

Durham, NC-502, Continuum of Care Project Standards

Homelessness Prevention and Rapid Rehousing

OVERVIEW The Durham Continuum of Care has developed these project standards to provide specific guidelines for how projects are expected to operate to achieve our community's shared commitment to prevent and end homelessness.. These guidelines create consistency across Durham, ensure client-centered and client-directed care, and provide a baseline for holding all CoC projects to a specific standard of care. The Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under Emergency Solutions Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)(7)). In consultation with recipients of ESG program funds within the geographic area, CoCs are to establish and operate a coordinated assessment system that provides an initial comprehensive assessment of the needs of individuals and families for housing and services.

In consultation with recipients of ESG and CoC program funds within the geographic area, CoCs also must establish and consistently follow written standards for providing housing and homelessness assistance within the CoC. At a minimum, these written 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 homelessness prevention and rapid rehousing projects, project standards to define policies and procedures for prioritization of eligible households, to set the percentage or amount of financial assistance and housing stabilization services to households, and to determine the length of time the assistance will last.
- Policies and procedures for coordination among emergency shelters, transitional housing projects, supportive 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 comparable database for domestic violence or victims' service projects).

The Durham CoC has used the Rapid Rehousing Performance Benchmarks and Program Standards document published by the National Alliance to End Homeless in partnership with the U.S Department of Veteran Affairs, the U.S Department of Housing and Urban Development, the U.S. Interagency Council on Homelessness, Abt Associates, OrgCode, other federal technical assistance providers, nationally recognized high-performing rapid rehousing providers, and the program standards of the NC Balance of State CoC to develop these standards. This document provides details on performance benchmarks that would qualify projects as effective at ending and preventing homelessness.¹

¹ <https://endhomelessness.org/the-rapid-re-housing-performance-benchmarks-and-program-standards-the-core/>

The Durham CoC has developed the following homelessness prevention and rapid rehousing 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 (VA)
- Service consistency within projects
- Adequate project staff competence and training specific to the target population served

EXPECTATIONS:

All program grantees using HUD Continuum of Care, Emergency Solutions Grant, VA SSVF, City of Durham Dedicated Housing Funds, and HOME TBRA funding must adhere to these performance standards within the Durham CoC. Projects funded through the Continuum of Care and Emergency Solutions Grant will be monitored as part of the annual City of Durham ESG, State ESG, and Durham CoC grant competitions to ensure compliance. The Durham CoC recommends that homelessness prevention and rapid rehousing projects funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in Durham.

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

HOMELESSNESS PREVENTION AND RAPID REHOUSING

Rapid rehousing provides an immediate permanent housing solution for vulnerable homeless individuals and families by providing short-term rental assistance and services.³ Common publicly-funded types of rapid rehousing projects include HUD CoC-funded rapid rehousing, Emergency Solutions Grant-funded rapid rehousing, Supportive Services for Veteran Families (SSVF) projects funded through the VA, and Tenant-Based Rental Assistance projects funded through the HOME Investments Partnership (HOME) formula grant program.

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

³ <https://www.gpo.gov/fdsys/pkg/CFR-2012-title24-vol3/pdf/CFR-2012-title24-vol3-part576.pdf>

Research shows rapid rehousing to be one of the most effective strategies to end homelessness from a financial and housing stability perspective.⁴

In general, rapid rehousing projects have latitude in determining the target population the program will serve and a great degree of flexibility in how projects apply subsidies, in duration and amount, to house and stabilize individuals and families experiencing homelessness. Many rapid rehousing projects focus on ending homelessness among youth and family populations. Others projects focus exclusively on veterans and veteran families. Still others design their projects to target the needs of families, survivors of domestic violence, or persons experiencing chronic or episodic homelessness. Rapid rehousing is an intervention that can adapt to serve individuals, families and youth with a variety of housing barriers.

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

No matter the focus population, all Durham CoC homelessness prevention and rapid rehousing projects should adopt a Housing First philosophy by reducing barriers to eligibility (i.e. no income, sobriety, and rental history) and by seeking to house people as quickly as possible. These projects must participate in Durham's coordinated entry and assessment process, including the local prioritization of individuals for housing. The Durham CoC utilizes the Prevention and Diversion screening tool and the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT, in versions for unaccompanied individuals, families, and youth) 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. Communities use the VI-SPDAT to prioritize individuals and families experiencing literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

⁴ <https://www.urban.org/research/publication/rapid-re-housing-what-research-says>

DEFINITIONS

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

Case Management Tool: A standardized tool for case management to track outcomes in the coordinated assessment process. Housing projects administer this tool at program entry, housing entry, and every six months thereafter until program 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) has been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12 month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of homelessness has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients 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 sub-recipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements. (24 CFR 578.57)

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

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and 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.⁵

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)

⁵ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

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

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

PERFORMANCE STANDARDS

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 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.
- 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
- Project designates staff whose responsibilities include identification and recruitment of landlords, encouraging them to rent to homeless households served by the project. Staff has the knowledge, skills, and agency resources to: understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. Grantees should train their case management staff who have housing identification responsibilities on this specialized skill set to perform the landlord recruitment function effectively.
- 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 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. Ideally, homelessness prevention and rapid rehousing projects would have dedicated staff for housing identification and landlord recruitment.

However, if projects do not have the capacity to have dedicated staff, case manager job descriptions must include responsibilities for landlord recruitment and negotiation.

- Case managers provide case management with the designated Case Management Tool on a frequent basis (minimum of monthly) for all clients.
- Organizations should share and train all project staff on the Durham CoC's Homelessness Prevention and Rapid Rehousing Written Standards.

CLIENT INTAKE PROCESS

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

Benchmarks

- All adult project participants must meet the following project eligibility requirements:
 - Rapid rehousing projects work with households who meet the definition of homelessness in the definitions section of the performance standards (CoC RRH projects may work with participants in Categories 1 and 4. ESG RRH projects may work with participants in Category 1 and literally homeless participants in Category 4). SSVF projects should follow specific guidelines for eligible participants.
 - Homelessness prevention projects work with households who meet the at-risk of homelessness definition (Category 2) in the definitions section of the performance standards.
 - Adult household members have the ability to participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
 - CoC projects should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the award.
- Projects cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.
- Projects explain the available services, encouraging each adult household member to participate in said services, but does not make service usage a requirement or the refusal of services a reason for disqualification or eviction unless service requirements are attached to funding (SSVF grants have a service requirement).
- Projects must use the standard order of priority of 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. The order should be as follows:
 - o Third-party documentation (including HMIS)
 - o Intake worker observations through outreach and visual assessment

- o Self-certification of the person receiving assistance
- 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.
- Projects may 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
 - Prevention and rapid rehousing subsidy money has been exhausted
 - If the housing has in residence at least one family member with a child under the age of 18, the project 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). Projects using scattered-site housing options are encouraged to accept and house people on the sex offender registry and/or with a violent criminal history, if possible.
 - For SSVF and HOME projects only: the family or individual has household income over 50% of the area median income

HOMELESSNESS PREVENTION FINANCIAL ASSISTANCE

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

Benchmarks

- Projects are encouraged to target prevention funds toward community diversion efforts. When paying financial assistance to divert households from homelessness, projects should target assistance to the households most likely to experience homelessness if not for this assistance.
- Projects explain project rules and expectations prior to admitting the individual or family into the project. Projects will have rules and expectations that ensure fairness and avoid arbitrary decisions that can vary from client to client or staff to staff.
- In evaluating current housing, projects consider the needs of the individual or family living there to decide if the current unit meets Housing Quality Standards and long-term sustainability (ESG and SSVF only).
- When moving the individual or family into a new unit, projects consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, etc. 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 and the project signing a rental assistance agreement with the landlord.

- Projects may provide assistance with rental application fees (ESG and SSVF only), moving costs (ESG, and SSVF only), temporary storage fees (ESG and SSVF projects only), security deposits (up to 2 months for ESG HOME), last month's rent (ESG SSVF only), utility deposits, utility payments, rental arrears (up to 6 months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG only), and legal services (ESG only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their project is funded to understand specific restrictions for each program and the maximum number of months allowed for rental and utility assistance.
- Lease: The project participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner.
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the program participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a project participant.
- Projects will determine the amount that households will contribute toward their monthly rent payment. The household's payment cannot exceed ESG, SSVF, or HOME regulations. Except for the HOME TBRA program, projects can choose not to charge households rent during their participation in the project. All rent payments made by project participants must be paid directly to the landlord or property owner. Projects will review the amount of rental assistance paid for the participating household every three months. Reviews should be done sooner if household financial circumstances change. Changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term.
- Projects ordinarily may provide no more than three months of rental and utility assistance to a participating household for homelessness prevention. If the household needs more than three months of financial assistance, the agency Executive Director or his/her designated proxy may extend financial assistance month-to-month based on proof of continued need and demonstrated efficacy of stated housing sustainability plan.
- Use with other subsidies: Except for one-time payment of rental arrears on the project participant's portion of the rental payment, rental assistance cannot be provided to a project participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Projects can pay for security and utility payments for project participants to move into these units when other funding sources cannot be identified.
- Households may access homeless prevention financial assistance more than once and any failure to maintain housing after receiving assistance does not preclude households from seeking homelessness prevention assistance in the future. Each time a household seeks assistance, the Prevention and Diversion screening tool and/or the VI-SPDAT Prescreen should be used to determine the most appropriate intervention.

RAPID REHOUSING

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

Benchmarks

- Projects explain project rules and expectations prior to admitting the individual or family into the project. Projects have rules and expectations that ensure fairness and avoid arbitrary decisions that vary from client to client or staff to staff.
- Projects consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, and other pertinent information when moving a household into housing. 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 and the project signing a rental assistance agreement with the landlord.
- Projects may provide assistance with rental application fees (ESG, CoC and SSVF only), moving costs (ESG, SSVF, and CoC only), temporary storage fees (ESG and SSVF projects only), security deposits (up to two months for ESG, CoC and HOME), last month's rent (ESG, CoC and SSVF only), utility deposits, utility payments, rental arrears (up to six months for ESG), utility arrears (up to 6 months for ESG), credit repair (ESG and CoC only), and legal services (ESG and CoC only) related to obtaining permanent housing. Grantees should follow the specifics of the grant program under which their project is funded to understand specific restrictions for each project and the maximum number of months allowed for rental and utility assistance.
- Lease: The project participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner. Initial lease agreements should be for one year, renewable for a minimum term of one month and terminable only for cause. HOME TBRA leases should not have prohibited lease provisions (24 CFR 92.253).
- Rental Assistance Agreement: Grantees may make rental and utility assistance payments only to an owner with whom the household has entered into a rental assistance agreement. The rental assistance agreement must set forth the terms under which rental assistance will be provided. The rental assistance agreement must provide that, during the term of the agreement, the landlord must give the grantee a copy of any notice to the project participant to vacate the housing unit or any complaint used under state or local law to commence a legal eviction against a project participant.
- Projects should take a progressive approach when determining the amount that households will contribute toward their monthly rent payment. Projects should remain flexible, taking into account the unique and changing needs of the household and its long-term housing stability plan. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Except for the HOME TBRA program, projects can choose not to charge households rent during their participation in the project. All rent payments made by project participants must be paid

directly to the landlord or property owner. Projects will review the amount of rental assistance paid for the participating household every three months and changes made to the agreement will be determined by continued need and ability of the household to sustain housing long-term.

- Projects should have well-defined written policies and procedures for determining the amount of rent participants pay towards housing costs as well as defined and objective standards for when case management and/or financial assistance should continue or end.
- The amount of rent assistance must be reasonable based on household income (this could potentially be 50-60% of their monthly income), including \$0 for households with no income. These policies should also address when and how projects use financial assistance as a bridge to housing subsidy or a permanent supportive housing project. Projects should review regulations for the funding source to determine maximum months they can pay for rental assistance.
- Use with other subsidies: Except for one-time payment of rental arrears on the project participant's portion of the rental payment, rental assistance cannot be provided to a project participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources.
- Projects can pay for security and utility payments for project participants to move into these units when other funding sources cannot be identified.
- HUD CoC grantees will adhere to the responsibilities of grant management outlined by the Durham CoC Grant Management Agreement.⁶
- People will be referred to Rapid Rehousing per the following prioritization criteria (only proceeding to the next category when two or more people remain in the initial/previous category);
 - Priority Category 1:
 - Same as Permanent Supportive Housing (PSH) when PSH is not available:
 - Priority Category 1: Highest VI-SPDAT score
 - Priority Category 2: Chronic homelessness
 - Priority Category 3: Longest length of time homeless
 - Priority Category 4: Overall wellness (domain D score of the VI-SPDAT)
 - Priority Category 2:
 - Highest Rapid Rehousing recommended score (individuals: 4-7, families, 4-8)
 - Priority Category 3:
 - Chronic Homelessness

Priority Category 4:

Length of time homeless

Priority Category 5:

Overall wellness (domain D score of the VI-SPDAT)

⁶ See the signature form with responsibilities: <http://www.durhamopeningdoors.org/wp-content/uploads/2017/12/Grant-Expectations-Agreement.pdf>

HOUSING STABILIZATION/CASE MANAGEMENT SERVICES

STANDARD: Homeless Prevention and Rapid Rehousing Projects shall provide access to housing stabilization and/or case management services by trained staff to each individual and/or family in the project.

Benchmarks

- Projects provide individual housing stabilization and/or case management services to project participants at least monthly. These services include:
 - Housing stability services to assist participants in locating and obtaining suitable, affordable permanent housing, including:
 - Assessment of housing barriers, needs, and preferences.
 - Development of an action plan for locating housing.
 - Housing search.
 - Outreach to and negotiation with landlords or property owners.
 - Tenant counseling.
 - Assessment of housing for compliance with project type requirements for habitability, lead-based paint and rent reasonableness.
 - Assistance with submitting rental applications.
 - Understanding lease agreements.
 - Arranging for utilities.
 - Making moving arrangements.
 - Assuring participants have the basics at move-in, including simple furnishings, mattresses, and cooking utensils like pots and pans.
- Case management services, including assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for participants who have obtained and maintained permanent housing through the homelessness prevention or rapid rehousing project by:
 - Developing, in conjunction with the participant, an individualized housing and service plan with a path to permanent housing stability.
 - Developing, securing, and coordinating services.
 - Obtaining federal, state, and local benefits.
 - Monitoring and evaluating project participants' progress towards goals.
 - Providing information about and referrals to other providers.
 - Conducting evaluations at least every three months to determine ongoing project eligibility.

- Projects may offer other services, including:
 - Legal services to resolve a legal problem prohibiting a project participant from obtaining or retaining permanent housing (only ESG and CoC), including:
 - Client intake.
 - Preparation of cases for trial.
 - Provision of legal advice.
 - Representation of legal advice.
 - Counseling.
 - Filing fees and other necessary court costs.
 - Mediation between the project participant and the owner or person(s) with whom the participant is living (only ESG and CoC).
 - Credit repair (only ESG and CoC), including:
 - Credit counseling.
 - Accessing a free personal credit report.
 - Resolving personal credit problems.
 - Other services needed to assist with critical skills related to household budgeting and money management.
- Case management includes the following types of contact: home visits, office visits, meeting in a location in the community, or phone calls (at least one visit per month must be in person). Projects should use the Case Management Tool as a guide for their case management services to project participants. Meeting times, place and frequency should be mutually agreed upon by both the participant and case manager.
- CoC and ESG RRH projects must meet with participants at least once per month to assist the participant in long-term housing stability. If the participant is served by the project for one year, project staff must conduct an annual assessment of service needs within thirty days of project entry.
- The project will evaluate the household for continued eligibility every three months or as changes are reported in household income and housing stability.
- To continue receiving homelessness prevention and rapid rehousing assistance, the household must demonstrate:
 - A lack of resources and support networks. The household must continue to lack sufficient resources and support networks to retain housing without project assistance.
 - Need. The project must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.
 - For ESG, at the 12-month annual recertification, the client's income must be at or below 30% Area Median Income.

SERVICE COORDINATION

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

Benchmarks

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

TERMINATION

STANDARD: Termination should be limited to 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

Emergency Solutions Grant Homelessness Prevention and Rapid Rehousing

- To terminate assistance to a project participant, the agency must follow the due process provisions set forth in 24 CFR 576.402 as follows:
 - If a project participant violates project requirements, the grantee may terminate the assistance in accordance with a formal process established by the grantee, recognizing the rights of the individuals affected. The grantee must exercise sound judgment and examine all extenuating circumstances in determining when violations warrant termination so that projects terminate assistance to project participants in only the most severe cases.
 - To terminate rental assistance and/or housing relocation and stabilization services to project participants, the required formal process, at a minimum, must consist of:
 - Written notice to the project participant 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;

- Prompt written notice of the final decision to the project participant.
- Termination under this section does not preclude the project from providing further assistance at a later date to the same individual or family.

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

- 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 copy signed by client;
 - 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;
 - Prompt written notice of the final decision to the project participant. Supportive Services for Veteran Families – Prevention and Rapid Rehousing
- Limitations on and continuations of the provision of supportive services can be found under 38 CFR 62.35 as follows:
 - Extremely low-income veteran families: a participant classified as an extremely low income veteran family will retain that designation as long as the participant continues to meet all other eligibility requirements.
 - Limitations on the provisions of supportive services to participants classified under 62.11(c): a grantee may provide supportive services to a participant until the earlier of two dates:
 - When the participant commences receipt of other housing services adequate to meet the participant’s needs; or
 - Ninety days from the date the participant exits permanent housing.
- Supportive services provided to participants classified under 62.11(c) must be designed to support the participants in their choice to transition into housing that is responsive to their individual needs and preferences.
- Continuation of supportive services to veteran family member(s): if a veteran becomes absent from a household or dies while other members of the veteran family are receiving supportive services, then such supportive services must continue for a grace period following the absence or death of the veteran. The grantee must establish a reasonable grace period for continued participation by the veteran’s family member(s), but that period may not exceed 1 year from the date of absence or death of the veteran, subject to the requirements of bullets (1) and (2) of this

section. The grantee must notify the veteran's family member(s) of the duration of the grace period.

- Referral for other assistance: if a participant becomes ineligible to receive supportive services under this section, the grantee must provide the participant with information on other available projects and resources.
- Families fleeing domestic violence: Notwithstanding the limitations in 62.34 concerning the maximum amount of assistance a family can receive during a defined periods of time, a household may receive additional assistance if it otherwise qualifies for assistance under this part and is fleeing from a domestic violence situation. A family may qualify for assistance even if the veteran is the aggressor or perpetrator of the domestic violence. Receipt of assistance under this provision resets the maximum limitation for assistance under the regulations for the amount of support that can be provided in a given amount of time under 62.34.

FOLLOW-UP SERVICES

STANDARD: Projects must ensure a continuity of services to all clients exiting their projects. 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 well as a list of prevention and diversion services available if another housing crisis occurs, as desired.
- Projects should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. 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.

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), the state ESG office, and/or the VA; service plans; case notes; referral lists; and service activity logs, including services provided directly by the homelessness prevention or rapid rehousing project and indirectly by other community service providers. Projects should have:
 - o Documentation of homeless status (for RRH) and at-risk of homelessness status (for homelessness prevention).
 - o Determination of ineligibility, if applicable, which shows the reason for this determination.

- o Initial and annual income evaluation, per project rules.
 - o Project participant records
 - o Documentation of using the community’s coordinated entry and assessment system, including match date, date of enrollment, and date of housing move-in.
 - o Compliance with shelter and housing standards
 - o Services and assistance provided
 - o Expenditures and match
 - o Conflict of interest/code of conduct policies
 - o Homeless participation requirement
 - o Faith-based activity requirement, if applicable
 - o Other Federal requirements, if applicable
 - o Confidentiality procedures
- All client information should be entered in the HMIS in accordance with data quality, timeliness, 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 ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the 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

STANDARDS: Homelessness prevention and rapid rehousing 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 or at-risk of homelessness. Projects will participate in system-wide evaluation processes and will be evaluated on accomplishment of the goals set by the CoC using HUD’s System Performance Measures.

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC and ESG programs or other funding sources. These written goals and objectives should strive to meet these performance benchmarks (for projects serving a high need

population such as chronically homeless or no income, the CoC will take targeting efforts into account):

- o Reduce the length of time project participants spend homeless. Households served by the project should move into permanent housing in an average of 30 days or less.
 - o Maximize permanent housing success rates. Projects should ensure that at least 80% of households exit to a permanent housing setting.
 - o Decrease the number of households returning to homelessness. Projects should ensure that at least 85% of households exiting the project do not become homeless again within one year of exit.
- 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.