WV Balance of State Continuum of Care
Program Standards for Rapid Re-Housing Programs

Table of Contents

The Balance of State (BoS) Continuum of Care (CoC) developed the following Rapid Re-Housing (RRH) guidelines for ESG-funded, CoC-funded, Supportive Services for Veteran Families funded Rapid Re-Housing programs, to ensure:

- program accountability to all population groups experiencing homelessness.
- program compliance with HUD, and/or other applicable federal partner, rules and guidance.
- program uniformity and common client expectations.
- adequate program staff competence and training, specific to the target population being served.
- agencies have a guideline for which to model their individual program policies.
- all providers of Rapid Re-Housing assistance have a basis of knowledge of best practices, no matter the funding stream.

INTRODUCTION TO RAPID RE-HOUSING

Rapid Re-Housing is housing created for the purpose of providing an immediate permanent housing situation for moderately vulnerable individuals. Common types of Rapid Re-Housing include HUD CoC Rapid Re-Housing, Emergency Solutions Grant funded Rapid Re-Housing (ESG), and Supportive Services for Veteran Families (SSVF). Contemporary research has shown Rapid Re-Housing to be one of the most effective types of housing in the fight to end homelessness from both a cost and housing stability perspective.

Rapid Re-Housing projects have tremendous latitude in determining the type of population the project will serve, and a great degree of flexibility in how subsidies are applied, in duration and amount, to house and stabilize individuals and families. Many Rapid Re-Housing projects are utilized to end homelessness among youth and family populations. Others focus on veterans and veteran families, while a host of others design their services to specifically target the needs of families or survivors of domestic violence, or persons experiencing chronic or episodic homelessness.

Rapid Re-Housing programs should adopt a housing first philosophy, and all programs in the WV BoS CoC are encouraged to do so. The housing first philosophy is further outlined in this document, and this practice is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Furthermore, every Rapid Re-Housing program should be participating in the CoC coordinated entry referral process. In the WV BoS CoC, the Individual VI-SPDAT, Family VI-SPDAT, and TAY (Transition Age Youth) VI-SPDAT Prescreen Tools are utilized for prioritization and housing triage, while the full individual and family SPDAT tools are utilized for more developed housing placement purposes and for intensive case management over time. All persons experiencing homelessness can be prioritized through the process utilizing acuity score on the VI-SPDAT, while trained Coordinated Entry staff assess a multitude of factors, such as, program eligibility criteria, barriers to access housing, length of time homeless, disabling conditions, street homelessness, client location and unit availability by CoC region to identify and refer the household to the appropriate Rapid Re-Housing

program. The WV BoS CoC utilizes a Coordinated Entry Model with four primary access "entry" points for placement of Rapid Re-Housing clients throughout the CoC. The access "entry" points for Coordinated Entry are Emergency Shelter (including hotel/motel paid for by a charitable organization), Street Outreach, Supportive Services for Veteran Families (SSVF) providers and the Coordinated Entry Intake Line. Some areas throughout the BoS also have Transitional Housing resources funded through other federal partners and resources, and at this time, it is recommended that these providers communicate with Coordinated Entry staff to ensure these households are connected with appropriate housing resources. The BoS is divided into eight regions where persons experiencing homelessness are prioritized by region for the appropriate intervention. The Coordinated Entry System, operated by the WV Coalition to End Homelessness, oversees the housing guide and make referrals utilizing the Homeless Management Information System (HMIS) to the appropriate Rapid Rehousing intervention in each region. When making a referral the Coordinated Entry staff take into account eligibility of programs, unit availability, and client choice, and will then, refer the next household to the appropriate Rapid Rehousing intervention. For providers not using HMIS, or not permitted by law to utilize HMIS (Domestic Violence Providers), the VI-SPDAT can be completed outside of HMIS. Assessment data related to housing placement is collected without Personally Identifiable Information and can be inputted securely by the staff person at that agency, where it is then managed in an outside housing prioritization guide by the WV BoS CoC Point of Contact via a secure GoogleDoc. The WV BoS CoC Point of Contact will review the guide regularly and contact the DV provider to assist each household with obtaining documents for housing and when the next household on the guide is to be housed.

For additional guidance on the respective RRH Programs in the WV BoS CoC, please refer to:

Rapid Re-Housing: ESG vs CoC (HUD Guidance): https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf

Continuum of Care (CoC) Program Interim Rule: https://www.gpo.gov/fdsys/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.99

Emergency Solutions Grants (ESG) Program Interim Regulations: https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf

Department of Veterans Affairs Supportive Services for Veteran Families (SSVF) Program Guide: https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide_December_2018_FINAL.pdf

On the WVCEH website there is a list of resources for CoC-funded programs, and all other homeless programs, to utilize in their staff trainings, strategic planning, and goal setting, while continuing to follow best practices and new developments within the field. Please note that these resources are here as a guide and not an exhaustive list or intended to replace existing documents at your organization which already capture all required information. As a reminder, all participating providers should be utilizing the WV BoS CoC forms for the following three components: documentation of homelessness status, documentation for length of time homeless (chronic verification) and verification of disabling condition, which can all be found below which can be found here: https://wvceh.org/continuum-of-care/bos-coc-monitoring.html

DEFINITIONS

Access – The engagement point for persons experiencing a housing crisis. Also refers to how a person enters the Coordinated Entry System.

Assessment – Progressive gathering of information at various phases in the coordinated entry process, for different purposes, by standardized, trained assessors.

Balance of State (BoS) – Geographical areas designated by HUD throughout a state that are not covered by other metropolitan continuums.

Acuity – When utilizing the VI-SPDAT Prescreens, acuity speaks to the presence of a presenting issue based on the prescreen score. In the context of the Full SPDAT assessments, acuity refers to the severity of the presenting issues. In the case of an evidence-informed common assessment tool like the SPDAT, *acuity* is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

Chronically Homeless – An individual who:

1) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
2) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; and
3) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000. 42 U.S.C. 15002.), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria (*listed above)* of this definition [as described in 24 CFR Parts 91 & 578 of the CoC Final Rule], before entering that facility;

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 (*listed above)* of this definition [as described in 24 CFR Parts 91 & 578 of the CoC Final Rule], including a family whose composition has fluctuated while the head of household has been homeless.

Comparable Database – HUD-funded providers of housing and services (recipients of ESG and/or CoC funding) who are not permitted, by law, to enter into HMIS (only victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database that is comparable to HMIS. The term "comparable" has yet to be defined in the HMIS Data Standards Manual or HMIS Data Dictionary, but was defined under the HEARTH Act and ESG Interim Rule as: "a comparable database that collects client-level data over time (i.e. longitudinal data) and generates unduplicated aggregate reports based on the data" (page 32) (https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConf ormingAmendments.pdf) The recipient or subrecipient of Continuum of Care funds may use a portion of those funds to establish and operate a comparable database that complies with HUD's HMIS requirements. §578.57 of the CoC Interim Rule.

Continuum of Care (CoC) – A regional or local planning body that coordinates housing and services funding for homeless families and individuals. A CoC is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

CoC Collaborative Applicant – Agency that is designated to carry out the activities of the CoC or grant including fiscal and compliance activities. Regular administrative tasks may include, but are not limited to: management of the annual HUD application, coordination of other funding opportunities, project and system monitoring, meeting management, etc. WV Coalition to End Homelessness is the CoC Lead Agency for the BoS CoC.

Coordinated Entry – "A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The Coordinated Entry system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool." [as described in 24 CFR Section 578.3 and further detailed in CPD-17-01.] It is the responsibility of each CoC to implement Coordinated Entry in their geographic area. OrgCode Coordinated Access Video: https://vimeo.com/64190826

Crisis Response System – All of the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless.

Department of Housing and Urban Development (HUD) – The Federal Agency that oversees the CoC and ESG Programs.

Disabling Condition – (1) a condition that: (i) is expected to be long-continuing or of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by the provision of 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 (2) a development disability, as defined above; or
(3) the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV). 24 CFR 583.5.

Diversion – Diversion is a strategy that prevents homelessness for people 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 programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

Emergency Services – Services typically accessed by a person experiencing a housing crisis, that include, but are not limited to, homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters and motel voucher programs, and other short- term crisis residential programs.

Emergency Shelter (ES) – A place for people to live temporarily when they cannot live in their previous residence. This includes programs that provide motel vouchers to persons experiencing homelessness. Emergency shelters assist persons experiencing homelessness in regaining permanent housing.

Emergency Solutions Grant (ESG) – A Federal grant program that funds street outreach, homelessness prevention, emergency shelter, and rapid re-housing activities.

Family - includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) 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 – means *(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 is exiting an institution where he or 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 imminently 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 is 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 a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) has 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.

Homeless Management Information System (HMIS) – A local information technology system used to collect client-level data as well as data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The information system designated by the Continuum of Care must comply with the HMIS requirements prescribed by HUD. The HMIS used in West Virginia Statewide HMIS Implementation, which includes all four CoCs, is ServicePoint.

Household – Covers any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles, couples or multiple adults; with or without children).

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

Housing Interventions – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

Housing Prioritization Guide – A guide, or multiple guides by population group, of persons who are experiencing homelessness in the CoC and imminently "house-able". This housing guide lives virtually within HMIS. The Coordinated Entry staff oversees the housing guide along with a larger list of those who are engaged in services, but may still

need additional information prior to connecting with appropriate housing intervention. Street Outreach staff will be linked to Coordinated Entry to assist with those who are not yet engaged and maintain engagement with those who are on the list.

Non-HMIS Housing Prioritization Guide – A Housing Guide that uses anonymous, unique identifiers in order to accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS.

Program Standards – A set of expectations and policies developed by program funders/grant recipients across the state for each project type, based on HUD guidance and best practices, that the CoC-funded agencies, and other agencies funded through federal partners, are required to follow.

Project – Housing and/or supportive services intended to help people exit homelessness and sustain housing.

Provider – Organizations that serve program participants in projects funded by the CoC Program, ESG Program grants, and other federal partners. This includes grant recipients and sub-recipients.

Rapid Re-Housing – An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid Re-Housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a Rapid Re-Housing program are housing identification and relocation, short-and/or medium-term rental assistance and move-in (financial) assistance, and case management and housing stabilization services. This assistance is subject to the definitions and requirements set forth in 24CFR§576.2 “Homeless” paragraph (1) and paragraph (4) who are residing in a place set forth in (1), 24CFR§576.105, 24CFR§576.106 and 24CFR§576.400. (24CFR§576.104 *& Core Components of -Re-Housing,* National Alliance to End Homelessness)

SPDAT – (Service Prioritization Decision Assistance Tool) the evidence-based assessment utilized by all trained CoC providers in either enacting more detailed determinations of acuity for housing placement and/or ongoing use in case management to ensure housing stabilization. The SPDAT (or “Full SPDAT”) has an individual, family, and transition age youth tool. Staff must be trained by OrgCode Consulting or Balance of State CoC staff to use the SPDAT. The SPDAT can be completed on paper or in HMIS and attached to a client record.

Street Outreach – A project type that meets people experiencing homelessness where they live and provides supportive services, advocacy, and access to emergency services and housing options.

Supportive Services for Veteran Families (SSVF) – A federal program by the U.S. Department of Veterans Affairs that awards grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income Veteran families at-risk or experiencing homelessness.

VI-SPDAT– (Vulnerability Index-Service Prioritization Decision Assistance Tool) the evidence- based Prescreen utilized by all projects in the WV Balance of State CoC to determine initial acuity (the presence of an issue) and utilized for housing triage prioritization and housing placement.

PERSONNEL

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

CRITERIA:

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

9) Case supervisors review current cases and individual service plans on a regular and consistent basis to ensure quality/coordinated services through regular (minimum of bi-weekly) case management staff meetings and one-on-one client file quarterly monitoring.
10) Case managers provide case management with the Full SPDAT (if trained) on a frequent (minimum of bi-weekly during initial phase and tapering off as household stabilizes over time) basis for all clients.

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

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

TYPES OF ELIGIBILITY

Eligibility criteria for different types of Rapid Re-Housing programs: HUD Emergency Solutions Grant (ESG) Rapid Re-Housing, HUD Continuum of Care (CoC) Rapid Re-Housing and Veterans Administration Supportive Services for Veteran Families (SSVF) Rapid Re-Housing are as follows.

HUD ESG RAPID RE-HOUSING: an individual or family must demonstrate at initial evaluation that they are literally homeless (referred to as Category 1 in the Homeless Definition Final Rule). An individual or family is defined as “literally homeless” if

1) living in a public or private place not meant for human habitation,
2) living in temporary shelter, which includes congregate shelters and transitional housing, or
3) exiting an institution where the individual or family has resided for 90 or fewer days and was living in shelter or in a place not meant for habitation before entering the institution. RRH assistance is also available to people fleeing or attempting to flee domestic violence if they are also literally homeless. 24 CFR part 576.104.

An individual or family fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions is eligible for HUD ESG Rapid Re-Housing only if also “literally homeless”.

HUD CONTINUUM OF CARE RAPID RE-HOUSING: Assistance can be provided through CoC- RRH to individuals and families may be defined as homeless under any of the following three categories included in the Homeless Definition Final Rule:

- Literally homeless (Category 1).
- Imminently losing their primary night-time residence (Category 2).
- Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (Category 4).

The CoC Program Notice of Funding Availability (NOFA) may impose additional eligibility requirements not reflected in the regulation. Projects funded to carry out RRH assistance under the CoC program must follow both CoC Program NOFA and regulatory requirements.

SUPPORTIVE SERVICES FOR VETERAN FAMILIES:

1. A member of a "Veteran family": Either (a) a Veteran; or (b) a member of a family in which the head of household, or the spouse of the head of household, is a Veteran. (Note: The head of household should be identified by the Veteran family.)
2. "Very low income": Household income does not exceed 50% of area median income. Unless VA announces otherwise in the NOFA, the median income for an area or community will be determined using the income limits most recently published by the Department of Housing and Urban Development for programs under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f), which can be found at http://www.huduser.org/portal/datasets/il.html.
3."Occupying Permanent Housing": A very low income Veteran family is considered to be "occupying permanent housing" if they fall into one of three categories:
    - (Category 1) Is residing in permanent housing and at risk of becoming *literally homeless* but for grantee's assistance;
    - (Category 2) Is *literally homeless*, and at risk to remain in this situation but for grantee's assistance, and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing; or
    - (Category 3) Is *literally homeless* after exiting permanent housing within the previous 90 days to seek other housing that is responsive to the very low-income Veteran family's needs and preferences.

SSVF providers and other programs working with SSVF providers, particularly Coordinated Entry, should reference the most updated version of the SSVF Program Guide when verifying veteran status and determining program eligibility to ensure that the veteran is connected the most appropriate resources quickly. The most current SSVF program guide, including addendums on verifying veteran status can be found here: https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide_Addendum_March_2018.pdf

Order of Priority when Obtaining Documentation of Homelessness

1) Documentation types in order of preference for households who are Literally Homeless:

a. Third-party documentation first (e.g. a letter on agency letter head with specific dates of contact)
b. Intake worker observations second (e.g. a letter on agency letter head and/or form with intake worker signature documenting specific dates of contact; intake worker may include pictures in case file of where household is sleeping, if authorized to do so by household)
c. Certification from the person seeking assistance third (e.g. when no other documentation can be obtained and client completes and signs form documenting homeless status/dates they experienced homeless)

Already available documentation:

a. Discharge paperwork (e.g. paperwork when discharged from institutionalized setting where they resided less than 90 days, such as jail, hospital, treatment facility, etc.)
b. HMIS record: (may include any of the follow: current project enrollment/shelter stay, recent outreach contact, recent service transactions)

2) Documentation types in order of preference for households who are at Imminent Risk of Homelessness:
   a. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
   b. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
   c. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and
   d. Certification that no subsequent residence has been identified; and
   e. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

3) Documentation types in order of preference for households who are Fleeing/Attempting to Flee DV:
   For victim service providers:
   a. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

   For non-victim service providers:
   a. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
   b. Certification by the individual or head of household that no subsequent residence has been identified; and
   c. Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

It is important to note that each program type has specific procedures and forms for documenting homeless status. Please reference specific program guidance for details in the process. Links to program specific guidance can be found on page 2 of this document.

CLIENT INTAKE PROCESS

STANDARD: All funding streams of Rapid Re-Housing programs will be an active member of the Coordinated Entry system throughout the WV BoS CoC. Rapid Re-Housing programs will act as a referral point for Coordinated Entry who will utilize the Order of Priority (listed below), knowledge of all program eligibility criteria, client need and location, and unit availability to identify and refer the household to the appropriate Rapid Re-Housing program. Coordinated Entry staff will host regional bi-weekly provider calls with access "entry" points and housing providers to ensure that the process for notification of unit vacancies, sending referrals, accepting referral, unit location and move-in is reviewed on a regular basis, as households enter and exit the system. The goal of these calls is to speed up the process of connecting people with housing through identifying needs of particular households, increasing knowledge of when units are available, and also working together to ensure HMIS information and documentation is up-to-date and as accurate as possible. This referral process will be tracked in HMIS. There is an expectation for all Rapid Re-Housing programs that once a household is referred from Coordinated Entry to a particular program, that the assigned staff at the agency will be directed by the program supervisor to follow up with the appropriate access "entry"point—Coordinated Entry, Street Outreach, SSVF or the Emergency Shelter where the household is residing in order to make contact to begin the housing process with the goal of project start date/enrollment to move-in being within 20 days or less. It is important to note here for sheltered households, the case manager will make initial contact with the client, allotting 10 days from referral to enrollment. For unsheltered households, Coordinated Entry will refer directly to outreach, when appropriate, allotting 10 days to locate and refer to the permanent housing project. The process from referral to housing in its entirety should be less than 30 days for Rapid Re-Housing projects. In an CoC-wide effort to ensure the most vulnerable of the population are being served, referrals to Rapid Rehousing providers will be tracked in HMIS and during annual review process, be allotted a 10% denial rate. Any projects falling below this criteria, will not obtain maximum points regarding participation with the Coordinated Entry System during annual CoC ranking and rating. Denial rates will also be tracked in HMIS for all participating providers and information will be provided to funders upon request. All programs will ensure active client participation and informed consent.

Order of Priority when Prioritizing Persons for Rapid Re-Housing Assistance:

Utilizing a standardized assessment tool, eligibility criteria for all Rapid Re-housing programs throughout the CoC by region, and taking into account client choice, the CoC has set guidelines for Coordinated Entry to prioritize the following households for Rapid Rehousing assistance.

1) A household who is chronically homeless and living in a place not meant for human habitation.
2) A household whose length of time homeless is longer than a year but not chronically homeless, and living in a place not meant for human habitation.

3) A household who is chronically homeless and living in emergency shelter.
4) A household whose length of time homeless is longer than a year but not chronically homeless, and living in emergency shelter.
5) A household whose length of time homeless is less than a year and living in a place not meant for human habitation.
6) A household whose length of time homeless is less than a year and living in emergency shelter.

Other criteria to assess when prioritizing for Rapid Re-housing assistance:

- Household member with multiple disabling conditions (tri-morbidity/co-morbidity) and currently living in a place not meant for human habitation.
- Household member over the age of 60 and currently living in a place not meant for human habitation.
- Household with a single parent and 3 or more dependent children.
- Household consisting of unaccompanied youth.
- Household currently fleeing domestic violence.

CRITERIA:

1) All adult program participants must meet the program eligibility requirements for their respective Rapid Re-Housing Programs. *The household must meet the homeless status as defined under the specific program type.*
2) Programs cannot disqualify an individual or family because of evictions or poor rental history, criminal history, or credit history. It is important for case management staff to be knowledgeable of the housing market in their catchment area, understanding that certain landlords may require background/credit/rental history checks. This means ensuring that your agency has built relationships with several landlords in the area and understanding which landlords clients with barriers to housing can be matched as this is crucial to not wasting all party's time.
3) The program explains the services that are available and encourages each adult household member to participate in program services, but does make service usage a requirement or the denial of services a reason for disqualification or eviction. It is recommended that all programs provide each adult household members with program mutual expectations and agreements document, outlining the roles and responsibilities of both the client(s) and the case manager, as well as, your agency's termination and grievance policy. Both the agency representative and client(s) should sign this document. Additionally, programs may not disqualify an individual or family from program entry for lack of income or employment status.
4) The program will maintain Release of Information, Case notes, and all pertinent demographic and identifying data in HMIS. Paper files may also be kept as long as they are stored in a secure location. Below is a list of required/recommended documents and helpful case management tools for Rapid Re-Housing:
    a. Agency Release of Information
    b. HMIS Release of Information
    c. Program Mutual Expectations and Agreements

d. Proof of Citizenship
e. Proof of Veteran Status and eligible discharge (SSVF only)
f. Homelessness Verification/Documentation
g. Lease
h. Habitability Checklist or HQS depending on program requirements
i. Lead-based paint acknowledgement/inspection form
j. Fair Housing acknowledgment form
k. Rental agreement with landlord, agency, and client (for allotted months and re-assessed regularly)
l. Payment requests (e.g. costs such as, security deposit, utility deposits, utilities w/ bills, rent, etc.) *It is important to note here that eligible costs will vary by specific program type.*
m. Rent payment receipts (from client if they are paying a portion of rent)
n. Landlord W-9 form
o. VI-SPDAT (in HMIS)
p. Full SPDAT (in HMIS)
q. Verification of Income
r. Monthly Budget
s. Client outstanding bills or fines
t. Housing Stabilization Plan/ Service Plan – with signed acknowledgement from client
u. Guest Policy
v. Crisis Plan
w. Risk Assessment
x. Exit Plan

5) The only reasons programs may have the option to "disqualify" an individual or family from program entry are:
    a. Household does not meet eligibility requirements for the program as outlined in specific program regulations (See links to program specific guidance and regulations on page 3 of this document). The issue of ineligible clients being referred to programs should be reduced significantly, since all referrals will go through Coordinated Entry.
    b. Household make-up, provided it does not violate HUD's Fair Housing and Equal Opportunity requirements (Singles-Only programs can disqualify households with children, Families-Only programs can disqualify single households, etc.)
    c. RRH subsidy money has been exhausted. If a program has exhausted funding for the year, Coordinated Entry staff should be notified immediately, and the household should be referred back to Coordinated Entry to be connected with another housing option.
    d. If the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project, so long as the child resides in the same housing facility. (CFR 578.93).
    e. For SSVF RRH, the family or individual is over 50% AMI.

PROGRAM COMPONENTS/OPERATIONS

STANDARD: The program will assist participants in locating safe, affordable housing that meets participants' needs in accordance with client intake practices and guidelines for Rapid Re-Housing programs. These standards and criteria are applicable for all funding streams of Rapid Re-Housing.

CRITERIA:

1) The program explains the program guidelines and expectations prior to enrolling the individual or family into the program. These guidelines and expectations should attempt to assure fairness, to avoid arbitrary decisions that may vary from client to client, or staff to staff.
2) In locating housing, the program considers the needs of the individual or family experiencing homelessness. The Rapid Re-Housing case manager should be assisting the household in the housing search process. The case manager should have knowledge of the rental market in their catchment area and relationships with local landlords. They should also have a relationship with the Public Housing Authorities in their area/region and have access to the current Section 8 landlord listing, in addition to, utilizing the local newspaper and other online resources to assist the client with their search. Tasks that align with the housing location process also include the case manager assisting the client with contacting and meeting the landlord, and viewing potential apartments.
3) The program provides assistance in accessing suitable housing. Programs will assess potential housing for compliance with ESG and SSVF requirements for *Basic Habitability Standards* and CoC requirements through *Housing Quality Standards* inspections. The potential unit must be visually assessed for lead-based paint, and the program participant should be provided education on tenant rights and the Fair Housing Act. The cost of the unit must be determined to be within Fair Market Rent standards and/or rent reasonableness *depending on specific program requirements* prior to the program participant signing a lease with the landlord, and the program signing a rental assistance agreement with the landlord. There should be documentation of all of this in the program participant's case file.
4) Fair Market Rent and Rent Reasonableness:
    a. *Fair Market Rent.* HUD establishes FMRs to determine payment standards or rent ceilings for HUD-funded programs that provide housing assistance, which it publishes annually for 530 metropolitan areas and 2,045 non-metropolitan county areas. Federal law requires that HUD publish final FMRs for use in any fiscal year on October 1—the first day of the fiscal year (FY). The FMR standard is applied to ensure that a reasonable supply of adequate but modest rental housing is accessible to program participants. To accomplish this objective, FMRs must be high enough to permit a selection of units and neighborhoods and low enough to maximize the number of low-income families that can be served. Determining FMR standards is straight forward; no geographic area has more than one FMR standard. However, if a recipient or sub-recipient serves multiple cities or counties, it must use the appropriate FMR for the geographic area in which

the assisted housing unit is located. Recipients and sub-recipients should place a copy of the applicable FMR data in the program participant's case file to document the FMR for that program participant's unit size and geographic area.

b. *Rent Reasonableness.* HUD's rent reasonableness standard is designed to ensure that rents being paid are reasonable in relation to rents being charged for comparable unassisted units in the same market. Recipients and sub-recipients should have a procedure in place to ensure that compliance with rent reasonableness standards is documented prior to a executing the lease for an assisted unit. Under the CoC Program, all units and structures for which rent is paid must be reasonable. Recipients and sub-recipients should determine rent reasonableness by considering the gross rent of the unit and the location, quality, size, type, and age of the unit, and any amenities, maintenance, and utilities to be provided by the owner. To calculate the gross rent for purposes of determining whether it meets the rent reasonableness standard, consider the entire housing cost: rent plus the cost of any utilities that must, according to the lease, be the responsibility of the tenant. Utility costs may include gas, electric, water, sewer, and trash.

c. *Comparable rents* can be checked by using a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units. Comparable rents vary over time with market changes, so it is important to ensure that the comparison you are using is up-to-date and appropriate for each prospective unit. Information on comparable rents should be updated at a minimum, every 6 months, throughout locations in the recipient or sub-recipients service area. For example, one list of properties for a whole county service area is not sufficient, particular if the cost of living in one area of the county is significantly different than another area of the county. The rent reasonableness document should be available for review in the program participant's case file and demonstrate that the proposed contract rent does not exceed $50 above the average of the three comparable units. Assessing maximum earning capacity of each individual household is important as well, because what may be reasonable rent cost in a particular area may not be affordable for long-term sustainability. This statement is **not** to be confused with imposing any sort of income requirements on program participant; however, the case manager should always use common sense and program participant feedback in matters of assessing cost of rent for each household. For example, it would not be in the best interest of a program participant on limited disability income to house them in a unit three times their monthly income, particularly when there is no option for obtaining a mainstream housing voucher or increasing income in the future. https://www.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf

Rental Assistance Overview		
	ESG RRH Rental Assistance (24 CFR part 576.104)	**CoC** RRH Rental Assistance (24 CFR part 578.37(a)(1)(ii))
Housing Standards	Units must pass HUD **Habitability Standards**	Units must meet HUD **Housing Quality Standards**
Fair Market Rent (FMR)	Rental assistance may cover up to the **FMR** for a unit	**Rent reasonableness** is the applicable rent standard
Rent Reasonableness	Units must comply with HUD's rent reasonableness standards	Units in a structure must comply with HUD's rent reasonableness standards

https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf

**IMPORANT NOTE: SSVF grantees and sub-grantees are required to follow specific instructions under 38 CFR 62.34(a), and there is a specific checklist provided within the most recent SSVF Program Guidance to assist the provider with determining reasonableness of rent.*

5) *Environmental Reviews*. Environmental Reviews should be completed every 5 years for **CoC-funded** Rapid Re-Housing programs. For more detailed information on the level of Environmental Review required for your CoC-funded project, please visit the https://www.hudexchange.info/resource/4045/coc-program-environmental-review-flow-chart/.
6) ***Eligible costs: Please note here that is important to reference the most recent program guidance and your agency's specific grant agreement for questions concerning eligible cost by program.***
   For ESG-funded programs: The program may provide assistance with rental application fees, moving costs, temporary storage fees (up to 3 months), security deposits (up to 2 months), last month's rent, utility deposits, utility payments (including up to 6 months arrears), rental arrears (one-time payment of up to 6 months arrears), credit repair, and legal services related to obtaining permanent housing. This program may provide up to 24 months of rental assistance with the goal tapering the household off of assistance once income is obtained.
   For CoC-funded programs: The program may provide financial assistance with security deposits (up to 2 months), first and last month's rent, and property damage. This program may provide up to 24 months of rental assistance with the goal tapering the household off of assistance once income is obtained. Additional supportive services the program may provide include: case management, child care, education services, employment assistance and job training, food, housing search and counseling services— including mediation, credit repair, and payment of rental application fee— legal services, life skills training, mental health services, moving costs, outpatient health services, outreach services, substance abuse treatment services, transportation and utility deposits.
   For SSVF-funded programs: The program may provide security deposit assistance limited to one time during a 2-year period and utility deposit assistance limited to one time during a 2-year period. The program may provide a maximum of 10

months rental assistance in a 2-year period and a maximum of 6 months in 12-month period. For clients that qualify as extremely low income, the program may provide a maximum 12 months in a 2-year period and a maximum of 9 months in 12-month period. The program may assist with payments currently due or in arrears (*Number of months in arrears paid for with rental assistance counts towards the max. allowable months of assistance*). Penalties or fees (e.g. application fees) paid must be reasonable and must directly allow participant to obtain/ remain in permanent housing. Program can assist with utility assistance payments currently due or arrears. Participant, legal representative or a member of the household must have an account in his/her name with a utility company or proof of responsibility to make payments. The program may provide a maximum of 10 months rental assistance in a 2-year period and a maximum of 6 months in 12-month period. For clients that qualify as extremely low income, the program may provide a maximum 12 months in a 2-year period and a maximum of 9 months in 12-month period. The program may also assist with one-time moving costs within a two-year period and other general housing stability assistance and emergency housing assistance outlined in the SSVF program guide.

7) *Rental assistance agreement.* The recipient or sub-recipient may make rental assistance payments only to an owner with whom the recipient or sub-recipient 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 owner must give the recipient or sub-recipient 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 an eviction action against the program participant. The program participant signs the actual lease with the landlord. The program and the program participant sign a program mutual expectation and agreement form.
    a. Lease requirements for ESG Rapid Re-Housing:
        i. A written lease between the owner and the program participant is required for TBRA and PBRA.
        ii. For program participants living in housing with PBRA, the lease must have an initial term of one year. There is no minimum lease period for TBRA.
        iii. The only exception to the written lease requirement is in the case of rental assistance provided solely for rental arrears.
    b. Lease requirements for CoC Rapid Re-Housing:
        i. Program participants receiving TBRA must sign a lease of at least one year that is renewable (for a minimum term of one month) and terminable only for cause.
8) *Determining a Program Participant's Rent Contribution.* The program will work with the participant to determine the amount of rent that is needed to ultimately achieve housing stability. The amount of rental assistance must be reviewed at a minimum every 3 months and continued need determined through consultation between the participant and the case manager. The CoC is responsible for setting standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance, so it is recommended by the CoC

to evaluate rental assistance monthly for all Rapid Re-Housing program participants. The following criteria is outlined to set standards for Rapid Re-Housing programs with the expectation that each program participant pays a rent contribution that increases over time until the program participant is paying 100% of the monthly rent.

a. The case manager will work with household to obtain or increase income source(s) (e.g. leverage resources to connect household with cash or non-cash benefits, assist with resume writing, connect with Workforce WV, assist with applying for SSI/SSDI benefits).
b. Once income is obtained or increased, case manager will assess if there are any current debts. If so, a plan will be developed with household to pay off debt and begin budgeting to pay rent. All household expenses should be assessed and accounted for.
c. Once the household budget is assessed and case manager works with the household to ensure they are not in the negative each month, the household should begin to plan to pay a portion of their rent and/or utilities. If utilities are not included in the rent, the first goal should be to pay one (or two) utility bills each month, with the goal of paying all utilities within 3 months. Then, work with the household to begin paying all the utility bills, along with a portion of the rent.
d. The household will pay a portion of the rent calculated each month with the case manager until they are paying 100% of the rent. This is not a one-size fits all approach, so case managers must be diligent in working with households on budgeting, brokering additional community resources and understanding all facets of each household's need. A couple examples of working with a household to pay a portion of the rent each month with the end goal of paying 100% would be: (1) budgeting with the client who obtained SSI to pay $50 each month, and doubling the amount each month until they are at the full $450, or working with family who just obtained new income to pay 25% of their rent, increasing the amount by 25% percent each month until they are paying the full 100% of their rent. The case manager should also be simultaneously assessing and discussing other options, such as Section 8 or Public Housing, for the household, particularly if their income is not enough to sustain long-term.

9) Up to 100% of the security deposit may be paid with ESG, CoC, or SSVF dollars, as based on available funding and time-limits for specific programs. Programs are strongly encouraged to leverage other sources of funding to pay for security deposits.
10) *Use with other subsidies.* Except for when a program allows for rental arrears assistance on the tenant's portion of the rental payment, rental assistance cannot be provided to a program participant who is receiving tenant-based rental assistance, or living in a housing unit receiving project-based rental assistance or operating assistance, through other public sources. Rental assistance may not be provided to a program participant who has been provided with replacement housing payments under the URA during the period of time covered by the URA payments.

CASE MANAGEMENT SERVICES

STANDARD: The program shall provide access to case management services by trained staff to each individual or family participating in the program.

CRITERIA:

1) Individual case management is provided to program participants at least monthly; however, case management should always be tailored to each household's needs. Case management includes the following:
    a. *Housing Stability Case Management* assists participants in locating and obtaining suitable permanent housing, including:
        i. Assessment of housing barriers, needs, and preferences
        ii. Development of an action plan for locating housing with current knowledge rental market in service area
        iii. Participating in housing search with household
        iv. Outreach to and negotiation with landlords
        v. Tenant counseling
        vi. Assessment of housing for compliance with ESG and SSVF requirements for habitability (or CoC requirements for HQS), lead-based paint, and fair market rent/rent reasonableness depending on specific program requirement
        vii. Assistance with submitting rental applications
        viii. Understanding leases
        ix. Arranging for utilities
        x. Making moving arrangements
    b. *Ongoing Case Management* services include assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for a program participant who has obtained permanent housing through the Rapid Re-Housing program by, for example:
        i. Developing an individualized housing stabilization and service plan, including planning a path to permanent housing stability
        ii. Developing, securing, and coordinating services to access Federal, State and local benefits, increase income, connect with and build community supports, and obtain resources for basic needs/health care
        iii. Utilizing the Full SPDAT case management tools in HMIS (if trained) to monitor and evaluate program participant progress and determine the effectiveness of case management
        iv. Providing information about, and referrals to, other providers
        v. Individualized budgeting and money management services, monthly at a minimum
        vi. Conducting re-evaluations to determine on-going program eligibility
    c. *Other Services* may be provided, such as:
        i. Assistance with or referral to food, clothing and/or transportation services

ii. Referral to legal services to resolve a legal problem that prohibits a program participant from obtaining or retaining permanent housing, including:
    1. Client intake
    2. Preparation of cases for trial
    3. Provision of legal advice
    4. Representation at hearings
    5. Counseling
    6. Filing fees and other necessary court costs
iii. Mediation between the program participant and the owner or person(s) with whom the participant is living
iv. Credit Repair, including:
    1. Referral to a credit counselor
    2. Assistance with accessing a free personal credit report
    3. Assistance with resolving personal credit problems
    4. Connection to other services needed to assist with critical skills related to household budgeting and money management
v. Connection to resources for educational advancement, such as GED preparation and attainment, post-secondary training, and vocational education
vi. Assistance with or referral to job preparation and attainment services, such as career counseling, resume building, job interview training, dress and grooming, job placement and job maintenance
vii. Referral to Mental Health services, such as relapse prevention, crisis intervention, outpatient therapy, psychiatric services, medication monitoring and/or dispensing
viii. Referral to Substance use services, such as outpatient treatment, relapse prevention and crisis intervention
ix. Referral to Health Care System, such as routine physicals, health assessments, and family planning education

2) Case Management includes the following types of contact: home visits, office visits, meeting at a location in the community, or phone calls. Case management services should be guided by the use of the Full SPDAT assessment tools for families and individuals.
3) The program will re-evaluate the household for continued eligibility at a minimum of every three months. To continue to receive CoC or ESG Rapid Re-Housing 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 program assistance.
    4Need. The program must determine the amount and type of assistance that the household needs to (re)gain stability in permanent housing.

For ESG Rapid Re-Housing only, at the 12-month (annual) recertification, the client's income must be at, or below, 30% AMI.

In order to ensure that SSVF programs fully evaluate participants' needs and eligibility for services, SSVF requires recertification at least once every three months. While the intent of SSVF is to provide a short-term intervention, it is acceptable and common for SSVF grantees to provide lengths of service that are either shorter or longer than three months. At recertification, the participant's income must still not exceed 50% AMI. The SSVF staff must again assess and document whether the participant, absent the help of SSVF, continues to lack the financial resources and support networks to either obtain new housing or remain in housing. Also at recertification, the grantee must confirm whether the participant remains part of a Veteran family.

SERVICE COORDINATION

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

CRITERIA:

1) Arrangements shall be made as appropriate with community agencies and individuals for the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; chemical dependency assessments and treatment; legal services; budgeting and credit repair; and other assistance requested by the participant, which are not provided directly by the program.
2) Other homeless and mainstream resources for which, if eligible, a client should be assisted in obtaining, include: Emergency Financial/Food Assistance; domestic violence shelters; local Housing Authorities, public housing, rent subsidies and subsidized housing; temporary labor agencies; childcare resources and public programs that subsidize childcare; consumer credit counseling service agencies; youth development and child welfare; Community Support Programs; WIC; Food Share; Unemployment Insurance; Social Security benefits; Medicaid/Medicare.

TERMINATION

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

CRITERIA:

1) In terminating assistance to a program participant from *ESG RRH*, the agency must follow the due process provisions set forth in 24 CFR §576.402, as follows:
    a. *In general.* If a program participant violates program requirements, the recipient or sub-recipient may terminate the assistance in accordance with a formal process established by the recipient or sub-recipient that recognizes the rights of individuals affected. The recipient or sub-recipient must exercise judgment and examine all extenuating circumstances in

determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases.

b. *Program participants receiving rental assistance or housing relocation and stabilization services.* To terminate rental assistance or housing relocation and stabilization services to a program participant, the required formal process, at a minimum, must consist of:
    i. Written notice to the program participant containing a clear statement of the reasons for termination;
    ii. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
    iii. Prompt written notice of the final decision to the program participant.
c. *Ability to provide further assistance.* Termination under this section does not bar the recipient or subrecipient from providing further assistance at a later date to the same family or individual.
d. HUD ESG RRH sub-recipients should verify with their funder regarding specific unit vacancy regulations.

<u>Limitations on assistance from ESG RRH are 24 months of rental assistance for a client in a 3 year period.</u>

2) For CoC RRH, termination guidance is described in 24 CFR §578.91 of the HEARTH Continuum of Care Program Interim Rule as follows:
    a. *Termination of assistance*. The recipient or subrecipient may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Termination under this section does not bar the recipient or subrecipient from providing further assistance at a later date to the same individual or family.
    b. *Due process*. In terminating assistance to a program participant, the recipient or subrecipient must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:
        i. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
        ii. Written notice to the program participant containing a clear statement of the reasons for termination;
        iii. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
        iv. Prompt written notice of the final decision to the program participant.

c. *Retention of Assistance/Unit Vacancies:* Clients who are entering an institution (medical, mental health, or crisis) should not immediately be terminated from RRH projects. HUD CoC RRH providers are permitted to maintain open units for individuals and families who are institutionalized for a maximum of 90 days.
    a. HUD CoC RRH assistance may remain for a maximum of 30 days from the end of the month when the unit was vacated, unless occupied by another eligible person. Brief periods of stay in institutionalized settings, not to exceed 90 days for each occurrence, are not considered vacancies.

<u>Limitations on assistance from CoC RRH are 24 months of rental assistance for a client.</u>

3) Limitations on and continuations of the provision of supportive services to certain SSVF participants can be found under 38 CFR §62.35 under the Supportive Services for Veteran Families Regulations as follo ws:
    a. *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.
    b. *Limitations on the provision of supportive services to participants classified under §62.11(c).*
        i. A grantee may provide supportive services to a participant classified under §62.11(c) until the earlier of the following dates:
            1. The participant commences receipt of other housing services adequate to meet the participant's needs; or
            2. Ninety days from the date the participant exits permanent housing.
        ii. 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.
    c. *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 paragraphs (a) and (b) of this section. The grantee must notify the veteran's family member(s) of the duration of the grace period.
    d. *Referral for other assistance.* If a participant becomes ineligible to receive supportive services under this section, the grantee must provide the participant with information on other available programs or resources.

e. *Families fleeing domestic violence.* Notwithstanding the limitations in §62.34 concerning the maximum amount of assistance a family can receive during 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 tolling period for the limitations on the maximum amount of support that can be provided in a given amount of time under §62.34.

FOLLOW-UP SERVICES

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

CRITERIA:

1) The program develops exit plans with the participant to ensure continued housing stability and connection with community resources, as desired.
2) The program should attempt to follow up by phone, written contact, or in-person at least once after the client exits the program. A program may provide follow-up services that include identification of additional needs and referral to other agency or community resources in order to prevent future episodes of homelessness.

For CoC RRH, case managers can provide services for 6 months after exit from the CoC RRH Program. For ESG RRH, Housing stability case management assistance may not exceed 30 day during the period in which the program participant is seeking permanent housing and may not exceed 24 months during the period in which the program participant is living in permanent housing. For SSVF RRH, a Program Exit Checklist is completed and the program participant is informed that they can reach back out to SSVF in the future if needs arise.

CLIENT FILES

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

CRITERIA:

1) The file maintained on each participant should, at a minimum, include information required by HUD, The WV State ESG Grantee, and/or the WV Balance of State Continuum of Care, and/or the WV State SSVF grantee(s) including all eligibility and financial/leasing documentation, participation agreements, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, and any follow-up and evaluation data that are compiled.
2) Client information must be entered into HMIS, in accordance with the data quality, timeliness and additional requirements found in the WV Statewide

HMIS Policies and Procedures manual. At a minimum, programs must record the date the client enters and exits the program, and update the client's information as changes occur and have a signed WV BoS HMIS Release of Information on file.

3) The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching and public interpretation.
4) *Retention Requirements for Client Files:*
    a. 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 program participant was served. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records. Records pertaining to other funding sources must adhere to those record retention requirements.
    b. All records pertaining to CoC funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Copies made by scanning, photocopying, or similar methods may be substituted for the original records. Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by program participants. Records pertaining to other funding sources must adhere to those record retention requirements.
    c. The SSVF grantee must maintain all program records in compliance with the record retention and access requirements in 38 CFR § 62.72. All information and records related to the grantee's use of SSVF funds must be retained for at least three years after the SSVF activities are completed. Sub-grantees must comply with the record retention requirements. This includes grantees records that may be required for review or audit by VA and/or the U.S. Government Accountability Office (GAO).

EVALUATION AND PLANNING

STANDARD: Ongoing program planning and evaluation will be conducted.

CRITERIA:

1) The program has written goals and objectives for its services to meet the outcomes required by WV State ESG Grantee, the WV Balance of State Continuum of Care, and the WV State SSVF grantee(s). The program reviews the case management, housing, and follow-up needs of program participants and the existing services that are available to meet these needs. As appropriate, revisions to goal, objectives and activities are made based on program evaluation.

2) The program reviews and revises as appropriate, its goals, objectives, and activities based upon the data generated through the review of participant's needs, existing services, and the follow-up evaluations on at least an annual basis.
3) The program conducts an on-going evaluation of its services to participants.
4) The program will utilize the HMIS, when applicable, allowing for project performance outcomes to be measured and compared to the overall system performance targets.
5) The program exhibits due regard for participant privacy in conducting and reporting its evaluation.

Wayne Bailey
President, WVCEH Board of Directors/WV Balance of State Continuum of Care

Zachary Brown
CEO, WV Coalition to End Homelessness/WV Balance of State Continuum of Care