



A PROGRAM OF **chp**

PIKES PEAK CONTINUUM OF CARE COMMUNITY STANDARDS OF CARE

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Introduction

The Pikes Peak Continuum of Care (PPCoC) plans and coordinates the housing and supportive services system for homeless individuals and families in the Pikes Peak Region. As a network of stakeholder groups, the PPCoC empowers members to identify and meet community needs to end homelessness. Ending homelessness in the Pikes Peak Region means that our community has and successfully deploys what it needs to help people in crisis get the emergency shelter or temporary housing they need, and that we have sufficient supportive and affordable housing for citizens in the region.

The PPCoC strives to provide services that are tailored to the unique needs and strengths of every person or family that is homeless. The service providers in the Pikes Peak Region are committed to providing empathic, consistent, non-judgmental support to homeless individuals and families; are willing to do whatever it takes to help people quickly access permanent housing; and provide the right amount of support and facilitate community connections to maintain permanent housing. Effective service provision and positive outcomes for participants require that service providers operate using best practice approaches and interventions for ending homelessness as well as have a positive, hopeful, and supportive relationship with the participant.

The Written Standards (Standards) in this document are intended to support the PPCoC's efforts by offering a framework for service providers in the Pikes Peak region's homelessness system to work together with mutual respect, collectively serving the needs of homeless individuals and families. The Standards were developed by the Ad-hoc Standards of Care Committee through a community process that included input from stakeholders. The Standards represent the norms of service delivery for our entire community and serve as a guide to the network of resources specifically targeted to address homelessness in the region. The Standards are intended to be reviewed and revised as needed, but at least annually.

The PPCoC will provide access to the Standards for community stakeholders, including agencies receiving Continuum of Care (PPCoC) Program funding, and grant funding targeted to homelessness and other social needs. The PPCoC Standards are also designed to comply with the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

The PPCoC Written Standards have been approved by the PPCoC Board and must be followed by programs that receive U.S. Department of Housing and Urban Development (HUD) funding through the PPCoC Program Competition and the State of Colorado ESG program funding.

Because systems that are cohesive, inclusive, and share common goals and standards have collective impact, the PPCoC promotes adoption of these Standards by all organizations providing housing and services to homeless individuals and families, independent of the source of funding. Other entities that have impact on homeless persons, such as healthcare, criminal justice, and education, are also encouraged to contribute to the development of and adopt these system-wide standards. When applications for funding and requests for letters of support are requested of the PPCoC, those not in compliance with the PPCoC Written Standards will not be approved for funding or letters of support.

Standards for all Project Types

Housing First

- Housing First is a programmatic and systems approach that centers on quickly providing people who are homeless with housing and then providing services as needed.
- 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 barriers 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 program participants regardless of their income, current or past substance use, criminal records, or history of domestic violence.

Equal Access and Non-Discrimination

- Providers must have non-discrimination policies in place and affirmatively reach out to people least likely to engage in the homelessness assistance system.
- Providers must comply with all federal statutes and rules including, but not limited to, the Fair Housing Act, the Americans with Disabilities Act, and Equal Access to Housing Final Rule.
- People who present together for assistance, regardless of age or relationship, are considered a household and are eligible for assistance as a household.
- Projects that serve families with children must serve all types of families with children. If a project targets a specific population (e.g., women with children), these projects must serve all families with children that are otherwise eligible for assistance, including families with children that are headed by a single adult or consist of multiple adults that reside together.
- The age and gender of a child under 18 must not be used as a basis for denying any family's admission to a project.
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded by PPCoC. These activities can be conducted but must be separate and voluntary for program participants.

Coordinated Entry Participation

- All PPCoC-funded projects are required to participate in the PPCoC's Coordinated Entry Program.
- Participation requires following all established procedures and the use of the Coordinated Entry Assessment Tool (Vulnerability Index–Service Prioritization Decision Assessment Tool (VI-SPDAT)).
- Projects should refer to the PPCoC's Coordinated Entry Policies and Procedures for additional information.

HMIS Participation

Programs receiving PPCoC funding must participate in HMIS (Homeless Management Information System), however all homeless programs are strongly encouraged to participate in HMIS.

- Programs must meet minimum HMIS data quality standards.
- Programs serving Domestic Violence survivors will not participate in HMIS but must utilize a comparable database to collect HUD required data elements.
- All programs should meet the minimum data quality standards and follow the Colorado HMIS Statewide Policies and Procedures Manual.

Access to Mainstream Resources

Programs must coordinate with other targeted homeless services within the PPCoC.

Programs should assess and assist participants with obtaining mainstream resources for which they may be eligible including: housing, social services, employment, education, and youth programs.

Educational Liaison

Programs that serve households with children or unaccompanied children of school age must designate a staff person to serve as the educational liaison that will ensure that children are:

- Enrolled in school; and
- Connected to appropriate services in the community, including early childhood programs such as Head Start, and the education services available under the McKinney-Vento Homeless Children and Youth Program.

Termination & Grievance Procedures

- Providers must have a written termination policy outlining program rules and termination processes including a formal due process.
- This process, at a minimum, must consist of:
 1. Providing the program participant with a written copy and verbal explanation of the program rules and the termination process before the participant begins to receive assistance;
 2. Written notice and verbal explanation to the program participant containing a clear statement of the reasons for termination;
 3. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
 4. Prompt written and verbal notice of the final decision to the program participant.

Recordkeeping Requirements

- All records containing personally identifying information must be kept secure and confidential, and programs must have written confidentiality/privacy notice, a copy of which should be made available to participants if requested. Records must be retained for the appropriate amount of time as prescribed by HUD.

- Participant Recordkeeping Requirements shall include:
 - Documentation of homelessness (following HUDs guidelines)
 - A record of services and assistance provided to each participant
 - Documentation of any applicable requirements for providing services/assistance
 - Documentation of use of coordinated assessment system
 - Documentation of use of HMIS

- Financial Recordkeeping Requirements shall include:
 - Documentation for all costs charged to the grant
 - Documentation that funds were spent on allowable costs
 - Documentation of the receipt and use of program income
 - Documentation of compliance with expenditure limits and deadlines
 - Retain copies of all procurement contracts as applicable
 - Documentation of amount, source and use of resources for each match contribution

Best Practices for all Programs

- Respect for the dignity and autonomy of each individual
- Use of evidence-based practices (such as trauma-informed care)
- Use of evidence-based and data-driven practices that promote on-going evaluation of system and program data for continuous process improvement and that inform funding and resource allocation decisions

Diversion

Description

Diversion is a strategy that prevents homelessness for people that are going to become homeless within 14 days, or for people seeking shelter, by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless and the demand for shelter beds.

Eligibility

Individuals and families must meet the HUD definition of Literally Homeless (Category 1) or At Imminent Risk of Homelessness (Category 2)

Minimum Standards

Successful diversion programs do the following:

- explore a household's current housing crisis, provide concrete problem-solving advice, and are creative about housing options;
- explore every available resource to keep the household housed;
- engage in frank conversations about the realities of shelter living and available options after shelter;
- provide the minimum assistance necessary for the shortest time possible and maximize community resources;
- constantly emphasize the client's goals, choices, and preferences, respect for their strengths, and reinforcement of progress; and

- work toward the desired outcomes of relocating permanently to a safe location out of town, returning to their own residence, permanently locating with friends or family, or providing a temporary housing situation while the person seeks new housing.

Emergency Shelter

Description

Emergency shelters operate as a low-barrier residence that provide a safe, secure, and clean place to stay for those who cannot be diverted from the homeless assistance system. Emergency Shelter is intended to be a short-term bridge to placement in permanent or more long-term housing options and provide support with accessing housing resources in the community as quickly as possible. Each shelter operates from the same framework and shares the goal of providing a temporary residence while moving toward permanent housing. These programs are intended to provide short-term assistance.

Shelters providing temporary housing for persons with immediate safety needs (domestic violence or human trafficking) also fall into the category of emergency shelter. Individuals and families with children who have an immediate need for shelter to escape domestic violence will access housing and services through the network of care for domestic violence victims. When shelter beds are not available, participants may be assisted through temporary placement in local motels or referred to other community resources. Eligible participants may be single men, single women, youth, or adults with children who are experiencing intimate partner violence or human trafficking.

Eligibility Criteria

Individuals and families must meet the HUD definition of Literally Homeless (Category 1), At Imminent Risk of Homelessness (Category 2), or Fleeing/Attempting to Flee Domestic Violence (Category 4)

Emergency Shelter must operate a low barrier to shelter model that only uses the following criteria for entry for single adults:

- Ability to use the restroom on their own and not requiring hospital or nursing home care;
- Agreement to be nonviolent;
- Agreement not to sell drugs or use alcohol or illegal substances on the premises;
- Agreement to treat other participants, staff, and the property with respect; and
- Agreement to obey fire and other safety regulations.

The following criteria are not included as a requirement for shelter entry for single adults:

- Sobriety and/or commitment to be drug free;
- Requirements to take medication if the participant has a mental illness;
- Participation in religious services or activities;
- Participation in drug treatment services (including Narcotics Anonymous/Alcoholics Anonymous);
- Proof of citizenship;
- Identification;
- Referral from the police, hospital, or other service provider (as opposed to self-referrals);
- Payment or ability to pay (no minimum rent); or
- Absence of a criminal record.

Emergency Shelter provided to families or unaccompanied youth under 18 years of age should use the above criteria for single adults as a guide for their program entry criteria, recognizing that some specific items might be different for these populations, especially when it relates to the safety of children.

Minimum Standards

- Programs must create policies and procedures that provide a safe environment for shelter participants and staff; policies and procedures may vary depending on the population being served. These policies and procedures must be explained to applicants prior to moving into the shelter. In addition, they should be posted in the shelter and on the agency's website.
- Shelter participants will be treated by staff and volunteers with respect and dignity and will receive a welcoming, safe, and non-intimidating environment. Respectful treatment is evidenced by use of polite and non-aggressive language (by a respectful tone of voice, by no swearing by staff, no threats, assaults, etc.).
- Shelter staff and volunteers are provided with a clear anti-harassment and non-discrimination policy. The agency provides access to training on the policy at least annually.
- Each shelter will have a policy of respect for each individual's self-identified gender. Participants who request shelter services will be admitted to the shelter operated for the gender to which individuals identify themselves. Staff will not share or in any way reveal that certain participants may have identified themselves as transgendered/transsexual.
- Transgender and transsexual participants will be offered the same services and resources as all other participants as long as participant safety can be maintained. While shelter staff will take reasonable steps to accommodate specific needs, and it may not be possible to provide the specific accommodation requested, shelters will meet the federal Equal Access to Housing Standards.
- All individuals or groups of individuals identifying as a family at a family shelter, regardless of age, gender identification, sexual orientation, and marital status, must be served as a family (HUD 24CFR 576.102). Families at family shelters must not be separated when entering a shelter. There can be no inquiry, documentation requirement or "proof" related to family status, gender identification and/ or sexual orientation. The prohibition on inquiries or documentation excludes inquiries related to the purpose of determining safe placement in temporary emergency shelters that are limited to one sex, or for determining the number of bedrooms to which a household may be entitled. The age and/or gender of a child under 18 must not be used as a basis for denying any family's admission to a HUD-funded program.
- Participants may expect a reasonable degree of privacy regarding information not protected by federal and state laws.
- Length of stay is determined in written guidelines. Programs do not require occupants to sign leases or occupancy agreements. There are no fees or rent charged to a shelter participant.
- Each participant has his/her own bed with clean and appropriate linens and bedding.
- Participants have access to a safe and secure space that is designated for usage as a place to store their personal belongings.
- In facilities that are not single-sex, separate sleeping quarters and hygiene facilities are maintained for single male adults, single female adults, and families.
- If clothing is provided, it has been washed and sanitized prior to distribution.
- Personal hygiene products are made available to residents as needed.

- Supportive services are available to assist persons in obtaining permanent housing as quickly as possible. All residents are notified of the availability of support services and how to access the services and are encouraged to find permanent housing.
- Shelter staff or others are encouraged to provide diversion counseling to aid new shelter applicants to find alternative housing to divert them from becoming homeless.
- Shelters are encouraged to accommodate participant's pets if at all possible.
- Providers will post in writing, and verbally list expectations for appropriate behavior. All shelter participants will be notified of the agency's termination policy. Participants may be asked to leave only for behavior that is deemed seriously threatening or harmful to other participants and staff. When it is not possible to provide services because of the participant's behavior, efforts will be made by shelter staff to assist the guest in finding alternatives. Access to a shelter is not a privilege and is not taken away except under extreme circumstances.
- The written policy for refusing to admit, asking a participant to leave or banning a shelter participant from reentering the program must be available and used only when all other options have been explored and the ban is necessary to protect the health and safety of staff and participants. Programs will document the behavior, any attempts to remedy the threat, and the efforts to secure more appropriate housing.

Permanent Supportive Housing

Description

Permanent Supportive Housing (PSH) is permanent housing in a residential facility or scattered site housing with indefinite leasing or rental assistance, paired with supportive services, to help people with disabilities that are experiencing homelessness to achieve housing stability.

Eligibility

Individuals and families must meet the HUD definition of Literally Homeless (Category 1), At Imminent Risk of Homelessness (Category 2), or Fleeing/Attempting to Flee Domestic Violence (Category 4) AND have a professionally diagnosed disability.

Minimum Standards

Permanent supportive housing providers must do the following:

- Ensure homeless timeline for client has been verified and documented;
- Promote participant self-determination in selection of housing;
- Use assertive outreach/engagement strategies and housing stabilization case management with the understanding that participation in supportive services is not required;
- Provide services that will promote an increase in the household income levels, including employment, as well as assist the household to apply for permanent disability benefits;
- Provide Individualized budgeting and money management services to program participants as needed;
- Provide access to full-service wrap around services, including representative payee if needed;
- Provide basic life skills information including housekeeping, menu planning and food preparation, consumer education, leisure-time activities, transportation, and information for obtaining vital documents (Social Security card, birth certificate, etc.);
- Provide access to employment and educational advancement, such as GED preparation and attainment, post-secondary training, and vocational education;

- Promote sobriety by utilizing a Harm Reduction approach to drug and alcohol treatment to help the participant with making decisions that lessen the negative impact of their drug and alcohol use on their housing stability, health, and general well-being;
- Connect participants to community-based and mainstream resources, especially enrollment in a health care home to receive primary care services;
- Ensure that participant contributions to housing costs do not exceed established local rent reasonableness or maximum allowed by the funding source. Households are expected to contribute 30% of the household's monthly-adjusted gross income to rent, if they have income. There is no minimum rent for households without income. The client must report any changes in income. Review lease, redetermine income, conduct housing inspection, and recertify client annually;
- Provide tenant education and housing stability services or access to services by referral or through mainstream resources; and
- Provide individualized case management to program participants on a regular and consistent basis as determined by the individual's needs and goals. The recommendation for case worker to client is a 1:15 ratio. Case management services should be available either in the participant residence or readily accessible office setting. Case management includes the following:
 - Comprehensively assessing the individual's needs and creating an individualized care coordination plan; working with the person to access services and supports in accordance with their care coordination plan, and reassessing the person's needs over time to adjust the care coordination plan and link them with ongoing services and supports to help them meet their goals;
 - Helping participants learn to live in housing, maintain their housing in a safe manner, get along with fellow tenants and the landlord;
 - Helping participants create support systems and participate in the community as they desire;
 - Assisting participants in accessing necessary furniture or household items to meet habitability needs;
 - Providing reevaluation of participant need at least annually; and
 - Assisting participants to find other appropriate permanent housing if they are no longer eligible for PSH.

Prevention

Description

Homelessness Prevention is housing relocation and stabilization services and short and/or medium-term rental assistance as necessary, to prevent an individual or family from becoming literally homeless (Category 1). 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 housing or move into other permanent housing and achieve stability in that housing.

Eligibility

Individuals and families must be facing Imminent Risk of Homelessness (Category 2)

Minimum Standards

- 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 will have rules and expectations that ensure fairness and avoid arbitrary decisions that can vary from client to client or staff to staff. Program rules and expectations must be explained prior to admitting an individual or family into the program.
- Participants are eligible to receive rental assistance up to 12 months.
- Participants are required to contribute 30% of their monthly adjusted income or 10% of their monthly income (higher of the two amounts) towards rent, and participant household incomes are recertified every 3 months; at recertification, monthly household income must be at or below 30% AMI.
- Participants must have a current written lease in order to receive rental assistance.
- In evaluating current housing, programs must consider the needs of the individual or family living there to decide if the current unit meets Housing Quality Standards and long-term sustainability

Rapid Rehousing

Description

Rapid Re-Housing is a time-limited intervention designed to help individuals and families exit homelessness quickly by returning to permanent housing without preconditions (including, but not limited to, sobriety, employment, absence of a criminal record, or income). Additionally, the resources and services provided are tailored to the unique needs of the household receiving assistance.

Eligibility

Individuals and families must meet the HUD definition of literally homeless (Category 1) or fleeing Domestic Violence (Category 4).

Minimum Standards

Housing Identification:

- Within the limits of the participant's income, an RRH program helps households access units that are desirable and sustainable—those that are in neighborhoods where they want to live, have access to transportation, are close to employment, and are safe.
- Assistance includes development of housing plans based on individual's strengths and barriers to support the client in navigating units that the client is able to successfully access.
- Housing identification efforts are designed and implemented to actively recruit and retain landlords and housing managers willing to rent to program participants who may otherwise fail to pass typical tenant screening criteria.
- Critical to the formation of landlord-program relationship is the recognition of the landlord as a vital partner. The RRH provider must be responsive to landlords to preserve and develop those partnerships for future housing placement.

Rent and Move-In Assistance:

- Rent and move-in assistance should be flexible and tailored to the varying and changing needs of a household while providing the assistance necessary for households to move immediately out of homelessness and to stabilize in permanent housing.

- An RRH program should make efforts to maximize the number of households it can serve by providing households with the financial assistance in a progressive manner, providing only the assistance necessary to stabilize in permanent housing.
- The level of rental assistance and participant contribution to rent is described in an individualized case plan but does not exceed the limits established in the ESG Written Standards.
- Assistance may include rental subsidy and deposits, move-in assistance, or housing supports as allowed by the assistance-funding source.
- The initial term of rental assistance for RRH is limited to no more than six (6) months and may be renewed for a maximum of 18 months based on case plan and participant need. It is expected that most participants will need 12 months or less of subsidy.
- The level of participant contribution to rent should increase during the program term so that the participants are paying 100% of rent by time of termination.

Case Management and Services:

- RRH case management should be participant driven. Case managers should actively engage participants in voluntary case management and service participation by creating an environment in which the participant is driving the goal setting based on what they want from the program and services, rather than on what the case manager decides they need to do to be successful.
- RRH case management should be flexible in intensity—offering only essential assistance until or unless the participant demonstrates the need for or requests additional help. The intensity and duration of case management is based on the needs of individual households and may lessen or increase over time.
- RRH case management services will be offered a minimum of once per month.
- RRH case management services should be available either in the participant residence or readily accessible office setting.
- RRH case management uses a strengths-based approach to empower clients. Case managers should identify the inherent strengths of a person or family instead of diagnoses or deficits, and then build on those strengths to empower the household to succeed.
- RRH case management reflects the short-term nature of the rapid rehousing assistance. It focuses on housing retention and helping a household build a support network outside of the program. It connects the participant with community resources and service options, such as legal services, health care, vocational assistance, transportation, childcare, and other forms of assistance.

Determining Percentage of Rent Households Must Pay:

The goal of RRH is to have the household contributing 100% of their rent at the time of termination of rental assistance. With this goal, the maximum amount of rent that a participant will pay will be up to 100% of the rental amount. Programs providing RRH assistance will use a progressive engagement model that will start with the household contributing at least 30% of their income to rent, if receiving income. This will steadily increase in incremental monthly steps over the course of the program with the household ultimately paying 100% of the rent and program termination. 100% of the cost of rent in rental assistance may be provided to program participants at initial program entry; however, to maximize the number of households that can be served with RRH services, it is expected that the level of subsidy will be based on the goal of providing only what is necessary for each household to be stably housed for the long term. RRH case managers should work with participants receiving assistance to develop a plan whereby rental subsidies will decrease as the participant prepares to become self-sufficient from the

rental assistance. Rental assistance can only be provided for a unit that meets funding source criteria.

Respite Care

Description

Medical respite care is acute and post-acute care for persons experiencing homelessness who are too ill to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. Medical respite is short-term residential care that allows individuals experiencing homelessness the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite care, or recuperative care, is offered in a variety of settings including freestanding facilities, homeless shelters, nursing homes, and transitional housing.

Eligibility

Individuals 18 and older; must meet the HUD definition of Literally Homeless (Category 1), At Imminent Risk of Homelessness (Category 2), or Fleeing/Attempting to Flee Domestic Violence (Category 4)

Minimum Standards

- Medical respite programs located in congregate facilities must maintain 24-hour staff presence. On-site staff (either clinical or non-clinical) is trained at a minimum to provide first aid and basic life support services and communicate to outside emergency assistance.
- Medical respite programs have 24-hour on-call medical support or a nurse call-line for non-emergency medical inquiries when clinical staff is not on site.
- Programs must have the ability to manage infectious disease, appropriately handle biomedical and pharmaceutical waste and generally follow local, state and federal guidelines for clinical operational issues.
- Programs must provide safe and timely care transitions, including being aware of patients' conditions; ensuring they are appropriate for the program; giving homeless patients an option to choose medical respite care after discharge from a hospital; and education and training of staff at referring facilities.
- Programs will create an individualized care plan for each patient and are encouraged to maintain a collaborative, multi-disciplinary team approach.
- Programs must have discharge policies, including prior notice of discharge, follow-up care and appointments, aftercare instructions and discharge medications.
- Programs must establish and annually update a quality improvement plan. The quality improvement plan must include essential information on how the program will implement and monitor high quality clinical and enabling services.
- Programs must maintain a medical record for each patient and its content, maintenance, and confidentiality must meet the requirements set forth in federal and state laws and regulations.
- Medical respite programs are uniquely positioned to coordinate care for a complex population of patients, who may otherwise face barriers to adequately navigating and engaging in support systems. As a result, medical respite facilities are encouraged to hire staff that can assist patients in utilizing the health care system, coordinate with primary care providers, establish follow-up appointments and arrange for transportation.

- The administering agency must employ or appoint a Medical Director to oversee the medical aspects of the program. The Medical Director is a licensed provider who is an (Nurse Practitioner, Physician’s Assistant, Medical Doctor, or Doctor of Osteopathy).

Street Outreach

Description

Street Outreach consists of a set of strategies of outreach and engagement, in the geographical location where individuals and families experiencing homeless reside or congregate, including streets, parks, campsites, abandoned buildings, cars, and other places not meant for human habitation, with the intention of establishing relationships, building trust and rapport, providing necessities, and beginning the process of linking households to housing and support services.

Eligibility

There are no individual eligibility criteria for receiving street outreach services.

Minimum Standards

Outreach strategies require the development and understanding of the circumstances and needs of each individual, as well as cultural barriers that may prevent people from accessing either mainstream services or those that target people who experience homelessness.

Outreach services include:

- Providing basic needs such as ensuring access to food, clothing, and safety;
- Tracking individual encounters in HMIS;
- When appropriate, conducting a VI-SPDAT with each individual;
- Collaborating with community resources to increase referrals sources;
- Attempting to ensure non-duplicative outreach services;
- Providing outreach to known individuals at least every two weeks;
- Approaching all individuals from a client-centered and strengths-based approach;
- Ensuring there is a gradual, warm handoff to housing and service providers;
- Establishing safety protocols for all street outreach workers; and
- Providing standardized training for outreach workers.

Transitional Housing

Description

Transitional Housing (TH) is designed to provide homeless individuals and families with interim stable housing and support to successfully move into and maintain permanent housing. TH can be up to 24 months in duration. It is recommended that programs only provide housing and services for what is essential for the person to move to stable permanent housing and to limit the program residence to substantially less than 12 months on average.

Eligibility

Must meet the HUD definition of Literally Homeless (Category 1), At Imminent Risk of Homelessness (Category 2), or Fleeing/Attempting to Flee Domestic Violence (Category 4)

Minimum Standards

- All households are required to have a signed lease or occupancy agreement upon program entry.
- The program will explain the services that are available and the behavioral requirements for participation and will secure a commitment from each adult household member to

adhere to the occupancy agreement and behavioral standards prior to admitting the individual or family into the program.

- The program can only require disability-related services if the participant has voluntarily committed to services, or if the program is a licensed treatment facility.
- The program will make individualized case management available at least weekly to each household who is admitted into the program.
- The program will assist participants in accessing appropriate support services, such as basic life skills information, counseling, and training, including budgeting, money management, use of credit, housekeeping, menu planning and food preparation, consumer education, leisure-time activities, transportation, and obtaining vital documents (Social Security card, birth certificate). Educational advancement, such as GED preparation and attainment, post-secondary training (college, technical school, military, etc.), and vocational education will be provided or will be coordinated through external referrals.
- Job preparation and attainment, such as career counseling, job preparation-training, dress and grooming, job placement and job maintenance will be provided or will be coordinated through external referrals.
- Clients will be connected to behavioral health care, such as substance use counseling (individual and group), education, prevention and referral services, and mental health counseling as appropriate.
- The program must provide assistance in accessing mainstream benefits, including food stamps, childcare assistance, and health insurance.

Victim Service Providers

Description

Victim Service Provider (VSP) is defined as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. VSP's include rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Eligibility

Fleeing/Attempting to Flee Domestic Violence (Category 4)

Minimum Standards

- Confidentiality is protected by law (VAWA) and critical when working with domestic violence survivors.
- Clients should be screened for domestic violence and victimization including questions about abuse. Screening must be done in a private area with no one other than the client or children present.
- Staff should operate from a place of trauma-informed care when interacting with clients.
- Clients are recognized as having unique and individual needs that are influenced by one's own cultural identity, sexual orientation, age, gender, abilities, socio-economic situation, religious beliefs and social circumstance.
- When trying to connect clients to community resources a release of information must be completed. Releases should be voluntary, informed, written and reasonably time limited.
- The address and location of any domestic violence shelter should be kept confidential.
- Language interpreters must be present for any intakes or case management meetings if English is not the client's primary language.

- Every client has experienced unique traumas which vary depending on the type of abuse they endured. Staff should be aware of possible escalation situations.
- Documentation/record keeping should follow the grant requirements from each funder that an organization has.
- It is important when working with domestic violence survivors to be client-centered and empower them to make their own choices.

Appendices

Appendix A: HUD Homeless Definition Categories

Homeless

(NOTE: PPCoC Program funded projects should only be serving people who meet the criteria in Category 1 unless otherwise indicated under the eligibility standards for a given project type.)

Category 1: Literally Homeless

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2: Imminent Risk of Homelessness

An individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

Category 3: Homeless Under Other Federal Statutes

(NOTE: PPCoC Program funded projects are not authorized by HUD to serve this category): Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (i) Are defined as homeless under section 387 of the Runaway and Homeless of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney Vento Homeless Assistance Act (42 U.S.C. 11434a);
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
- (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the

presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

Category 4: Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing. 24 CFR 578.3.

Appendix B: Definition of Chronically Homeless

Chronically Homeless

Definition of Chronically Homeless as described in The definition of "chronically homeless" currently in effect for the PPCoC Program is that which is defined in the PPCoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is: 1. (a) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility; (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility; (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Appendix C: Definition of Disability

Developmental Disability Developmental disability means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C.15002): (1) A severe, chronic disability of an individual that—(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;(ii) Is manifested before the individual attains age 22;(iii) Is likely to continue indefinitely; (iv) Results in substantial functional limitations in three or more of the following areas of major life activity:(A) Self-care;(B) Receptive and expressive language; (C) Learning; (D) Mobility; (E) Self-direction; (F) Capacity for independent living;(G) Economic self-sufficiency; and (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized

supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of “developmental disability” in this section if the individual, without services and supports, has a high probability of meeting those criteria later in life. 24 CFR 583.5 Disabling Condition (1) A condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual’s ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV). 24 CFR 583.5