeless or Fleeing Domestic Violence (See definitions listed above for Category 1 and Category 4 of the Homeless Definition) and
 - b. Programs may require participants to meet only these additional program eligibility requirements if they have targeted specific populations under their grant application:
 - i. Chronic homelessness (See definition listed above) - for CoC-funded Dedicated Permanent Supportive Housing beds or those programs which have dedicated turn-over CoC-funded beds to those experiencing chronic homelessness.
 1. For Dedicated PSH Beds: Projects will be required to serve all chronically homeless individuals and families in the CoC following the Order of Priority, and then following the Fifth Priority when no households meet the chronic criteria.
 2. For Non-Dedicated: Projects will be required to serve households by following the Order of Priority for the SCEH.
 3. DedicatedPLUS: Projects will be required serve populations/criteria targeted in their grant application and serve households by following the

Order of Priority for the SCEH.

4. ALL CoC-funded Permanent Supportive Housing programs require that the head of household must have a documented disabling condition (See definition listed above).
 5. Residency requirements --- abide by the language of the lease.
- c. There are no income requirements for CoC-funded Permanent Supportive Housing.
 - d. There are no exclusions for CoC assistance due to criminal background.
 - e. It is also important to note that if a client enters into Transitional Housing chronically homeless, that they are still eligible for homeless housing assistance post exit, but they are no longer eligible for Dedicated Permanent Supportive Housing beds.
- 2) Documenting Homelessness/Chronicity
- a. Recipients must document in the client intake that demonstrates due diligence to obtain the evidence in the following preferred order. The documentation types in order of preference are as follows:
 - i. Third-party documentation first (e.g. a letter on agency letter head with specific dates of contact)
 - ii. Intake worker observations second (e.g. a letter on agency letter head and/or form with intake worker signature documenting specific dates of contact; intake worker may include pictures in case file of where household is sleeping, if authorized to do so by household)
 - iii. Certification from the person seeking assistance third (e.g. when no other documentation can be obtained and client completes and signs form documenting homeless status/dates they experienced homeless)
 - b. Documentation types in order of preference for households who are Fleeing/Attempting to Flee DV and meet other eligibility criteria for PSH:
 - i. *For victim service providers:*
 1. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.
 - ii. *For non-victim service providers:*
 1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
 2. Certification by the individual or head of household that no subsequent residence has been identified; and
 3. Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.
- 3) Documenting Disability - Evidence of diagnosis with one or more of the following conditions; substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act 2000 (42 U.S.C. 15002), post- traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability, must include one

of the following forms of documentation:

- a. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
 - b. Written verification from the Social Security Administration;
 - c. Copies of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);
 - d. Intake staff (or referral staff) observation that is 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 of the application for assistance and accompanied with one of the types of evidence above; or
 - e. Other documentation approved by HUD.
- 4) Programs cannot disqualify an individual or family because of evictions or poor rental history, criminal history, or credit history.
 - 5) Programs may not disqualify an individual or family from program entry for lack of income or employment status.
 - 6) The program explains the services that are available and encourages each adult household member to participate in program services but does not make service usage a requirement or the denial of services a reason for disqualification or eviction. It is recommended that all programs provide each adult household member with program mutual expectations and agreements document, outlining the roles and responsibilities of both the client(s) and the case manager, as well as, your agency's termination and grievance policy. Both the agency representative and client(s) should sign this document.
 - 7) The program will maintain Release of Information, Case notes, and all pertinent demographic and identifying data in HMIS. Paper files may also be kept as long as they are stored in a secure location. Below is a list of required/recommended documents and helpful case management tools for Permanent Supportive Housing:
 - a. Agency Release of Information
 - b. HMIS Release of Information
 - c. Program Mutual Expectations and Agreements
 - d. Proof of Citizenship
 - e. Homelessness Verification/Documentation
 - f. Lease
 - g. Habitability Checklist or HQS depending on program requirements
 - h. Lead-based paint acknowledgement/inspection form
 - i. Fair Housing acknowledgment form
 - j. Rental agreement with landlord, agency, and client (for allotted months and re-assessed regularly and only applicable if client is the primary lease holder)
 - k. Payment requests (e.g. costs such as, security deposit, utility deposits, utilities w/ bills, rent, etc.).
 - l. Rent payment receipts (from client if they are paying a portion of rent)
 - m. Landlord W-9 form
 - n. VI-SPDAT (in HMIS)
 - o. Full SPDAT (in HMIS)
 - p. Verification of Income
 - q. Monthly Budget

- r. Client outstanding bills or fines
 - s. Housing Stabilization Plan/ Service Plan – with signed acknowledgement from client
 - t. Guest Policy
 - u. Crisis Plan
 - v. Risk Assessment
 - w. Exit Plan
- 8) The only reasons programs may have the option to disqualify an individual or family from program entry are:
- a. Household does not meet eligibility requirements for the program as outlined in specific program regulations (See links to program specific guidance and regulations in Appendix A.
 - b. Household make-up, 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 households, etc.)
 - c. All program beds are full.
 - d. If the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the same housing facility. (24 CFR 578.93).

PROGRAM COMPONENTS/OPERATIONS

STANDARD: The program will provide safe, affordable housing that meets participants' needs in accordance with client intake practices and within CoC established guidelines for Permanent Supportive Housing programs. The program will also provide intensive, evidenced-based case management services to clients to ensure housing stability. These standards and criteria are applicable for all types of Permanent Supportive Housing.

CRITERIA:

- 1) The program explains the program guidelines and expectations prior to enrolling the individual or family into the program. These guidelines and expectations should attempt to assure fairness, to avoid arbitrary decisions that may vary from client to client, or staff to staff.
- 2) *Assisting with Housing Location, when applicable.* The unit itself is leased by the program participant. The case manager should be assisting the household in the housing search process including assisting the client with contacting and meeting the landlord and viewing potential apartments. CoC-funded Permanent Supportive Housing rental assistance programs should work to build and maintain relationships with landlords in their service area. All PSH programs should also have a relationship with the PHA in their area/region and have access to the current Section 8 landlord listing, in addition to, utilizing the local newspaper and other online resources to assist the client with their housing search at project entry, in addition to, project exit to mainstream housing resources.
- 3) *Housing Quality Standards and Leasing/Subleasing.* Programs will assess potential housing for compliance for Basic Habitability Standards/Housing Quality Standards

inspections and fair market rent standards/rent reasonableness prior to the program participant signing a lease for CoC-funded Permanent Supportive Housing programs with the landlord. The potential unit must be visually assessed for lead-based paint, and the program participant should be provided education on tenant rights and the Fair Housing Act. There should be documentation of all of this in the program participant's case file. When the program participant is the primary lease holder, a rental assistance agreement or similar document is also signed by the program/voucher holder, program participant and landlord to demonstrate the responsibility of payment by the program for an allotted timeframe. The lease must be automatically renewable upon expiration for a minimum term of one month. Assistance may be extended as stated in 24 CFR 578.79. The agency must ensure that the unit leased by the program meets rent reasonableness standards.

4) Fair Market Rent and Rent Reasonableness:

- a. *Fair Market Rent (FMR)*. The amount of CoC Program funds used for leasing an individual unit may not exceed the current FMR for that unit size and location (even if an earlier FMR was used as the basis for the recipient's CoC Program grant). The applicable FMR should be documented in the case file for each program participant assisted with leasing funds.
- b. *Rent Reasonableness*. HUD's rent reasonableness standard is designed to ensure that rents being paid are reasonable in relation to rents being charged for comparable unassisted units in the same market. Recipients and sub-recipients should have a procedure in place to ensure that compliance with rent reasonableness standards is documented prior to a executing the lease for an assisted unit. Under the CoC Program, all units and structures for which rent is paid must be reasonable. Recipients and sub-recipients should determine rent reasonableness by considering the gross rent of the unit and the location, quality, size, type, and age of the unit, and any amenities, maintenance, and utilities to be provided by the owner. To calculate the gross rent for purposes of determining whether it meets the rent reasonableness standard, consider the entire housing cost: rent plus the cost of any utilities that must, according to the lease, be the responsibility of the tenant. Utility costs may include gas, electric, water, sewer, and trash.
- c. *Comparable rents* can be checked by using a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units. Comparable rents vary over time with market changes, so it is important to ensure that the comparison you are using is up-to-date and appropriate for each prospective unit. Information on comparable rents should be updated at a minimum, every 6 months, throughout locations in the recipient or sub-recipients service area. For example, one list of properties for a whole county service area is not sufficient, particularly if the cost of living in one area of the county is significantly different than another area of the county. The rent reasonableness document should be available for review in the program participant's case file and demonstrate that the proposed contract rent does not exceed \$50 above the average of the three comparable units.

<https://www.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf>

- 5) Eligible costs. Please note here that is important to reference specific program guidance and your agency's specific grant agreement for questions concerning eligible cost by program.
- a. CoC-funded Permanent Supportive Housing can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.
 - i. *Leasing*: The costs of leasing a structure or part of a structure in which supportive services or housing are provided to homeless persons.
 - ii. *Rental assistance*: Rental assistance for homeless individuals and families provided on a short-, medium-, or long-term basis. Long-term can fund more than 24 months of rent, and is only eligible under Permanent Housing for the Permanent Supportive Housing program component. The rental assistance may be tenant-based, project-based, or sponsor-based.
 1. Unit rent
 2. First and/or last month's rent
 3. Security Deposit (up to two months of rent)
 4. Property damages (up to one month of rent)
 5. Vacancy payments (up to 30 days)
 6. Staff costs in carrying out eligible activities- e.g. moving costs
 - iii. *Supportive services*: The costs of eligible supportive services that address the special needs of program participants.
 - iv. *Operating costs*: The daily costs of operating housing.
 - v. *Project administrative costs*: Up to 10 percent of any grant amount to be used for costs of grant administration.
- 6) Determining a Program Participant's Occupancy Charge or Rent Contribution.
- a. CoC-funded Permanent Supportive Housing Occupancy Charges: In accordance with CFR 578.77 agencies are not required to charge rent or impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they must be imposed on all participants of the program and they may not exceed the highest of:
 - i. 30% of the household's monthly adjusted gross income;
 - ii. 10% of the household's monthly income; or
 - iii. If the household is receiving payments for welfare assistance from a public agency and a part of the payments is specifically designated by the agency to meet the household's housing costs, the portion of the payments that is designated for housing costs.
 - b. CoC-funded Permanent Supportive Housing Tenant Paid Rent Contribution:
 - i. Each program participant on whose behalf rental assistance payments are made must pay a contribution toward rent in accordance with section 3(a)(1) of the U.S. Housing Act of 1937 (42 U.S.C. 1437a(a)(1)).(ii) Income of program participants must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). The participant paid rent shall not exceed the highest of:
 1. 30% of the household's monthly adjusted gross income;
 2. 10% of the household's monthly income; or
 3. If the household is receiving payments for welfare assistance from a public

agency and a part of the payments is specifically designated by the agency to meet the household's housing costs, the portion of the payments that is designated for housing costs.

- ii. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant's income initially, and if there is a change in family composition (*e.g.*, birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.
 - iii. *Annual Income Review.* Recipients or subrecipients must examine a program participant's income initially, and at least annually thereafter, to determine the amount of the contribution toward rent payable by the program participant. Adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified.
- c. Rent collected from program participants is program income. Program income for Permanent Supportive Housing clients may not be reserved for clients when they move out, unlike Transitional Housing. Program income for Permanent Supportive Housing programs earned during the grant term must be expended during that grant term and may be utilized for any eligible activity under any budget line item that your CoC program is funded under.
- 7) *Use with other subsidies.* Except for when a program allows for rental arrears assistance on the tenant's portion of the rental payment, rental assistance cannot be provided to a program participant who is receiving tenant-based rental assistance, or living in a housing unit receiving project-based rental assistance or operating assistance, through other public sources. Rental assistance may not be provided to a program participant who has been provided with replacement housing payments under the URA during the period of time covered by the URA payments.
- 8) *Environmental Reviews.* Environmental Reviews should be completed for CoC-funded Permanent Supportive Housing programs every 5 years. For more detailed information on the level of Environmental Review required for your CoC-funded project, please visit the <https://files.hudexchange.info/resources/documents/CoC-Program-Environmental-Review-Flow-Chart.pdf>.

CASE MANAGEMENT SERVICES

STANDARD: The program shall provide access to case management services by trained staff to each individual or family participating in the program. Acceptance or refusal of all services offered should be thoroughly documented in case notes.

CRITERIA:

- 1) Individual case management is provided to program participants on a regular and consistent basis as determined by the individual's case plan, if the participant so elects to receive case management. Case management includes the following:
 - a. *Housing Stability Case Management* assists participants in locating and obtaining suitable permanent housing, including:
 - i. Assessment of housing barriers, needs, and preferences
 - ii. Development of an action plan for locating housing

- iii. Participating in housing search with household, when appropriate
- iv. Tenant support and/or counseling
- v. Assessment of housing for compliance with basic habitability standards/ HQS requirements, lead-based paint, and fair market rent/rent reasonableness
- vi. Assistance with submitting rental applications, when applicable
- vii. Understanding leases/subleases
- viii. Arranging for utilities, when applicable
- ix. Making moving arrangements
- b. *Ongoing Case Management Services* include assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a program participant who has obtained permanent housing through the Permanent Supportive Housing program by, for example:
 - i. Assessing, planning, coordinating, implementing, and evaluating the overall service delivery to the participant
 - ii. Helping participants maintain their housing in a safe manner, and develop positive relationships with fellow tenants and the landlord
 - iii. Developing an individualized housing stabilization and service plan, including planning a path to permanent housing stability
 - iv. Developing, securing, and coordinating services to access Federal, State and local benefits, increase income, connect with and build community supports, and obtain resources for basic needs/health care
 - v. Individualized budgeting and money management services, monthly at a minimum
 - vi. Providing information about, and referrals to, other providers
 - vii. Conducting re-evaluations to determine on-going program eligibility
- c. *Other Services* may be provided, such as:
 - i. Assistance with or referral to food, clothing and/or transportation services
 - ii. Referral to Representative Payee services
 - iii. Referral to Basic Life Skills information: housekeeping, menu planning and food preparation, consumer education, leisure-time activities, transportation, and obtaining vital documents (e.g. Social Security card, birth certificate, etc.) may be provided.
 - iv. Referral to Interpersonal Skills Building resources: developing positive relationships with others, parenting skills, effective communication, decision making, conflict resolution, and stress management.
 - v. Mediation between the program participant and the owner or person(s) with whom the participant is living
 - vi. Referral to Legal Services to resolve a legal problem that prohibits a program participant from obtaining or retaining permanent housing, including:
 - 1. Client intake
 - 2. Preparation of cases for trial
 - 3. Provision of legal advice
 - 4. Representation at hearings
 - 5. Counseling
 - 6. Filing fees and other necessary court costs
 - vii. Credit Repair, including:

1. Referral to a credit counselor
 2. Assistance with accessing a free personal credit report
 3. Assistance with resolving personal credit problems
 4. Connection to other services needed to assist with critical skills related to household budgeting and money management
 - viii. Referral to educational advancement resources, such as Hi-SET preparation and attainment, post-secondary training, and vocational education
 - ix. Assistance with or referral to job preparation and attainment services, such as career counseling, resume building, job interview training, dress and grooming, job placement and job maintenance
 - x. Referral to Mental Health services, such as relapse prevention, crisis intervention, outpatient therapy, psychiatric services, medication monitoring and/or dispensing
 - xi. Referral to Substance use services, such as outpatient treatment, relapse prevention and crisis intervention
 - xii. Referral to Health Care System, such as routine physicals, health assessments, and family planning education
- 2) Case Management includes the following types of contact: home visits, office visits, meeting at a location in the community, or phone calls. Case management should be guided by the use of the Full SPDAT assessment tools or a comparable assessment tool for families and individuals.
- 3) Recertification for continued eligibility:
- a. The program will re-evaluate the household for continued eligibility at a minimum, annually.
 - b. Case manager should regularly (every 3-6 months) be evaluating the household's overall stability, working with the household to develop a long-term housing plan with the goal of exiting to mainstream housing.
 - c. To continue to receive CoC Permanent Supportive Housing assistance, the household must demonstrate:
 - i. Lack of resources and support networks - The household must continue to lack sufficient resources and support networks to retain housing without program assistance.
 - ii. Need - The program must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.

SERVICE COORDINATION

STANDARD: The program will assist program participants, pursuant to 24 CFR §576.400, in obtaining appropriate supportive services and other Federal, State, local, and private assistance available for such individuals as needed and requested by the household. Staff should be knowledgeable about mainstream programs and services in the community.

CRITERIA:

- 1) Arrangements shall be made as appropriate with community agencies and individuals for the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; chemical dependency assessments and treatment; legal services; budgeting and

credit repair; and other assistance requested by the participant, which are not provided directly by the program.

- 2) Other homeless and mainstream resources for which, if eligible, a client should be assisted in obtaining, include: Emergency Financial/Food Assistance; domestic violence shelters; local Housing Authorities, public housing, rent subsidies and subsidized housing; temporary labor agencies; childcare resources and public programs that subsidize childcare; consumer credit counseling service agencies; youth development and child welfare; Community Support Programs; WIC; Food Share; Unemployment Insurance; Social Security benefits; Medicaid/Medicare.

TERMINATION

STANDARD: Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

CRITERIA:

- 1) For CoC-funded Permanent Supportive Housing, termination guidance is described in 24 CFR §578.91 of the HEARTH Continuum of Care Program Interim Rule as follows:
 - a. CoC-funded Permanent Supportive Housing programs may terminate services when a participant ceases to follow the terms of their lease.
 - b. In terminating assistance to a program participant, the agency must follow the due process provisions. In cases when a participant is terminated from services for other than the above stated reasons, the burden is on the Program to provide evidence that it considered extenuating circumstances and made significant attempts to help the participant continue in the program before deciding to terminate as is outlined in 24 CFR 578.91. This includes a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at minimum, must consist of:
 - i. providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance; written notice to the program participant containing a clear statement of the reason for termination;
 - ii. a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
 - iii. prompt written notice of the final decision to the program participant.
 - c. The program follows a termination process and has a process for appeals/grievance in accordance with 24 CFR 578.91 in regard to due process. This information is provided to participants at the beginning of the program, and if/when termination of services occurs.
 - d. Termination under this section does not bar the recipient or sub-recipient from providing further assistance at a later date to the same individual or family.
 - e. Retention of Assistance/Unit Vacancies: Clients who are entering an institution (medical, mental health, or crisis) should not immediately be terminated from PSH projects. HUD CoC PSH providers are permitted to maintain open units for

individuals and families who are institutionalized for a maximum of 90 days.

- i. If the qualifying member of PSH is incarcerated or institutionalized for longer than 90 days, or passes away, the other members of the household may remain in the unit through the remainder of the current lease. It is important for the PSH case manager to begin working with the other household members to develop a plan to transition to mainstream housing during this time.
- ii. Assistance may remain for a maximum of 30 days from the end of the month when the unit was vacated, unless occupied by another eligible person. The PSH unit/bed should not be "held" beyond that allotted timeframe. Brief periods of stay in institutionalized settings, not to exceed 90 days for each occurrence, are not considered vacancies.

FOLLOW-UP SERVICES

STANDARD: The program shall provide a continuity of services to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals.

CRITERIA:

- 1) The program develops exit/post discharge plans with the participant to ensure continued housing stability and connection with community resources.
- 2) The program develops a plan for the effective, timely exit of individuals whose acuity is determined to be low enough to maintain housing stability in market rate or subsidized housing outside of the PSH program.
- 3) The program should attempt to follow up with phone or written contact at least once after the client exits the program. A program may provide follow-up services that include identification of additional needs and referral to other agency or community resources.
- 4) CoC-funded PSH programs may provide up to six months of follow-up case management under the funded program.

CLIENT FILES

STANDARD: The documentation necessary for the effective delivery and tracking of services will be kept up to date and the confidentiality of program participants will be maintained.

CRITERIA:

- 1) The file maintained on each participant should, at a minimum, include information required by HUD, such as verification of homeless status and chronic homelessness, participation agreements, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, and any follow-up and evaluation data that are compiled.
- 2) Client information must be entered into HMIS in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures manual. At a minimum, programs must record the date the client enters and exits the program and complete an Annual Assessment within 30 days before or after the client's

anniversary date in the program. Although not required, the program is encouraged to complete an interim assessment and update the client's information as changes occur.

- 3) The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching and public interpretation.
- 4) Retention Requirements for Client Files: See 24CFR578.103 for record retention pertaining to CoC funds. All records must be retained for a minimum of 5 years after the expenditure of all funds from the grant under which the program participant was served. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.

EVALUATION AND PLANNING

STANDARD: On-going program planning and evaluation will be conducted.

CRITERIA:

- 1) The program has written goals and objectives for its services to meet the outcomes required by HUD.
- 2) The program reviews the case management, housing, and follow-up needs of program participants and the existing services that are available to meet these needs. As appropriate, revisions to goals, objectives and activities are made based on program evaluation.
- 3) The SCEH Project Development and Monitoring Committee reviews program performance quarterly based on the system performance measures set by the SCEH in an effort to determine funding recommendations.
- 4) The program exhibits due regard for participant privacy in conducting and reporting its evaluation.
 - a. 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. Copies made by scanning, photocopying, or similar methods may be substituted for the original records. Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by program participants. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

STANDARD: Ongoing program planning and evaluation will be conducted.

CRITERIA:

- 1) The program has written goals and objectives for its services to meet the outcomes required by HUD.
- 2) The program reviews the case management, housing, and follow-up needs of program participants and the existing services that are available to meet these needs. As appropriate, revisions to goal, objectives and activities are made based on

program evaluation.

- 3) The program conducts an on-going evaluation of its services to participants.
- 4) The program will utilize the HMIS, when applicable, allowing for project performance outcomes to be measured and compared to the overall system performance targets.
- 5) The program exhibits due regard for participant privacy in conducting and reporting its evaluation.
- 6) The program submits quarterly reports as required by SCEH.

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