

Durham, NC-502, Continuum of Care Standards Permanent Supportive Housing

OVERVIEW The Durham Continuum of Care (CoC) has developed these project standards to provide specific guidelines for how projects can operate to have the best chance of ending homelessness. These guidelines create consistency across the CoC, protect clients by putting their needs first, and provide a baseline for holding all CoC projects to a specific standard of care.

The U.S. Department of Housing and Urban Development (HUD) requires every CoC to evaluate outcomes of projects funded under the Emergency Solutions Grants (ESG) program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of ESG 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 individual 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 housing and homelessness assistance within the CoC. 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 projects (24 CFR 578.7(a)(9)).
- For permanent supportive housing projects, project standards to define policies and procedures for prioritization of eligible households.
- Policies and procedures for coordination among emergency shelters, transitional housing projects, essential service providers, homelessness prevention projects, rapid rehousing projects, and permanent supportive housing projects.
- Definitions for participation in the CoC's Homeless Management Information System (HMIS) or a comparable database for domestic violence or victims' service projects.

The Durham CoC has developed the following Permanent Supportive Housing (PSH) project standards to ensure:

- Project accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Project compliance with HUD and the U.S. Department of Veteran Affairs
- Service consistency within projects
- Adequate project staff competence and training, specific to the target population served

EXPECTATIONS

All project grantees using HUD CoC and the Department of Veteran's Affairs Supportive Housing (VASH) funding must adhere to these performance standards. Projects funded through the Durham CoC will be

monitored as part of the annual CoC Homeless Grants Competition to ensure compliance. The Durham CoC recommends that PSH projects for formerly homeless people 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 the Durham CoC.

PERMANENT SUPPORTIVE HOUSING (PSH)

PSH projects provide safe and 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. PSH 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 HUD definition of chronic homelessness. Types of permanent supportive housing include HUD CoC funded PSH, HUD-VASH, and other housing programs created specifically to house this population through tenant-based rental assistance.

Successful PSH projects use the national best practice called Housing First.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. PSH projects with strict preconditions for entry and overly burdensome project rules cause this high-need population to regularly fail in housing or drive projects to target lower-need individuals who do not need PSH projects to successfully remain housed.

PSH projects in Durham are expected to participate in Durham's coordinated entry and assessment processes, including the prioritization of individuals and families for housing. The Durham CoC utilizes the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set priorities and housing triage methods, while permanent housing projects use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. The VI-SPDAT is used 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. PSH projects are intended to serve the 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.

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

² <https://endhomelessness.org/resource/housing-first>

When using the 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 tool for case management to track outcomes in the coordinated assessment process. Housing projects administer this tool at project entry, housing entry, and every six months thereafter until project discharge. Upon discharge from the project, 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) 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 Entry & Assessment: “A centralized or coordinated process designed to coordinate project 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: 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 designed to prevent homelessness for households 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 projects 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)

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. Projects 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 projects 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.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based tool used by all regions in the Balance of State to determine initial acuity and set prioritization and intervention for permanent housing placement.

³<https://endhomelessness.org/resource/housing-first/>

PERSONNEL

STANDARD: Projects shall adequately staff services with qualified personnel to ensure quality of service delivery, effective project administration, and the safety of project 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 project requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on project policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the project. 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 projects using the Homeless Management Information System (HMIS), all end users must abide by the applicable HMIS user 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 project 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 project staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- Case managers provide case management with the designated Case Management Tool on a frequent basis (every six months minimum) for all clients.
- Organizations should share and train all project staff on the Durham CoC Permanent Supportive Housing Written Standards on at least an annual basis.

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

STANDARD: Projects 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 and the CoC-approved Prioritization Policy⁵ when selecting participants for housing. Grantees must exercise due diligence when conducting outreach and assessment to ensure the project serves people in the order of priority as adopted by the Durham Continuum of Care.

Benchmarks

1. For (1) beds dedicated for occupancy by persons experiencing chronic homelessness, and (2) beds prioritized for occupancy by persons experiencing chronic homelessness, the Order of Priority shall be as follows:

- a. The First Priority shall be chronically homeless individuals and families as defined in 24 CFR 578.3 with the longest history of homelessness and with the most severe service needs. The history of homelessness shall be established based on HMIS records and/or third party documentation. The severity of service needs shall be gauged by the use of the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool), which has been adopted as Durham's standardized assessment tool.
- b. The Second Priority shall be Chronically Homeless individuals and families with the longest history of homelessness.
- c. The Third Priority shall be Chronically Homeless individuals and families with the most severe service needs.
- d. The Fourth Priority shall be all other chronically homeless individuals and families.
- e. When chronically homeless individuals or families have the same VI-SPDAT score, indicating equality in the severity of their service needs, households with the longest history of homelessness will be prioritized.
- f. When there are no chronically homeless individuals or families identified within the CoC, projects shall follow the order of priority for (3) beds not dedicated or prioritized for persons experiencing chronic homelessness as described in paragraph 2 immediately below.

2. For (3) beds not dedicated or prioritized for persons experiencing chronic homelessness, the Order of Priority shall be as follows:

- a. The First Priority shall be homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs, , as gauged by the administration of the VI-SPDAT.
- b. The Second Priority shall be homeless individuals and families with a disability with severe service needs.
- c. The Third Priority shall be homeless individuals and families with a disability coming from places not meant for human habitation, safe havens, or emergency shelters without severe service needs.
- d. The Fourth Priority shall be homeless individuals and families with a disability coming from transitional housing.
- e. When homeless individuals or families have the same VI-SPDAT score, indicating equality in the severity of their service needs, households with the longest history of homelessness will be prioritized.
- f. Within the Order of Priority above, homeless families with an adult with a disability shall have priority over homeless families in which a child has a disability.

⁴ <https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>

⁵ http://www.durhamopeningdoors.org/wp-content/uploads/2014/01/HSAC_CoC-Prioritization-Policy_2016.pdf

3. Recipients of CoC project-funded PSH should follow the Order of Priority above while also considering the goals and any identified target populations served by the project.

4. All CoC funded PSH projects shall accept referrals only through the CoC's prioritized By-Name lists for single adults, families, and/or veterans.

5. CoC funded PSH projects must maintain and follow written intake procedures to ensure compliance with the definition of chronically homelessness per 24 CFR 578.3. The order of priority for obtaining evidence of chronic homelessness is (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance.

6. Records evidencing that the individuals or families receiving PSH assistance meets the definition for chronic homelessness must include evidence of the household's homeless status, evidence of the duration of homelessness, and evidence of the disabling condition required for chronic homelessness.

7. CoC funded projects shall document that these written standards for prioritizing assistance have been incorporated into the project's intake procedures and that the project is following its intake procedures when accepting new participants into the project.

8. PSH projects that do not receive CoC program funds (e.g. HUD-VASH) are encouraged to adopt the Order of Priority outlined in this policy and procedure, to use the VI-SPDAT to gauge the severity of service needs of households applying for their PSH, and to participate in the CoC's prioritized wait list processes while considering the goals and any target populations served by the project.

CLIENT INTAKE PROCESS

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

Benchmarks

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

- Projects can turn away individuals and families experiencing homelessness from project entry for only the following reasons:
 - Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only projects can disqualify households with children; families-only projects can disqualify single individuals
 - All project beds are full. ○ If the housing has in residence at least one family member with a child under the age of 18, the project may exclude registered sex offenders and person with a criminal record that includes violent crime from the project so long as the child resides in the same housing facility (24 CFR 578.93)
- Projects shall use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status per the project'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 projects should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the award.
- Projects 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.
- Projects will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by project type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for case workers and administrators who need said information.

PERMANENT SUPPORTIVE HOUSING

STANDARD: Projects will provide safe and affordable permanent housing that meets participants' needs in accordance with the client intake practices and within CoC-established guidelines for PSH projects.

Projects will pair permanent housing with intensive case management services to participants to ensure long-term housing stability.

Benchmarks

- Projects 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
- Projects 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. Projects will assess potential housing for compliance with project standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease.
- Projects provide assistance to the participant in locating and procuring housing.
- For rental assistance or tenant-based rental assistance grants, project 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 project participant for a one-year period. All participant leases and sub-leases 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 Durham CoC.⁷
- For CoC-funded PSH projects, HUD does not require projects to impose occupancy charges on participants as a condition of residing in the housing (CFR 578.77). However, if projects do require occupancy charges, they must impose them on all participants of the project 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-funded projects, PSH assistance must be provided without a designated length of stay.
- For HUD-VASH permanent supportive housing projects, participants must follow rent payment guidelines of the Housing Choice Voucher program.

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

⁷ See the signature form with responsibilities: <http://www.durhamopeningdoors.org/wp-content/uploads/2017/12/Grant-Expectations-Agreement.pdf>

CASE MANAGEMENT SERVICES

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

Benchmarks (Standard Available Services)

- Projects 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
- Project staff or other projects connected to the permanent housing project 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 the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve participants.
- Project staff or other projects connected to the permanent housing project through formal relationship 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).
- Project staff or other projects connected to the permanent housing project through formal relationship will assist participants in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.
- Project staff or other projects connected to the permanent housing project through formal relationship will provide individualized budgeting and money management services to clients as needed.
- Project staff or other project connected to the permanent housing project through formal relationship will provide ongoing assistance with food, clothing, and transportation.
- Projects must assess service needs annually.

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

Benchmarks (Optional but recommended services, often provided by 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. Projects will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant project termination. The Durham CoC recommends projects work with other community service providers to develop a board to hear client grievances.

Benchmarks

- Projects 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.⁹
- While violation of a participant's lease or sublease may be cause for termination, projects 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. projects will move a participant two times before terminating him/her from services). Projects should only terminate services when clients pose a safety risk to staff or other residents of their community.
- Projects' 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.

⁹ See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

- To terminate assistance to a project 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 project participants who violate project requirements or conditions of occupancy. Termination under this section does not preclude the project from providing further assistance at a later date to the same individual or family.
- To terminate assistance to project 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 project participants with a written copy of project 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 project participants containing a clear statement of the reasons for termination.
- A review of the decision, in which the project 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 project participant.
- Projects 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: Projects must ensure a continuity of services to all clients exiting their projects, including those individuals and families terminated from the project. Agencies can provide these services directly or through referrals to other agencies.

Benchmarks

- Projects prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, as desired.
- Projects 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 project.
- Projects 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 project.
- Projects should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the project. A project 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, projects may provide services to formerly homeless individuals and families for up to six months after their exit from the project.

CLIENT AND PROJECT FILES

STANDARD: Projects will keep all project participant files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and project files should, at a minimum, contain all 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 project and indirectly by other community service providers. Projects 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 project rules.
 - Project participant records.
 - Documentation of using the community's coordinated assessment system.
 - Compliance with housing requirements 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 the Durham CoC's HMIS in accordance with data quality and timeliness standards, and additional requirements found in the agency and user participation agreements. At a minimum, projects must record the date the client enters and exits the project, HUD required data elements, and an update of client's information as changes occur.
- Projects 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.
- Projects 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 project 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 project 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: PSH projects will work with the community to conduct ongoing planning and evaluation to ensure projects 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 projects or other funding sources.
- Projects review case files of clients to determine if existing services meet their needs. As appropriate, projects revise goals, objectives, and activities based on their evaluation.
- Projects conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the project as needed to meet the needs of the community.
- Projects regularly review project performance data in HMIS to ensure reliability of data. Projects should review this information, at a minimum, quarterly.