

# CAPITAL REGION HOUSING COLLABORATIVE

MI-508- Lansing, East Lansing/Ingham County Continuum of Care

Written Standards

## Table of Contents

STANDARDS FOR ALL PROJECT TYPES.....	1
Housing First .....	1
Equal Access & Non-Discrimination .....	1
Confidentiality.....	2
Coordinated Entry Participation .....	2
HMIS Participation .....	2
Access to Mainstream Resources .....	2
Termination & Grievance Procedures.....	2
Occupancy Standards.....	2
PREVENTION .....	5
STREET OUTREACH.....	7
EMERGENCY SHELTER .....	9
RAPID REHOUSING.....	13
DEFINITIONS.....	23
APPENDIX .....	25
Coordinated Entry Policy.....	1
Extreme Weather Policy .....	1
Fair Housing Policy .....	1
Prioritization Policy .....	1

## STANDARDS FOR ALL PROJECT TYPES

### Housing First

CRHC, is committed to creating a community response that prevents homelessness, whenever possible and ensures homelessness is rare, brief, equitable and a one-time experience for those experiencing literal homelessness. As part of this effort, the CoC is focused on improving access to and coordination of housing services and enhancing services for highly vulnerable populations including Chronically Homeless individuals and families, Veterans, Survivors of Domestic Violence, and Unaccompanied Youth.

The following housing first standards are applicable to all project types and funding streams as we strive to promote better access and outcomes within the CRHC, Ingham County Continuum of Care.

All CoC funded programs must adopt the Housing First and Low Barriers approach. Housing First is a programmatic and systems approach focused on quickly providing people who are homeless with housing and then services as needed. The Housing First approach has several key features: few programmatic prerequisites, admission policies that support low barriers to access, rapid and streamlined entry into permanent housing, voluntary and engaging supportive services, and a focus on housing stability. As such, CoC funded projects should allow entry to program participants regardless of their lack of income, current or past substance use, criminal records, or history of domestic violence. Housing is not contingent on compliance with services. Supportive services are voluntary but can and should be used to persistently engage participants to ensure housing stability (except in RRH where participation in case management is required). Participants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Services are provided post-housing to promote housing stability and well-being. All programs are expected to ensure low barrier access to program entry for program participants and there should be few to no programmatic prerequisites to permanent housing entry. As such, projects must allow entry to participants and will not exclude participants based on any of the following reasons.

- Failure to participate in supportive services or make progress on a service plan
- Having little or no income
- Having a disabling condition
- Refusal of participating in drug tests
- Active or history of substance abuse
- History of domestic violence
- Poor credit, eviction history or other barriers to obtaining housing
- Failure to participate in probation or parole programming
- Criminal background
- Lack of high school diploma or GED

CoC may authorize limited exceptions for projects in the adoption of a housing first model where it conflicts with client safety, funder requirements or restricted by local, state, or Federal law.

### Equal Access & Non-Discrimination

CoC funded program providers must have non-discrimination policies in place and strive to assertively reach out to engage people least likely to engage in the homeless response system. Providers must

comply with all federal statutes and rules including but not limited to the Fair Housing Act<sup>1</sup>, the Americans with Disabilities Act<sup>2</sup>, and Equal Access to Housing Final Rule<sup>3</sup>. Providers must ensure their policies are aligned with and reflect HUD's Equal Access to Housing in HUD Programs that requires HUD's housing projects be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status.

### **Confidentiality**

Providers will comply with local, state, and federal statutes requiring confidentiality of any information that the participant submits including requests for an emergency transfer and information about an emergency transfer as determined by the Violence Against Women Act<sup>4</sup>, unless the participant gives the agency permission to release the information on a time-limited basis, or disclosure of the information is required by law, or required for use in an eviction proceeding or hearing regarding termination of assistance from the program.

### **Coordinated Entry Participation**

CoC funded programs must provide housing services in alignment with the CRHC's coordinated entry system (CES). Participation requires following all CRHC approved procedures and utilizing CRHC standardized tools.

### **HMIS Participation**

CoC and MDHHS funded programs are required to participate in the Homeless Management Information System (HMIS) administered by MSHDA's Campaign to End Homelessness. CRHC also strongly encourages non-CoC funded agencies to participate in HMIS. Programs must meet HMIS data quality standards. Programs providing domestic violence or legal services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data, to be reported on an aggregate rather than a client level basis.

### **Termination and Grievance Procedures**

Program rules and regulations adopted by each program or provider must be designed in the spirit of inclusion rather than as grounds for denial or termination. Providers should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination of services, so that a participant's assistance is only terminated in the most severe cases. Providers must have a termination policy that outlines program requirements and termination processes that recognize participants rights to due process. Termination should not necessarily preclude future assistance.

### **Occupancy Standards**

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<sup>1</sup> United States Department of Justice. [Fair Housing Act](https://www.justice.gov/crt/fair-housing-act-2). <https://www.justice.gov/crt/fair-housing-act-2>

<sup>2</sup> [Americans with Disabilities Act](https://www.dol.gov/general/topic/disability/ada) | U.S. Department of Labor. <https://www.dol.gov/general/topic/disability/ada>

<sup>3</sup> [Equal Access to Housing Final Rule - HUD Exchange](https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/). <https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>

<sup>4</sup> [Violence Against Women Act \(VAWA\) Resources for Multifamily Assisted Housing](https://www.hud.gov/program_offices/housing/mfh/violence_against_women_act) | HUD.gov / U.S. Department of Housing and Urban Development (HUD). [https://www.hud.gov/program\\_offices/housing/mfh/violence\\_against\\_women\\_act](https://www.hud.gov/program_offices/housing/mfh/violence_against_women_act)

All housing units, including scattered site programs, regardless of the type of services/housing provided, owned, and managed by private landlord, must meet applicable state or local government health and safety codes and meet or exceed minimum standards outlined by the programs funding source.

### **Connection to Mainstream Resources**

CoC funded programs should assist program participants, as appropriate and needed, to obtain

- Appropriate supportive services, including assistance in obtaining permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; and
- Other Federal, State, local, and private assistance available to assist the program participant in obtaining housing stability, including: Medicaid, Supplemental Nutrition Assistance Program, Women, Infants and Children (WIC), Federal-State Unemployment Insurance Program, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Child and Adult Care Food Program, Housing Choice Voucher programs, Housing Counseling, Supportive Housing for Persons with Disabilities, HOME Investment Partnerships Program, Temporary Assistance for Needy Families, Health Center Program, State Children's Health Insurance Program, Head Start, Mental Health and Substance Services, and services funded under the Workforce Investment Act.

## **PREVENTION**

Prevention assistance within Ingham County is intended for those who are in situations that classify under HUD Category 2, at Imminent Risk of Homelessness, (See Definitions) or Category 3, At Risk of Homelessness. These cases should be in an especially vulnerable situation or population such as youth or domestic violence survivors. Whenever possible, prevention funding should be used to prevent homelessness for households, where if funding were not provided, the household would enter the homes system. Housing assistance should be used to pay back rent to retain housing in which the household is currently residing if it is feasible to retain, or to move into a unit the household is better able to maintain long term. Case management supportive services should be provided to help program participants to sustain housing and improve their income.

Prevention services must align with funding requirements in supporting the prevention efforts. The sections below detail requirements and eligible costs for administering ESG homelessness prevention dollars since it is the primary source of prevention resources in the community. In addition to the parameters below, ESG subrecipients must complete all required forms follow all applicable standards including Intake, Assessment, and Eligibility.

All households must receive an intake screening to determine the appropriate housing intervention. This includes an initial assessment of homelessness status and income level. Households must meet the following criteria at program intake to be eligible for ESG homelessness prevention assistance.

- HUD Category 2 Definition of Homeless (At Imminent Risk of Homelessness); OR
- HUD Category 3 Definition of Homeless (Homeless under other Federal Statutes); OR

- HUD Category 4 Definition of Homeless (Fleeing/Attempting to Flee Domestic Violence); OR

At Risk of imminent Homelessness, as defined above by HUD; **AND**

- Meet income criteria (household income is below 30 percent AMI for ESG and below 50 percent AMI for ESG-CV).

Households must be screened by the HARA and at imminent risk of becoming homeless to receive ESG prevention financial assistance. Whenever appropriate Diversion/Housing Problem-Solving attempts will happen at intake by the HARA to assist clients in identifying alternatives to entering the shelter system and to resolve their housing crisis. This includes, but is not limited to, assisting households to stay with friends or family. Diverted households may be eligible for homelessness prevention financial assistance to assist them to move into permanent housing, subject to the homelessness prevention eligibility criteria (i.e., meets income requirements and is at imminent risk of homelessness with eligibility under Category 2, 3, or 4).

### Eligible Costs

Eligible costs under the homelessness prevention program component include housing relocation and stabilization services and short- and/or medium-term rental assistance. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.

#### Housing Relocation and Stabilization Services

Households who meet the eligibility criteria may receive supportive services, including housing search & placement and housing stability case management must meet with a case manager at least monthly to receive ongoing assistance.

Eligible activities are:

- (1) Financial assistance costs: ESG homelessness prevention funds may be used to pay housing owners, utility companies, and other third parties for the following costs:
  - Rental application fees: up to 3 application fees per household
  - Security deposits: equal to no more than 1.5 months' rent
  - If a program participant receiving short- or medium-term rental assistance meets the conditions for an emergency transfer under VAWA, ESG funds may be used to pay amounts owed for breaking a lease to affect an emergency transfer.
  - ESG funds cannot be provided to a program participant who is receiving the same type of assistance through other public sources.
  - Assisted units are subject to Lead-Based Paint requirements and Habitability and Occupancy Standards.
- (2) Housing search and placement. Services or activities necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing:
  - Assessment of housing barriers, needs, and preferences
  - Development of an action plan for locating housing

- Housing search
- Outreach to and negotiation with owners
- Assistance with submitting rental applications and understanding leases
- Assessment of housing for compliance with Emergency Solutions Grant (ESG) requirements for habitability, lead-based paint, and rent reasonableness

(3) Housing stability case management. Services or activities related to assessing, arranging, coordinating, and monitoring the delivery of individualized services. Component services and activities consist of:

- Conducting the initial evaluation, including verifying and documenting eligibility
- Developing, securing, and coordinating services including assistance with obtaining Federal, State, and local benefits
- Monitoring and evaluating program participant progress
- Providing information and referrals to other providers
- Developing an individualized housing plan, including planning a path to permanent housing stability
- Conducting recertifications

(4) Short- and/or Medium-Term Rental Assistance. Households who meet the eligibility criteria may also receive short- and/or medium-term rental assistance. ESG funds cannot be provided to a program participant who is receiving the same type of assistance through other public sources. Total financial assistance allowable per household under homelessness prevention is capped at nine (9) months; not to exceed six (6) months of arrearages. This includes both housing relocation & stabilization services financial assistance costs and short- and/or medium-term rental assistance.

- Short-term rental assistance: assistance for up to 3 months of rent
- Payment of rental arrears: one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears All rental assistance payments must be made directly to the landlord.
- Except for a one-time payment of rental arrears on the tenant's portion of the rental payment, rental assistance cannot be provided to a program participant who is receiving rental assistance through other public sources. (However, these program participants are eligible for other financial assistance costs under housing relocation & stabilization services, such as rental application fees, security deposits, and moving costs.)
- Assisted units are subject to FMR and Rent Reasonableness standards, Lead-Based Paint requirements, and Habitability and Occupancy Standards.

## STREET OUTREACH

Street Outreach (SO) is designed to increase access and connection, and continuity of services, for people who are living unsheltered on the streets and in place not meant for human habitation. Teams provide urgent, non-facility-based care to this targeted group, who typically are uninterested or unable to access emergency shelter, housing, and oftentimes, healthcare facilities.

SO, under CRHC have strategically aligned services with partners in the Tri-County region of Ingham, Eaton, and Clinton counties. SO teams adhere to a Housing First approach, taking into consideration personal choice while providing care and assisting people to obtain housing resources. The goal is to end a person's episode of homelessness, as quickly as possible, while providing a platform for them to improve their quality of life and advance toward housing stability. In alignment with CRHC standards, housing assistance is offered without preconditions and the resources and services provided are typically tailored to the unique needs of the household.

SO has adopted and incorporated the following core principles into all SO activities.

- Efforts are Systemic, Coordinated and Comprehensive.
- Use of Person Centered, Trauma Informed and Culturally Responsive approaches at all times.
- Efforts Emphasize Safety and Reduce Harm for the clients.
- Always Housing Focused.

### Eligibility

SO teams target unsheltered homeless individuals and families, meaning those 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. This could include a car, park, abandoned building, bus or train station, airport, or campground. This also includes all vulnerable population groups, including Veterans, homeless youth, people with disabilities, families, individuals with justice involvement and victims of domestic or partner violence, experiencing homelessness.

CRHC has adopted eligibility guidelines from HUD, assisting individuals and families defined by HUD Homeless Categories 1,2, 3 or 4 (See Glossary). Individuals and families are offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered the following Street Outreach services, as needed and appropriate.

The program complies with HUD homeless definitions, program uniformity and common client expectations in all service areas, adequate program staff competence and training for all outreach staff, and agencies have a set of standards by which to guide their programming. All funded programs within the CRHC and the regional coalition 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.

### Standards for Documenting Eligibility

The following documentation requirements are listed in order of preference for each category of homelessness.

- *Literally Homeless (Category 1):*
  1. Written observation by the outreach worker; or

2. Written referral by another housing or service provider; or
  3. Certification by the individual or head of household seeking assistance stating that they are living on the streets or in emergency shelter,
  4. For individuals exiting an institution, one of the forms of evidence above and:
    - Discharge paperwork or written/oral referral, or
    - Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited the institution.
- *Imminent Risk of Homelessness (Category 2):*
    1. A court order resulting from an eviction notifying the individual or family that they must leave; or
    2. For individual and families leaving a hotel or motel with evidence that they lack the financial resources to stay; or
    3. A documented and verified oral statement; and
    4. Certification that no subsequent residence has been identified; and
    5. Self-certification or other written documentation that they individual lacks the financial resources and support necessary to obtain permanent housing.
  - *Fleeing/Attempting to Flee Violence (Category 4):*
    1. (For victim service providers) 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.
    2. (For non-victim service providers) 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 they safety of the individual or family is not jeopardized, the oral statement must be verified; and
    3. Certification by the individual or head of household they no subsequent residence has been identified; and
    4. Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Citation: [https://www.hudexchange.info/resources/documents/HomelessDefinition\\_RecordkeepingRequirementsandCriteria.pdf](https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)

### Core Services

The core components of a street outreach program are Identification, Prioritization, Engagement, Assessment, Referral, Housing Identification and Move-in Warm / Transfer services. While a household that is being offered street outreach services there may also be provision of basic survival items, or transportation to service facilities. The program components are not required but are made available to all program participants.



**Identification:** The purpose of Identification is to find, engage, and connect people experiencing unsheltered homelessness in the community to the Homeless Response System, guided by a systemic, coordinated, and comprehensive outreach plan.

**Engagement:** The purpose of Engagement is to establish a client relationship built on trust, client choice, and permanent housing solutions. Clients should be engaged where they are and should not be pressured or coerced into accepting or participating in other services. This can be a process and may take time.

**Prioritization:** Street Outreach programs adhere to the CRHC Coordinated Entry Policy and use a standardized assessment tool to determine client need. Services are offered based on need and available service capacity and will always be centered on client choice. Street Outreach staff should ensure that all eligible clients are placed on the Community By-Name List, and that they are prioritized correctly.

**Assessment:** The Street Outreach Program is part of the CRHC Coordinated Entry System and will conduct various client assessments to determine the most appropriate level of services needed to meet each client's need. Assessment for housing interventions is a core component of Street Outreach. Assessment components include administering the Standardized Acuity Assessment adopted by the regional coalition, a Housing Needs Assessment, and Risk Assessments performed in the field where people experiencing homelessness are found, as well as other updates and supplemental assessments as prescribed by policy.

**Referral:** The purpose of Referral is to connect clients experiencing homelessness with the appropriate services and solutions to make the client's episode of homelessness rare, brief and one time. Referrals are made in accordance with Housing First principles, and clients are not required to accept or act on referrals to continue receiving Street Outreach services.

**Housing Identification:** The purpose of Housing Identification is to match each client with an appropriate permanent housing solution, and to assist the Prioritization and Matching group identify available housing units, and to ensure that the client is document ready for move-in.

In addition, Street Outreach should conduct ongoing Community Reach Out efforts to educate community members about outreach services, to ensure local businesses and organization are aware of the Street Outreach program and know how to contact them, and to establish a presence where people experiencing homelessness tend to frequent. A systematic, coordinated, and comprehensive plan for ongoing community outreach is essential for success and should include documented collaboration with the regional coalition.

## **EMERGENCY SHELTER**

The Capital Region Housing Collaborative (CRHC), operating as the designated Continuum of Care, for Ingham County Michigan, recognizes emergency shelter as a key component of the homeless crisis response system. Its purpose is to keep people safe while they seek permanent housing. Emergency shelters may operate with Emergency Solutions Grant (ESG) funding administered through the Michigan State Housing Development Authority and/or the City of Lansing Michigan. Emergency shelters may also

operate using funding from Emergency Shelter Program (ESP) administered through The Michigan Department of Health and Human Services via The Salvation Army, private donations, or a combination of these and other funds. Those shelters operating with ESG, or ESP funds have specific compliance requirements to which they must adhere.

Those operating with funding other than ESG or ESP will not be mandated to follow these services standards ; however, strong collaboration is encouraged by CRHC, to align all Ingham County shelter providers with service standards outlined here. These standards serve as a guide to providers; especially those funded with ESG or ESP funding.

### Core Tenet's of Emergency Shelter

#### Low Barrier

Shelter providers must seek to balance the safety of all residents in need of shelter. To this end, prohibitions should not focus on a participant's history (except where required by law), but instead focus on present behavior. This includes not conducting background checks, drug or alcohol screening or reference checks.

#### Equal Access

Low barrier shelter practices are additionally important in reducing biases in which household are able to access shelter and which are not. Shelters may not discriminate based on family size or composition, sexual orientation, gender identity or expression of religion, race or ethnicity or citizenship status. All individuals must be served as the gender they identify as, with no verification or invasive questions related to their gender identity. Shelters must do all that they can to ensure that families are not split in their shelter placements. Families are defined as how they identify, rather than prescriptive relationships.

#### Trauma Informed

All shelter providers must operate with the understanding that the very act of experiencing homelessness is traumatic. Those entering shelter are coming from an event that causes great upheaval and unbalance not only in a person's daily living but also in their sense of identity. People react to these unbalancing events in varying and unexpected ways. Providers are expected to view behaviors through a lens of understanding of how trauma may impact a person. Additionally, providers are expected to minimize recurrent traumatization of those seeking services. All shelter staff and volunteers should have regular training to understand their impacts of trauma and how to offer trauma informed services.

#### Housing Focused

Shelter is not housing and should not be considered any person's permanent place of residence. Upon entering shelter, participants should be made aware of the process to secure permanent housing and have a plan in place to do so. Shelter rules should not be in place that interfere with a person's ability to seek or maintain employment, education, or seek housing resources. Shelter services should comply with Housing First principles and shelter staff should receive ongoing training in motivational interviewing.

#### Participant Eligibility:

Individuals are provided emergency shelter services if they qualify as “homeless” based on HUD Categories 1, 2, or 4 of the “homeless” definition found at 24 CFR 576.232. Families are provided emergency shelter in accordance with the Equal Access Rule at 24 CFR 5.403, which does not limit a “family” to women with children.

In addition to the provision of decent, safe, and sanitary emergency shelter accommodations include access to:

- **Case management may include but is not limited to:**

- Timely documentation of all case services in HMIS
- Assistance in accessing vital documents
- Mental Health treatment referral
- Substance Abuse treatment referral
- Assistance in identifying barriers to permanent housing
- Housing plan development to address barriers to permanent housing
- Assistance in identifying appropriate housing options
- Assistance in connecting participants to Mainstream and other resources, including but may not be limited to: Supplemental Nutrition Assistance Program, Women, Infants and Children (WIC), Federal-State Unemployment Insurance Program, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Child and Adult Care Food Program, Section 9 Public Housing programs, Housing Choice programs, Housing Counseling,(LHCA) Supportive Housing for Persons with Disabilities, HOME Investment Partnerships Program, Temporary Assistance for Needy Families, Health Center Program, State Children’s Health Insurance Program, Head Start.
- Other services or referrals may include but are not limited to:
  - Education Services
  - Employment Services
  - Legal Services
  - Health Services
  - Transportation Resources

### **Minimum Shelter Standards:**

#### **Safety, Sanitation, & Privacy:**

- Any building for which ESG funds were used for conversion, major rehabilitation, or other renovation or that receives ESG assistance for shelter operations shall meet state/local government safety and sanitation standards, as well as the following:
- Structure and materials: The building must be structurally sound, protect participants from the elements and not pose any threats to their health or safety.
- Products and appliances: Any ESG funded renovation, including major rehabilitation and conversion, must use Energy Star products/appliances.
- Access: The shelter must comply with the applicable Rehabilitation, Fair Housing and Americans with Disabilities Acts and implement regulations.

- **Service Animals:** Persons seeking emergency shelter or housing services cannot be denied based on their need for a service animal under the Americans with Disabilities Act.
- **Space and security:** Unless it is a day shelter, it must provide appropriate places to sleep, adequate space, and security for residents and their belongings.
- **Interior air quality:** Each shelter room/space must have proper ventilation and be pollutant free.
- **Water supply:** Must be free of contamination.
- **Sanitary facilities:** Each participant must have access to sufficient, sanitary facilities that are in proper operating condition, private and adequate for personal cleanliness and disposal of human waste.
- **Thermal environment:** The shelter must have the necessary, properly operating heating/cooling facilities.
- **Illumination and electricity:** The shelter must have adequate and appropriate lighting and safe electrical sources.
- **Food preparation:** Any food preparation areas must be able to store, prepare, and serve safe and sanitary food. **Sanitary conditions:** The shelter must be in sanitary condition.
- **Fire safety:** All shelter locations will maintain compliance with all local, state and funder requirements. All public areas must have at least one working detector and there must be a second means of exiting the building in the event of an emergency.

**Pandemic Standards:** Providers will coordinate and strive to work collaboratively with healthcare providers, following Federal, State, and local pandemic guidance to mitigate spread of disease and maximize safety of all participants.

**Extreme Weather Standards:** Shelter providers will accommodate the approved CRHC Extreme Weather policy to ensure participants are safe from inclement weather.

#### **Shelter Diversion:**

Shelter Diversion strategies are offered to prevent homelessness at the front door by helping to identify immediate alternate housing arrangements and, if necessary, connecting people experiencing homelessness with services and financial assistance to help them return to permanent housing. Diversion should be attempted with all households seeking homeless services assistance.

#### **Admission:**

Providers of Emergency Shelter services shall admit individuals and families who meet the HUD definition of “homeless,” as specified in 24 CFR 576.2 (1, 2, & 4) and agencies’ eligibility criteria.

#### **Assessment:**

- Individuals and families shall be assessed for Coordinated Entry using the Coc Approved Coordinated Entry assessment, and that assessment must be recorded into HMIS.
- Families and individuals remaining in shelter for longer than thirty (30) days shall be reassessed by a Case Manager for housing every 30-45 days.
- **Screening:** When appropriate, based on the individual’s needs and wishes, the provision of or referral to Homelessness Prevention (HP) or Rapid Rehousing (RRH) services that can quickly assist

individuals to maintain or obtain safe, permanent housing shall be prioritized over the provision of Emergency Shelter (ES)

- **Emergency shelters will prioritize shelter services for those:**

- Individuals and families lacking other resources in the community even if limited assistance could be provided to end their homelessness.
- Are literally homeless and in the absence of shelter are likely to be living in an unsheltered setting.
- Individuals and families vulnerable to injury or illness if not sheltered. Individuals are provided emergency shelter services regardless of sexual orientation or gender identity.

### **Discharge / Length of Stay:**

Program participants shall be discharged from Emergency Shelter services when they choose to leave or when they have successfully obtained safe, permanent housing or if their behavior jeopardizes safety. In the event, they are discharged due to negative behavior, shelter providers will provide resources and referrals for alternative services. Any Length of Stay limitations shall be determined by the individual service provider's policies and clearly communicated to program participants. Providers of shelter services are strongly encouraged not to discharge individuals and families who have not secured permanent housing and maintain those households in shelter until they can be placed in appropriate permanent housing.

### **Aftercare**

Participants are strongly encouraged to contact providers if they have challenges after they have exited the program. Recidivism rates will be monitored through the CRHC Continuous Quality Improvement and HMIS standards.

## **RAPID REHOUSING**

Rapid Rehousing assistance within Ingham County is intended for those who are in situations that classify under Federal Housing and Urban Development (HUD) Category 1 of the homeless definition, Literally Homeless and includes vulnerable populations such as youth or domestic violence survivors that meet the homeless definition.

Whenever possible, rapid rehousing funding should be used to assist households with gaining access to and maintain permanent housing on a short- or medium-term basis, with the goal of preventing the household from re-entering the homeless system. Housing assistance should be used to assist with a combination of rental assistance and supportive services. These services may include application fees, or security deposit assistance, if no other sources are available for these activities. Case management supportive services should be provided to help participants improve their income and assist the household to sustain housing after the assistance has ended. Case management supportive services should be provided to help participants improve their income as well as assist the household in finding stable affordable housing on or before their time limit expires under the Rapid Rehousing Program.

Rapid Rehousing services must align with HUD or MSHDA ESG funding requirements or the requirements of any other source of funding supporting the prevention efforts.

### Target Populations for Assistance

CRHC RRH programs target the following populations:

- Families with children
- Individuals and families fleeing domestic violence
- Homeless individuals
- Chronically Homeless not requiring permanent supportive housings

### Coordinated Assessment System

All homeless individuals or families must complete a standard triage assessment that considers the household's situation and identifies the best types of housing intervention to address their current housing needs.. The standard triage assessment currently used by providers is the Vulnerability Index-Service Prioritization Decision Assistance Tool 2.0 (VI-SPDAT) created by OrgCode Consulting and Community Solutions. This tool is currently mandated by all funders, however, CRHC is looking to integrate another approved assessment tool in the future. This tool will work align with standard HMIS intake protocol for people experiencing homelessness. Once implemented, training and integration will be provided to all partners which serve individuals or families experiencing homelessness. This new assessment tool will than become a mandate among all grantees.

RRH programs fill spaces in compliance with the CRHC Prioritization Policy, by identifying eligible households from a prioritized list based on approved CRHC prioritization protocols. The list is prioritized based on length of time of homeless, VI-SPDAT scores and other approved assessment methods to ensure those with greatest need access resources first.

When a RRH Providers receives a referral, the provider will:

1. Will make 3-5 reasonable attempts over a 30-day period, to locate individual or household which has been referred. Reasonable attempts include reaching out to all contact phone numbers provided on the referral and in the HMIS record, reviewing the HMIS record to determine other agencies the referral has recently made contact with and notifying them you are trying to reach the referred individual or household, along with information the referring agency that you are having difficulty reaching the referred individual or household.
2. All attempts to find the individual/household will be documented in HMIS by the RRH Providers.
3. Household eligibility will be verified and documented as much as possible by referring agencies, electronically via HMIS

4. RRH Providers are responsible for also conducting their own program intake and documentation to verify eligibility.
5. RRH Providers must enter the participant information in HMIS.
6. If a referred household cannot be located, the RRH provider will notify the referring agency. The two agencies will work collaboratively to make attempts to locate the household. If they are unable to do so, the household will be handled based on the CRHC Prioritization Policy.
7. If the referred household turns out to be ineligible for the RRH program, the individual/household will be handled based on the CRHC Prioritization Policy to initiate a better resource match. The Prioritization Committee may request an updated assessment to ensure accuracy of information.

## Privacy and Safety

### Victim service providers

Victim service providers are prohibited from contributing client-level data into the HMIS. However, these programs must record client entry level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.

### Non-victim service providers

If a non-victim service provider becomes aware that a household being served is fleeing or attempting to flee domestic violence, the provider should:

1. Immediately offer the household a warm referral to a victim service provider; and
2. Check the HMIS to see if there is an existing record for the household and proceed as follows:
  - a. If there is no existing HMIS record for the household, explain the Release of Information Form and offer the household the option to have their information entered into HMIS anonymously. Explain the process for housing referrals if entered in HMIS, and who would then attempt to locate the client if a referral is made.
  - b. If there is an existing HMIS record for the household that includes the household's identifying information (non-anonymous), offer the household the option to make this existing HMIS profile anonymous. The provider should immediately notify the HMIS Lead Agency Administrator to change a previously existing profile from non-anonymous to anonymous so that other providers serving the household are notified of this change.
    - i. If the domestic violence survivor is part of a household in HMIS that includes their abuser, offer the survivor the option to remove their identity from the existing

household and create a new and separate anonymous client profile. The provider should notify the HMIS Lead Agency by following the procedure in subsection (b) above.

## Eligibility Requirements

To qualify for RRH, households must satisfy the following criteria:

- A. Be the highest priority household available within the target population served by the program, as identified through Coordinated Assessment System.
- B. Meet other eligibility criteria created at the program level.
- C. The individual or household must meet the definition of homeless in the CoC Program Interim Rule, under Category 1 or Category 4, consistent with the program's grant agreement with HUD.
- D. Additionally, the individual or household assisted in a CoC or ESG funded RRH program must meet eligibility requirements identified by the grant year in which the program is funded.
- E. If allowable under the Provider's grant and prioritized by the CoC, HUD Category 2 households may be served.

\*Please note: If a participant has entered multiple RRH programs and not found success with this service model, the provider is encouraged to assess and identify whether RRH is the best approach. Providers should track participant progress by administering the SPDAT and/or another CoC approved assessment tool quarterly and analyze (and address, if possible) the factors underlying the lack of progress. If an agency believes RRH is not an appropriate intervention for the participant, the case should be referred to the Prioritization Committee for review and referred to appropriate resources that are available.

## Housing Stability

**RRH Providers will provide an orientation to the individuals/households to explain the program, its requirements, and the term limits of the program. Providers will provide case management for the individual/household to develop a stability plan, along with referrals to other resources that will enhance the stability of the participant.**

## Regarding Other Eligibility Requirements

While RRH is targeted towards families with children, Providers may assist qualifying families who do not currently have physical custody of their child(ren), if documentation from CPS verifies that housing and/or other services is the only remaining barrier to reunification and if the funding source allows for it. The information obtained from CPS must indicate that reunification will occur after housing is obtained, and the household demonstrates compliance with CPS, court orders, etc. in order to be considered



eligible.

### Transfers from Rapid Rehousing to Permanent Supportive Housing

While it may be possible to transfer a RRH participant to a PSH program, it generally cannot be done immediately and often PSH spots are not available for the client. The following steps should be followed in this situation:

1. Do not complete a new VI-SPDAT unless there have been significant changes and you do not plan to enroll the client in the RRH program.
2. Enroll the household in the RRH program and work with them to achieve housing stability.
3. Complete chronic homelessness documentation within 45 days of enrollment in the RRH program, including chronic homelessness certification and disability documentation.
4. Complete the SPDAT assessment every three months to evaluate the household's progress. Extend RRH assistance if needed.
5. At the end of the standard period of the RRH program (six months, nine months, etc.), if the participant has not made progress and may still need PSH, contact the . The Coordinated Entry Committee will work with the RRH program to determine whether the participant is eligible for and can be placed in a PSH program. If it is determined that the household needs PSH and there is available capacity in an appropriate PSH program, the Matchmakers may be able to make a referral to PSH. However, there may not be any available spots in PSH programs.
6. Extend the RRH assistance as needed, up to two years, while the household is attempting to gain housing stability, unless prohibited by the funding source.

### Regarding Housing First

The following are recommended as the minimum standard for a housing first approach in all programs:

- Income is not a requirement for program entry or participation.
- Sobriety and treatment compliance are not requirements for program entry or participation.
- Compliance with a service or treatment plan is not a condition of tenancy, and lack of compliance is not grounds for eviction.

Programs are strongly encouraged to align with the following housing first standards:

- During the admission/screening and acceptance process, applicants are considered and accepted without regard for sobriety or use of substances,

completion of treatment, and/or participation in supportive services.

- Participants are not required to participate in drug tests as a condition of program entry or participation.
- Referrals are accepted regardless of educational status.
- Referrals will be reviewed for program eligibility and will not take into consideration poor credit, financial history, income level, rental history, criminal record, history of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement), or behaviors that indicate a lack of “housing readiness.”
  - Providers will state in program policies that clients will not be terminated from the program for any of the following reasons: use of alcohol or drugs; failure to participate in supportive services; loss of income or failure to improve income; being a victim of domestic violence; and any other activities not typically covered in lease agreements in the program’s geographic area.
- Providers must use a client-centered service plan and explicitly state in policies that clients will not be terminated from the program for the following reasons: lack of participation, lack of progress with a service plan, or non-compliance with program requirements. RRH programs may require case management as condition of rental assistance.

Programs should aspire to meet the following exemplary housing first standards:

- Provide tenants reasonable flexibility in paying their tenant share of rent on time and offer special payment arrangements for rent arrears, assistance with financial management, including payment plans, or representative payee arrangements.
- Train and assist case managers and service coordinators to actively employ evidence-based practices for client and tenant engagement, such as motivational interviewing and client-centered counseling.
- Utilize a harm reduction model where tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Provide units that accommodate disabilities, reduce harm, and promote health among tenants. Examples include elevators, stove-tops with automatic shut-offs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, etc.

## Housing Requirements

RRH programs will work to offer as much participant choice as possible regarding type and location of housing. RRH programs will provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence.

## Rent Reasonableness Review

A uniform approach to rent reasonableness across the community reduces barriers to housing for program participants.

## Rent Reasonableness Standard

The rent reasonableness standard is designed to ensure that program rents being paid are reasonable in relation to rents being charged for comparable unassisted units in the same market. To determine whether a unit meets this standard, a review must be conducted, and several factors must be considered to ensure compliance is documented prior to executing the lease for an assisted unit and anytime unit rent is increased thereafter. Rent reasonableness must comply with the funder's Fair Market Rent allowances and use community standards to determine rent reasonableness.

No less than three comparable units will be used to complete the rent reasonableness review. It is important to ensure that the comparison you are using is up to date as comparable rents change over time due to market fluctuations.

Community standards for determining comparable rents can be checked by using MSHDA "Go Section 8 Rent Reasonableness" or a comparable program. If an agency does not have access to such programs, a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units may be used. If advertisements for rental units are used, the unit listings must be printed and attached to the form that outlines the comparison of the units including, but not limited to information regarding the rent, size, location, amenities, quality, etc.

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 be paid by the tenant. Utility costs may include gas, electric, water, sewer, and trash. However, telephone, television service and internet service should be excluded. Other fees such as those that are accrued through the failure to pay per the lease should also be excluded.

Once the comparable units are found and an analysis has been completed, only unit rents that are no more than \$100 above the average of the three comparable rents will be considered rent reasonable.

## Housing Quality Standards

Housing must meet the applicable Housing Quality Standards (HQS) under 24 CFR 982.401 for HUD CoC programs and under ESG funding Habitability Standards may be used before any assistance is provided, each unit must be physically inspected to assure that the unit meets HQS. In addition, grantees must inspect all units at

least annually during the grant period to ensure that the units continue to meet HQS.

Assistance will not be provided for units that fail to meet associated funding standards, unless the owner corrects any deficiencies with 30 days of the date of the initial inspection and the grantee verifies that all deficiencies have been corrected.

### Suitable Unit Size

Housing must have at least one bedroom or living/sleeping room for each two persons. If household composition changes during the term of assistance, grantees may relocate the household to a more appropriately sized unit. The household must still have access to appropriate supportive services.

### Lease Requirements

All participants must have signed leases with landowners. CoC funding requires, and best practice encourages that each lease agreement be for a term of at least one year and be automatically renewable (at least month-to-month) upon expiration.

Other funding sources may provide flexibility and allow initial month-to-month leases where they are helpful in engaging landlords and securing housing for participants of short-term RRH programs.

### VAWA-Mandated Requirements

Participant leases must include the following provisions to comply with the Violence Against Women Act:

- The Landlord may not consider incidents of domestic violence, dating violence, sexual assault or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy, or occupancy rights of the victim of abuse.
- The Landlord may not consider criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.

The Landlord may request in writing that the victim, or someone on the victim’s behalf, certify that the individual is a victim of abuse using the Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking form (HUD-91066) or alternate to be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the

certification or other supporting documentation within the specified timeframe may result in eviction

## **Rental Assistance**

Grant funds may be used for security deposits in an amount not to exceed 2 months of rent. An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent.

### **Length of Rental Assistance**

The structure of RRH assistance is guided by a best practice model of Progressive Case Management. RRH Providers are encouraged to provide the least amount of assistance to individuals and families to ensure their housing stability.

Providers, together with the participant, determine how long or often to provide a subsidy (unless determined by specific grant requirements, regulations, etc.) while at the same time ensuring that program resources are used as efficiently as possible.

Rental subsidies are provided for up to a maximum number of months based on client income and decline in steps based upon a fixed timeline, determined by the program. Providers may revise the fixed timeline as needed to accommodate the client's circumstances. Initial assistance can be as much as 100% of rent depending on client income. Participants will pay a percentage of their income in rent based on the program's assessment of the client's financial and family situation, with rental assistance decreasing monthly over time. Participants are reviewed quarterly to re-certify subsidy need.

In addition to the requirements related to receiving RRH resources, the CRHC encourages providers to implement best practices when locating and securing housing for applicant families. Best practices include:

1. RRH Providers must not issue checks to anyone other than a property owner or property management company. In no situation should a check or payment be made to the participant household or another party.
  - The only exception may be for utilities if the self-sufficiency goals to assist in building skills to self-pay utilities.
2. RRH Providers should verify property ownership.
3. Confirmation that the unit is registered with the community as a rental is required.

Case Managers must provide progressive case management services throughout each participant's stay in RRH to assist households in successfully retain housing and progressing into self-sufficiency. Services may be provided at the program offices, and Case Managers will conduct home visits when appropriate. If the provider is unable to address a specific need of the individual/household, the Case manager will try to find another resource or agency to meet those needs. A warm hand off to

ensure connection should be provided whenever possible. All services provided by RRH Providers must be logged in HMIS. Services may include, but are not limited to:

### Housing Support

- Intake and assessment
- Rental assistance
- Legal assistance
- Translation assistance
- Vital documents assistance
- Assistance with housing applications
- Information and training regarding tenants' rights and responsibilities
- Education and assistance around landlord-tenants' rights and responsibilities
- Mediation and negotiation with landlords
- A minimum of one monthly face-to-face case management (in-person or virtually) meeting
- A minimum of one quarterly home visit

### Employment & Education

May include vocational/employment assistance or training, literacy training, English as a Second Language or GED training or supports

### Socialization & Daily Functions

May include assessment and referrals to assist with daily living skills, budgeting/money management skills, skill-building in maintaining a household, SOAR or assistance applying for and retaining mainstream resources (SSI, veteran's benefits, etc.), assistance with transportation, childcare, conflict resolution and crisis intervention, connect with support groups, peer-to peer supports, and family reunification

### Wellness

May include connection to mental health or substance abuse services, connection to effective health care services, preventative health services or service coordination

### General

RRH providers will document progress toward achievement of short and long-term goals/objectives while meeting with participants regularly, with at minimum of one in-person meeting not less than once a month when possible. This will help to ensure the goal of long-term housing stability is progressing. Housing with providers is not conditional based on the participants acceptance of services. All services are voluntary.

Each participant's service needs will be reviewed no less than annually and within 90-days of their program enrollment anniversary date.

Participants are strongly encouraged to contact providers if they have challenges after they exit the program. Recidivism rates are monitored through Continuous Quality Improvement Committee and HMIS standards.

### Use of SPDAT

All RRH providers are strongly encouraged to use the VI-SPDAT as a case management tool to assess participants at program entry and on an on-going basis. To ensure continuity, providers strongly encouraged to administer the CoC approved assessment at minimum every six months and to collect evidence of disability documentation, for persons with long-term disabling conditions, within 45 days of housing.

## Definitions

*Continuum of Care (CoC)* – The Capital Region Housing Collaborative carries out the responsibilities required under HUD regulations, set forth at 24 CFR 578 – Continuum of Care Program (CoC) is comprised of a broad group of stakeholders dedicated to ending and preventing homelessness in Ingham County. CoC membership is open to all interested parties and includes representatives from organizations across sectors within Ingham County. The over- arching CoC responsibility is to ensure community-wide implementation of efforts to end homelessness and ensuring programmatic and systemic effectiveness of the local Continuum of Care programs.

*Domestic violence survivor* – Anyone who has experienced domestic violence, dating violence, sexual assault, stalking, or human trafficking.

*Homeless Management Information System (HMIS)* – A local information technology system designated by the Continuum of Care to collect, track, and report uniform information on participant needs and services while enhancing community-wide service planning and delivery effectiveness.

*Housing And Urban Development (HUD)* – The United States Department of Housing and Urban Development.

### *HUD Federal Definitions of Homelessness -*

- *Literally homeless (Category 1)*: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or campground, 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
  - (ii) 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.
- *Imminent Risk of Homelessness (Category 2)*: 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
- 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



- *Homeless Under other Federal Statutes (Category 3)*  
Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - (i) Are defined as homeless under the other listed federal statutes.
  - (ii) Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application.
  - (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days: and  
Can be expected to continue in such status for an extended period due to special needs or barriers.
  
- *Fleeing Violence (Category 4)*: An individual or family who is:
  - (i) 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**
  - (ii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

*Program Participants/Consumers*– Individuals or families who reside in or participate in program(s) offered by CRHC.

*Victim service provider (VSP)* – A private nonprofit organization whose primary mission is to provide services to domestic violence survivors.