



# PARTNERSHIP TO END HOMELESSNESS

THE RALEIGH/WAKE PARTNERSHIP TO END AND PREVENT HOMELESSNESS

In 2009, the Federal Government adopted the HEARTH (Homeless Emergency Assistance and Rapid Transition) Act. Implementation of the Act began in early 2012. The Act shifted focus from individual program outcomes to a focus on how all programs work as a system to achieve results for an entire community emphasizing quick returns to housing for people experiencing homelessness.

The Raleigh/Wake Partnership to End and Prevent Homelessness (The Partnership) serves as the NC-507 Continuum of Care Leadership for Raleigh/Wake County. In response to the HEARTH Act, The Partnership has spent the past few years learning the best ways to meet this mandate and improve the method through which our CoC serves people experiencing homelessness as a system.

The Housing First Philosophy is the belief that individuals should be assisted in accessing housing as quickly as possible with supports delivered in the community after housing. Expanding Housing First Philosophy across a CoC and as an integral part all housing programs is a key recommendation from the Department of Housing and Urban Development (HUD), the National Alliance on Ending Homelessness (NAEH), and the US Interagency Council on Homelessness (USICH). Housing First is empirically proven, consistently across multiple Continuums' of Care in the US and abroad to:

- Improve outcomes for youth, adults, and families experiencing homelessness
- Reduce costs to the homeless service system and mainstream service system
- End homelessness

The move towards expanding Housing First philosophy across the CoC is anchored in the following facts and beliefs:

- NC 507 Continuum of Care (CoC) is committed to ending homelessness.
- A myriad of factors may influence a household's ability to maintain housing, but only housing itself ends homelessness.
- The sole purpose of programs and services dedicated to the homeless population is to end homelessness

- Mandatory program participation does not result in better housing outcomes.
- Everyone is housing ready
- The homeless service delivery system should be a process, not a destination.

## Wake County Continuum of Care Program Standards

The Raleigh/Wake Partnership to End and Prevent Homelessness (The Partnership) written standards provide specific guidelines for programs entering data into the Homeless Management Information System and across the housing continuum. These guidelines are designed according to national and local best practices in order for Wake County to have the best chance of ending homelessness as we know it. These guidelines create consistency across Wake County agencies and protect clients served by putting their needs first.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to:

- Develop policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs
- For homelessness prevention and rapid re-housing programs, HUD requires program 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
- Develop policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs
- Define participation in the CoC's Homeless Management Information System (or comparable database for domestic violence or victims' service programs)

The following guidelines apply to all programs, regardless of funding source, within the CoC.

### PERSONNEL

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

### **Benchmarks**

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness
- The organization provides time for all employees and/or volunteers to attend training and

technical assistance on program requirements, compliance and best practices applicable to the CoC.

- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS User and Participation Agreements, including adherence to the strict privacy and confidentiality policies. (See HMIS Written Standards)
- Ideally and reasonably, applicable programs should designate staff whose responsibilities include identification and recruitment of landlords, encouraging them to rent to homeless households served by the program. Staff, in turn, have the knowledge, skills, and agency resources to understand landlords' perspectives, understand landlord/tenant rights and responsibilities, and negotiate landlord supports

### **EVALUATION AND PLANNING**

**STANDARD:** All programs will conduct ongoing planning and evaluation to ensure said program continues to meet community needs for individuals and families experiencing homelessness.

#### **Benchmarks**

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

### **CASE MANAGEMENT SERVICES**

**STANDARD:** Case management is provided to clients by trained staff as a means of supporting, stabilizing and enhancing client experience and growth in said program. All programs and projects providing case management services shall provide access to case management services to each individual and/or family in the program.

#### **Benchmarks (Standard available services)**

- All projects must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.
- Staff provide regular and consistent case management to clients and residents based on the individual's or family's specific needs. Case management includes:

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

**Optional/recommended case management services**

- Staff or other programs connected to the project through a formal or informal relationship assist residents with:
  - Accessing cash and non-cash income through employment, mainstream benefits, child care assistance, health insurance, and others. Ongoing assistance with basic needs.
  - Representative payee services.
  - Transportation and transportation assistance
  - Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
  - Relationship-building and decision-making skills.
  - Education services such as GED preparation, post-secondary training, and vocational education.
  - Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
  - Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
  - Physical health services such as routine physicals, health assessments, and family planning.
  - Mental health services such as individual/family counseling and/or therapy.
  - Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

# Emergency Shelter

Emergency Shelters play a critical role in a crisis response system. Low barrier, permanent housing-focused shelters not only ensure individuals and families have a safe place to stay, but that their experience of homelessness is as brief as possible.

In a Housing First environment, Emergency Shelters are focused on ending homelessness for the households they serve and in the community. Shelters should be safe, non-judgmental environments where, from the time of admission into the shelter, all residents are made aware of the goal to have them achieve housing as quickly as possible and that emergency shelters are a truly interim housing solution. The individual or family should be encouraged to access community-based resources or their natural supports to help move them out of the shelter and into housing. *\*Note: Domestic Violence Shelters have certain, specific legal obligations to follow that are not enumerated in these standards.*

The Raleigh/Wake Partnership to End and Prevent Homelessness developed the following Emergency Shelter program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, prioritizing subpopulations of homelessness according to HUD guidelines and community demographics
- Service consistency within programs
- Adequate program staff and training, specific to the target population served
- Program compliance with the Department of Housing and Urban Development

## **EMERGENCY SHELTER DEFINITION:**

Emergency shelter is defined here as any facility whose primary purpose is to:

- Provide temporary housing for individuals or families experiencing homelessness for a period of 30 days or less
- Conduct comprehensive assessments and the VI-SPDAT to determine housing prioritization and interventions as part of the Coordinated Entry process
- Provide information, referral services, and light touch case management for individuals and families with low acuity according to said assessments
- Provide full complement of basic needs services (See Emergency Shelter Benchmarks)
- Provide short-term housing for individuals and families waiting for placement in a rapid rehousing or permanent supportive housing programs
- Accept high need clients without barriers, as is stated in the Housing First Philosophy

## **EMERGENCY SHELTER**

**STANDARD:** Shelters will provide safe, temporary housing options that meet participant needs in accordance with guidelines set by the Department of Housing and Urban Development through a Housing First philosophy, in which individuals and families are quickly moved to permanent housing through minimized barriers.

## **Benchmarks**

- Shelters must actively participate in the Coordinated Entry system and fully implement VI-SPDAT use to be administered on the 8<sup>th</sup> day of a shelter stay or after the (insert day here) per the Coordinated Entry System Policies and Procedures
- Shelters must make every effort to accommodate Coordinated Entry Referrals from Street Outreach programs and designated Access Sites
- Shelters shall not charge money for any housing or supportive service provided.
- Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community
- Shelters providing shelter to families may not deny shelter to a family on the basis of the age and gender of a child under 18 years of age
- Shelters must meet state or local government safety, sanitation, and privacy standards. Shelters should be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents
- Shelters must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act, and Title II of the Americans with Disabilities Act, where applicable. Shelters must comply with the Lead-Based Paint Poisoning Prevention Act<sup>1</sup> and the Residential Lead-Based Paint Hazard Reduction Act of 1992<sup>2</sup>

## **CLIENT INTAKE PROCESS**

**STANDARD:** Programs will actively participate in Raleigh/Wake County's Coordinated Entry system, serving the most vulnerable individuals and families in need of assistance.

### **Benchmarks**

- All adult program participants must meet the following program eligibility requirements in emergency shelter:
  - 18 years or older
  - Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence
- All shelters must document homeless status and chronically homeless status using the HUD approved preferred order. The order should be as follows:
  - Third-party documentation (including HMIS Project Entry/Exit records)
  - Intake worker observations through outreach and visual assessment
  - Self-certification of the person receiving assistance
- Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:

---

<sup>1</sup> (42 U.S.C. 4821- 4946)

<sup>2</sup> (42 U.S.C. 4851- 4956)

- Household makeup (provided it does not violate HUD’s Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
- All program beds are full
- If the program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility<sup>3</sup>
- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants
- Programs cannot disqualify an individual or family from entry because of employment status, lack of income, evictions, or poor rental history
- Programs may make services available and encourage adult household members to participate in program services, but cannot make service usage a requirement to deny initial or ongoing services
- Programs will maintain release of information (ROI), case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type (See HMIS Written Standards). If applicable, paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case managers and administrators who need said information

### **CLIENT AND PROGRAM FILES**

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

#### **Benchmarks**

- Client and/or program files should, at a minimum, contain all information and forms required by their funder and/or grantor (service plans, case notes, referral lists, confidentiality policies and procedures, conflict of interest/ code of conduct policies, and service activity logs including services provided directly by the shelter program and indirectly by other community service providers)
- All client information should be entered into the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, enter HUD required data elements, and update the client’s information as changes occur. (See HMIS Standards)
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission from the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for the purposes of coordinated care, research, teaching, and service delivery improvement. All programs must have a consent for release of information form for clients to use to indicate consent in sharing information with other parties

---

<sup>3</sup> 24 CFR 578.93

## **TERMINATION**

**STANDARD:** Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination.

### **Benchmarks**

- Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance and keep a copy signed by the client in the file
- In general, if a resident violates program requirements, the shelter may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance
- Programs may suspend clients from entering the Emergency Shelter for a designated period of time when a client has presented a safety risk to staff or other clients. If a suspended client presents him/herself after the suspended period has ended, programs should permit the client to return to the program. Shelters must provide a written explanation and process by which a client may reengage with services at said shelter
- Shelters shall make reasonable accommodations for clients who exit a program due to hospitalizations for physical or behavioral health concerns.

## **Rapid Rehousing and Prevention**

### **HOMELESSNESS PREVENTION AND RAPID REHOUSING**

Rapid rehousing provides an immediate, permanent housing solution for vulnerable homeless individuals and families using the “lightest touch” possible.

Homelessness prevention programs must target their limited financial assistance and housing stability resources appropriately and develop methods to determine which households are at greatest risk of becoming homeless (within 21 days) or those households who can be diverted from the shelter system with the aid of financial assistance.

No matter the focus population, all Wake CoC homelessness prevention and rapid rehousing programs should adopt a housing first philosophy by reducing eligibility requirements and housing people as quickly as possible. These programs should also participate in the Coordinated Entry Process. Agencies within the Raleigh/Wake CoC 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.



## **CLIENT INTAKE PROCESS**

**STANDARD:** Programs will actively participate in the Coordinated Entry System. At a minimum, programs will perform the VI-SPDAT with all program applicants to determine their acuity score. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance.

### **Benchmarks**

- All adult program participants must meet the following program eligibility requirements:
  - Rapid rehousing programs work with households who meet the definition of homelessness in the definitions section of the performance standards
  - Homelessness prevention programs work with households who meet the at-risk of homelessness definition in the definitions section of the performance standards
  - Both programs actively participate in the Coordinated Entry System.
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history
- Programs explain the available services, encouraging each adult household member to participate in said services, but does not make service usage a requirement or the denial of services a reason for disqualification or eviction unless service requirements are attached to funding (SSVF grants have a service requirement)
- Programs must use the standard order of priority of documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. The order should be as follows:
  - Third-party documentation (including HMIS Project Entry/Exit records)
  - Intake worker observations through outreach and visual assessment
  - Self-certification of the person receiving assistance
- Programs will maintain Release of Information (ROI), case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. If an agency maintains client records via paper files, said files should be maintained in a locked cabinet behind a locked door with access reserved for caseworkers and administrators who needs the information
- Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons:
  - Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
  - Does not meet minimum VI-SPDAT score as determined and approved by the community
  - For SSVF and HOME programs only, the family or individual has household income over 50%
- Raleigh/Wake CoC providers and program participants may deny or reject referrals from the Coordinated Entry System, according to the Coordinated Entry Policies and Procedures (pg, 21)

## **RAPID REHOUSING**

**STANDARD:** Programs will assist participants in locating and moving into safe, affordable housing, providing housing stabilization and case management services meant to provide long-term sustainability as defined under the specific program type. These policies should also address when and how programs use financial assistance as a bridge to housing subsidy or a permanent supportive housing program.

### **Benchmarks**

- Programs explain program rules and expectations prior to admitting the individual or family into the program. Programs have rules and expectations that ensure fairness and avoid arbitrary decisions that vary from client to client or staff to staff.
- Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.
- Lease and Rental Assistance Agreements: The coordination and terms of leasing and Rental Assistance agreements are dependent upon program funding and agency policy and practices.
- Programs should take a progressive approach when determining the amount that households will contribute toward their monthly rent payment, remaining flexible, and taking into account the unique and changing needs of the household
- Programs should review the amount of rental assistance paid for the participating household every 3 months and, in accordance with existing written policies and procedures, determine the amount of rent participants pay towards housing costs.
- When determining the amount and length of financial assistance, programs should base their decision on the needs of the household and its long-term housing stability plan.

Programs should have well-defined policies and procedures for determining the amount and length of time for financial assistance to program participants as well as defined and objective standards for when case management and/or financial assistance should continue or end.

## **HOUSING STABILIZATION/CASE MANAGEMENT SERVICES**

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

### **Benchmarks:**

- Programs provide individual housing stabilization and/or case management services to program participants at least monthly, including housing identification
- Case management services, including assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability for participants who have obtained and maintained permanent housing through the homelessness prevention or rapid

rehousing program by developing in conjunction with the participant, an individualized housing and service plan with a path to permanent housing stability and maintain accountability of said plan.

- See additional, optional case management provisions on pages 4-5.

### **SERVICE COORDINATION**

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

#### **Benchmarks**

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

### **TERMINATION**

**STANDARD:** Termination should be limited to the most severe cases per program grant requirements. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. All programs are required to have standard termination policies and procedures.

#### **Benchmarks**

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.<sup>4</sup>
- Programs should only terminate services when clients pose a safety risk to staff or other residents of their community. Programs' goal should be to avoid eviction by working with the landlord and participant to form an agreement allowing participants to move prior to a legal eviction, when possible.
- While violation of a participant's lease or sublease may be cause for termination, programs

---

<sup>4</sup> See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06BuildingYourProgram-PSH.pdf>

should develop a termination of services policy giving participants multiple housing chances or work to move participants to a higher-level permanent supportive housing intervention, when possible (i.e. programs will move a participant two times before terminating him/her from services).

- Programs should not immediately terminate participants who enter an institution (medical, mental health, or crisis). HUD CoC PSH grants allow grantees to maintain open units for institutionalized individuals and families for up to 90 days

## **HOMELESSNESS PREVENTION**

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

### **Benchmarks**

- Programs are encouraged to target prevention funds toward community diversion efforts. When paying financial assistance to divert households from homelessness, programs should target assistance to the households most likely to experience homelessness if not for this assistance.
- Programs explain program rules and expectations prior to admitting the individual or family into the program. Programs will have rules and expectations that ensure fairness and avoid arbitrary decisions that can vary from client to client or staff to staff.
- When moving the individual or family into a new unit, programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, etc. Programs will assess potential housing for compliance with program standards as asserted by the grantor prior to the individual or family signing a lease and the program signing a rental assistance agreement with the landlord.
- Lease: The program participant will sign a lease directly with a landlord or property owner. Grantees may only make payments directly to the landlord or property owner.
- Rental Assistance Agreement: Programs may make rental assistance agreements according to agency and grantor policies, provisions and standards
- Programs can elect to wave client income contribution for months 1-3, but clients are required to contribute a minimum of 30% of their income beginning in month 4 and for the duration of their program participation.
- Programs will determine the amount that households will contribute toward their monthly rent payment. The household's payment cannot exceed ESG, CoC, SSVF, or HOME regulations. Use with other subsidies: Except for one-time payment of rental arrears on the program participant's portion of the rental payment, rental assistance cannot be provided to a program participant who receives other tenant-based rental assistance or who is living in a housing unit receiving project-based rental or operating assistance through public sources. Programs can pay for security and utility payments for program participants to move into these units when other funding sources cannot be identified.

## Permanent Supportive Housing and Prioritization of Chronically Homeless

Permanent supportive housing programs provide safe, stable homes through long-term rental assistance, paired with long-term intensive case management services, to highly vulnerable individuals and families with complex issues who are otherwise at risk of serious health and safety consequences from being homeless.

This model seeks to provide a stable housing option and the necessary supportive services for individuals and families who would not succeed in other permanent housing settings. Permanent supportive housing is designed for persons with disabilities, including severe mental health, physical health, HIV/AIDS, and/or substance use disorders, especially targeting individuals and families meeting the Department of Housing and Urban Development's definition of chronic homelessness.

Successful permanent supportive housing programs use the national best practice of Housing First, the model in which programs house all persons immediately without preconditions such as sobriety, income, or behavioral requirements and pair supportive services matched to the needs of the household

### **PERMANENT SUPPORTIVE HOUSING**

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

Wake CoC agencies agree to prioritize clients according to the Coordinated Entry Policies and Procedures (pg. 21-22).

- Agencies will allow for 5 business days to receive a referral from the Coordinated Entry By Name List (Pg. 20-21 of Coordinated Entry Policies and Procedures).
- Search methods can include consulting existing waiting lists and coordinated assessment information, polling community partners and/or any other methods currently in practice Agencies will make efforts to help clients who are chronically homeless address program requirement barriers that might otherwise exclude them from qualifying
- Agencies are encouraged to use the sample form below for documentation until coordinated assessment implementation PSH beds will be filled in compliance with HUD Notice CPD-14-012 on Prioritizing Persons Experiencing Chronic Homelessness (<https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-PrioritizingPersons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>)

