



PA-509 Eastern Pennsylvania Continuum of Care

**Written Standards for Programs that End
and Prevent Homelessness**

Approved by the PA-509 CoC Governing Board: October 21, 2019

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The most recently revised version is online at: <https://pennsylvaniacoc.org/easterncoc/>

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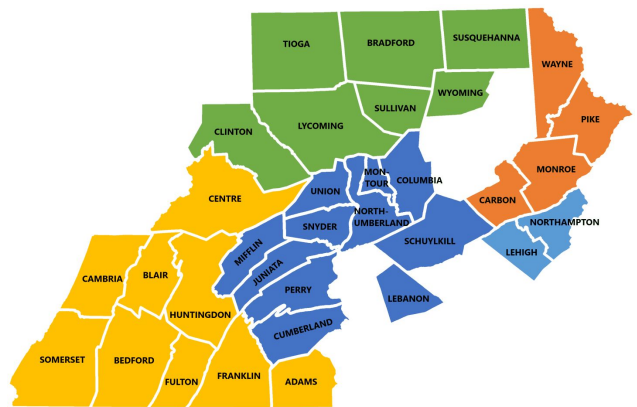
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INTRODUCTION

This document provides written standards for organizations delivering housing and services for people experiencing or at-risk for homelessness in a region of Pennsylvania defined by the United States Department of Housing and Urban Development (HUD) as the PA-509 Eastern Pennsylvania Continuum of Care (CoC). Compliance with these standards is required for all programs funded by HUD and the Pennsylvania Department of Community and Economic Development (DCED), including the HUD Continuum of Care and Emergency Solutions Grants (ESG) programs. Adherence to and successful implementation of these written standards is built into both contract monitoring and the project scoring and ranking process for annual CoC and ESG grant competitions.

The use of these standards is strongly encouraged for all programs funded through any federal, state, local and private grants to ensure an effective and coordinated systemic response to homelessness that is based on best practices in the sector and provides a uniform and equitable experience for all families and individuals experiencing homelessness or a housing crisis in every community.

As a network of service providers, funders, advocates, consumers and community partners, the CoC has a mission is to end and prevent homelessness. The CoC is comprised of the following counties in Eastern Pennsylvania: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming.



Collectively, these 33 counties span nearly 21,000 square miles and include 11 cities, 672 townships and 337 boroughs.

The strategic goals of the CoC for 2017 – 2021 include to:

1. End chronic homelessness;
2. End Veteran homelessness;
3. Reduce homelessness among families with children;

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4. Reduce homelessness among unaccompanied youth;
5. Set a path to end all forms of homelessness; and,
6. Reduce the duration of homelessness to an average of 47 days or less.

The Written Standards were designed with achieving these strategic goals in mind and to help the CoC ultimately achieve its aspirational goal of obtaining “Functional Zero” for homelessness. Functional zero means that at any point in time, the number of people experiencing homelessness will be no greater than that community’s average monthly housing placement rate for people experiencing homelessness.¹ To effectively implement these standards, service providers, consumer advocates and funders should:

1. Embrace a Housing First approach to ending homelessness. According to the United States Interagency Council on Homelessness, “A Housing First system orientation recognizes that people experiencing homelessness—like all people—need the safety and stability of a home in order to best address challenges and pursue opportunities. The Housing First approach connects people back to a home as quickly as possible, while making readily available the services that people may need to be stable and secure. Core Components include:
 - a. Street outreach providers, emergency shelters, and other parts of the crisis response system are working closely with housing providers to connect people to permanent housing as quickly as possible.
 - b. The community has a data-driven coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services based on their needs.
 - c. The community has a unified and streamlined process for applying for rapid re-housing, supportive housing, and/or other housing interventions.
 - d. Community leaders work collaboratively to ensure that a range of affordable and supportive housing options and models are available to meet local needs.
 - e. Policies and regulations related to supportive housing, social and health services, benefit and entitlement programs, and other essential services do not create needless barriers to housing.
 - f. Communities work to ensure that people are not evicted back into homelessness whenever possible.”
2. Be person-centered, meaning the application of standards should be uniform for all program participants but should also take into account the unique needs, goals and strengths of every household served.
3. ~~Be culturally and linguistically relevant and responsive.~~

¹ <https://www.community.solutions>

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4. Advance equity for individuals of historically marginalized communities, including: “Black and African Americans; people who identify as Latinx, Native, or Pacific Islander; individuals with disabilities; people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ); incarcerated and formerly incarcerated individuals; and undocumented individuals and mixed-immigration-status families and communities”.²

The Written Standards are applicable to any program in the CoC that is federally funded by the HUD Continuum of Care Program or the HUD Emergency Solutions Grant program (either directly or through PA DCED). All programs are encouraged to review grant program guidelines for additional programmatic, financial and recordkeeping policies and procedures that are not reflected in this document and that may change annually.

The Continuum of Care (CoC) Program interim rule focuses on regulatory implementation of the CoC Program, including the CoC planning process. The CoC Program was created through the McKinney-Vento Homeless Assistance Act as Amended by S.896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The CoC Program interim rule was first published in the Federal Register on July 31, 2012 and became effective August 30, 2012. The public comment period closed on November 16, 2012. An updated version of the CoC Program interim rule was published in the Federal Register on April 1, 2017.³

The Emergency Solutions Grants (ESG) Program Interim Rule was created through the McKinney-Vento Homeless Assistance Act as Amended by S.896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, which revised the Emergency Shelter Grants program and renamed it as the Emergency Solutions Grants program. The change in the program’s name, from Emergency Shelter Grants to Emergency Solutions Grants, reflects the change in the program’s focus from addressing the needs of people experiencing homelessness in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. The ESG Program Interim Rule was first published in the Federal Register on December 5, 2011 and became effective on January 4, 2012. The public comment period for the ESG rule closed on February 3, 2012. A second public comment period in which HUD was seeking additional feedback and comment on certain, limited provisions of the ESG

² THE FRAMEWORK FOR AN EQUITABLE COVID-19 RESPONSE, Equity Based Decision Making Framework, Version 1; Developed by the National Innovation Service; Last Updated on May 27, 2020, <https://www.nis.us/equity-based-decision-making-framework>

³ <https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>

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Program Interim Rule closed on August 3, 2015. An updated version of the ESG Program Interim Rule was published in the Federal Register on April 1, 2017.⁴

The Written Standards were developed by a team comprised of CoC members representing every geographic area and expertise in serving major subpopulations of people experiencing homelessness, including families with children, single adults, unaccompanied youth, and Domestic Violence survivors, among others. Technical assistance was provided by Capacity for Change LLC and guidance from DCED and the National Alliance to End Homelessness. All CoC members were invited to provide input. The standards were approved by the elected CoC Governing Board⁵, which is authorized to provide leadership and oversight to the CoC in compliance with Interim Rule section 578.5 (b)⁶, on October 21, 2019. Any changes to the Written Standards must be approved by the CoC Governing Board and will go into effect no more than 90 days later. CoC members are encouraged to ask questions or give feedback about the Written Standards at any time by contacting the CoC's consultant or posting to the CoC's Facebook Workplace page:

<https://work-95954364.workplace.com/groups/easterncoc/>.

4

<https://www.govinfo.gov/content/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part576.xml#seqnum576.409>

5

<https://pennsylvaniacoc.org/wp-content/uploads/2019/03/Eastern-PA-CoC-Governance-Charter-approved-2-26-18-NO-COMMENTS.docx>

6

<https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.5>

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GENERAL REQUIREMENTS FOR ALL PROGRAMS

Program Standards

Affirmatively Furthering Fair Housing

The program affirmatively furthers fair housing by “taking meaningful actions, in addition to combating discrimination, that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics. Specifically, affirmatively furthering fair housing means taking meaningful actions that, taken together, address significant disparities in housing needs and in access to opportunity, replacing segregated living patterns with truly integrated and balanced living patterns, transforming racially and ethnically concentrated areas of poverty into areas of opportunity, and fostering and maintaining compliance with civil rights and fair housing laws. The duty to affirmatively further fair housing extends to all of a program participant’s activities and programs relating to housing and urban development.”⁷

Alignment with Federal, State and Local Plans and Policies

The program is aligned and/or in compliance with the following planning and policy documents:

1. The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009⁸;
2. Current Fiscal Year HUD CoC Grant Program Guidelines (for CoC grant-funded projects)⁹;
3. Current Fiscal Year DCED Emergency Solutions Grant Program Guidelines (for ESG grant-funded projects)¹⁰;
4. Home, Together: The Federal Strategic Plan to End and Prevent Homelessness¹¹; and,
5. The PA-509 Eastern PA CoC Strategic Plan¹²

⁷ <https://www.hudexchange.info/programs/affh/>

⁸ <https://www.congress.gov/bill/111th-congress/house-bill/1877>

⁹ <https://www.hudexchange.info/programs/coc/>

¹⁰ <https://dced.pa.gov/programs/emergency-solutions-grant-esg/>

¹¹

https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

¹² https://pennsylvaniacoc.org/wp-content/uploads/2017/12/EasternPACoC_StrategicPlan_Final.pdf

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Attempting Diversion

Diversion is a strategy that helps people identify and access alternatives to entering emergency shelter to resolve their immediate housing crisis and avoid homelessness. The Connect to Home Coordinated Entry System Prevention and Diversion Tool (a conversation guide) is used by Coordinated Entry Specialists, Street Outreach Workers and Emergency Shelter Case Managers to help households at imminent risk or experiencing literal homelessness to try to self-resolve their housing crisis without entering Emergency Shelter and avoid the personal trauma and systemic costs involved when households enter shelter. The current version of the Tool is available here: <https://pennsylvaniacoc.org/connecttohome/prevention-and-diversion-tool>.

Compliance with the CoC Emergency Transfer Plan

CoC and ESG funded programs comply with the CoC's Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking, and/or Human Trafficking.¹³

Compliance with the Violence Against Women Act and Related HUD Rule

CoC and ESG funded programs comply with HUD's Violence Against Women Act (VAWA) rule providing housing protections for Domestic Violence survivors.¹⁴ The final rule includes core protections across HUD programs covered by VAWA that ensure individuals are not denied assistance, evicted, or have their assistance terminated because of their status as survivors of Domestic Violence, dating violence, sexual assault, or stalking, or for being affiliated with a victim. Program Staff should provide participants with information regarding their rights under the Violence Against Women Act. More information on the VAWA Act may be found here:

https://www.hud.gov/program_offices/housing/mfh/violence_against_women_act.

Data Entry and Compliance

CoC and ESG funded programs enter all client data on program participants into PA HMIS in an accurate and timely way and respond to requests to improve data quality and support the annual submission of the CoC System Performance Measures and Longitudinal Systems Analysis (LSA) Reports. Victims Service/Domestic Violence providers are required to enter data and submit reports into a comparable database. The program complies with all PA HMIS agreements, policies and procedures, including (but not limited to)¹⁵:

1. Collaborative System User Agreement;
2. Policies and Standard Operating Procedures;

¹³

<https://pennsylvaniacoc.org/wp-content/uploads/2019/05/Eastern-PA-CoC-VAWA-Emergency-Transfer-Plan-Policy.pdf>

¹⁴ <https://www.govinfo.gov/content/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

¹⁵ <https://pennsylvaniacoc.org/pahmis/>

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3. Privacy Policy; and,
4. Collaborative Client Consent.

Defining Family and Preventing Family Separation

CoC and ESG-funded programs must comply with HUD's definition of family in the Equal Access Rule. Under this definition, family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

According to the HUD Exchange: "What this means is that any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. Further, a recipient or subrecipient receiving funds under the ESG or CoC Programs cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity."¹⁶

A program will make every effort to keep families together in shelter or housing unless separation is absolutely necessary for the family's well-being or safety. The age, gender or other characteristics of children under the age of 18 should not be used as the basis to deny the family enrollment in the program.

Document Retention

The CoC prohibits the knowing destruction, alteration, mutilation, or concealment of any record, document, or tangible object with the intent to obstruct or influence the investigation or proper administration of any matter within the jurisdiction of any local, state, or federal department or agency.

Education Service Referrals

Housing programs and housing Case Managers must understand and inform program participants with school-age children about their children's educational rights under the federal McKinney-Vento Act¹⁷ and Every Student Succeeds Act (ESSA)¹⁸. Case Managers should have strong working relationships with local school district McKinney-Vento Act homeless liaisons and a Memorandum of Understanding (MOU) with local school districts and publicly funded Pre-K/early learning programs to ensure

¹⁶ <https://www.hudexchange.info/faqs/1529/how-is-the-definition-of-family-that-was-included/>

¹⁷ <https://uscode.house.gov/view.xhtml?path=/prelim%40title42/chapter119/subchapter6/partB&edition=prelim>

¹⁸ <https://www.ed.gov/essa?src=rn>

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streamlined and prioritized access to educational programs for children experiencing homelessness. CoC programs must have a staff person designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney Vento education services.

Enrolling Participants from Coordinated Entry

The program enrolls participants, either through direct referrals for emergency services or using the By Name List in PA HMIS for housing programs, from the CoC's Connect to Home Coordinated Entry System (CES) and complies with the policies and procedures in the Connect To Home Policy Manual.¹⁹ CES utilizes the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to screen and prioritize all households for referral to housing programs (TH-RRH, RRH and PSH). Referrals for Homeless Prevention (HP), Street Outreach (SO), Emergency Shelter (ES) and Transitional Housing (TH) are made directly from CES to the household seeking emergency services.

Referrals for Rapid Re-Housing (RRH), including the Rapid Re-Housing component of Transitional Housing-Rapid Re-Housing (TH-RRH) projects, and Permanent Supportive Housing (PSH) are made through the By Name List (BNL) in the PA Homeless Management Information System (PA HMIS).

TH-RRH, RRH and PSH projects must enroll all program participants from the BNL and may not accept referrals from any other source with the exception of service units restricted by contract to local county or municipal governments. The projects required to use the BNL should enroll households from the BNL based on VI-SPDAT score (i.e., the next highest scoring household that fits eligibility criteria) and prioritization standards for that project type.

Faith-Based Program Requirements

Per CoC Interim Rule 578.87(b) and ESG Interim Rule 576.406, federal funds cannot be used to provide for nor discriminate against participants based on religion or religious belief. Faith-based providers delivering CoC and ESG-funded programs must ensure that:

1. explicitly religious activities are performed and offered outside of programs or services funded the CoC or ESG program;

¹⁹

<https://pennsylvaniacoc.org/wp-content/uploads/2018/01/Connect-To-Home-Coordinated-Entry-System-of-Eastern-PA-Policy-Manual-01.23.18.pdf>

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2. Participation in any such religious activities must be voluntary for the program beneficiaries;
3. CoC/ESG program funds do not support any religious activities, including activities that involve religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law; and,
4. Program participants are not discriminated against based on religion or religious belief or lack of belief.

Habitability, Housing Unit Inspection and Lead-Paint

Housing programs can only use CoC or ESG funds to help a program participant remain in or move into housing subject to unit inspections (specific inspection requirements can be found under each applicable program type). Units may be subject to additional inspections such as by the municipality or local Public Housing Authority.

HUD Housing Quality Standards (HQS) for CoC-funded projects and habitability standards for ESG-funded projects apply regardless of the amount of CoC or ESG funds involved. Programs must document compliance with the habitability standards in the program participant's file. In addition:

1. If an eligible household needs homelessness prevention assistance to remain in its existing unit, the assistance can only be provided if that unit meets the minimum standards.
2. If an eligible household needs homelessness prevention or rapid re-housing assistance to move to a new unit, the assistance can only be provided if the new unit meets the minimum standards. The unit the household is leaving does not need to be inspected.
3. The unit must also comply with any other standards established by the recipient that exceed or add to these minimum standards.

To ensure the safety and well-being of program participants, housing programs must ensure the habitability of temporary (i.e., shelter) and permanent (i.e., rental) housing units by:

1. Reviewing unit inspection policies with participants during intake;
2. Conducting and passing a unit inspection before signing a lease or providing a rental subsidy for both rental assistance and site-based programs;

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3. Documenting housing units as habitable and keeping this documentation in the client's file;
4. Helping program participants address any safety or habitability concerns after move-in and assure them that their complaints will not affect their program eligibility;
5. Implementing written program policies related to damages, repairs and landlord/property manager grievances; and,
6. Providing program participants with education and information on good tenancy and their housing rights as tenants.

To prevent lead poisoning in young children, the housing unit inspection process must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. The Lead Safe Housing Rule applies to all target housing that is federally owned and target housing receiving Federal assistance. For more information, see the HUD Lead Safe Housing Rule resources online.²⁰

More detailed information about the standards and how to apply and document them may be found online here for ESG-funded projects:

<https://files.hudexchange.info/resources/documents/ESG-Emergency-Shelter-and-Permanent-Housing-Standards.pdf> and here for CoC-funded projects:

<https://www.govinfo.gov/content/pkg/CFR-2019-title24-vol4/pdf/CFR-2019-title24-vol4-sec982-401.pdf>.

Housing Plans for All Participants

Case Managers of all program types (except Coordinated Entry) should work with program participants to develop a written strengths-based, consumer-driven housing plan to help them achieve permanent housing stability. The plan may include goals related to childcare, employment, family re-unification, financial stability, health, housing, legal issues and other concerns as appropriate. plan should be monitored and updated at regular intervals. A copy of the current plan should be given to the participant and kept in their file.

Housing plans are required for Homeless Prevention and Rapid Re-Housing program participants and must include information on financial assistance provided to the participant (see HP and RRH Written Standards for details).

²⁰ https://www.hud.gov/program_offices/healthy_homes/enforcement/lshr

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Housing Inventory Chart and Point In Time Count Data

ES, TH, RRH, PSH and other PH programs provide accurate and timely information for the Housing Inventory Chart (HIC) and Point in Time Count (PIT) as requested by the CoC or its designee. Program staff are required to participate in the PIT.

Mainstream Benefits Access

ES, TH, TH-RRH, RRH and PSH and other Permanent Housing (PH) programs assist program participants with identifying and accessing eligible mainstream benefits, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid, Health Insurance, Children's Health Insurance Program (CHIP) and SSI/SSDI, among others.

Nondiscrimination and Equal Opportunity

The program complies with all applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program funds must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

1. Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
2. Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
3. Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance;
4. Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability; and,
5. HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

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Providing a Meaningful Voice for People with Lived Experience

Per Interim Rule 578.75 (g)(1) & 578.75 (g)(2)²¹, CoC-funded service provider organizations must involve households with lived experience in the design, governance and operations of homeless housing organizations and their programs. Organizations must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors, or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or the provision of CoC Program assistance. In addition, service providers must, to the extent possible, involve households with lived experience through employment, volunteering, operating the project and/or providing supportive services.

Providing Language Translation and Deaf/Hard of Hearing Services

The program makes language translation services or deaf and hard of hearing services available to all households as needed during program intake and ongoing case management. Participant requests for these services must be honored within **two business days**.

Providing Reasonable Accommodations

Section 504 of the Rehabilitation Act of 1973, as amended, requires federally-assisted housing programs to provide reasonable accommodations for people with disabilities. A reasonable accommodation is a change, adaptation, or modification to a policy, program, service, or workplace which will allow a qualified person with a disability to participate fully in a program, take advantage of a service, or perform a job. Reasonable accommodations may include, for example, those which may be necessary in order for the person with a disability to use and enjoy a dwelling, including public and common use spaces. Since persons with disabilities may have unique needs due to their disabilities, in some cases, simply treating persons with disabilities exactly the same as others may not ensure that they have an equal opportunity to use and enjoy a dwelling.

HUD's Section 504 regulations at 24 C.F.R. 8.27 require recipients to adopt suitable means to assure that information on available accessible units reaches otherwise qualified individuals with disabilities who need the features of those units. The regulations also require reasonable nondiscriminatory steps to maximize the utilization of accessible units. Under this process, whenever a unit that meets the requirements of the Uniform Federal Accessibility Standards (UFAS) or HUD's Deeming Notice for a person with a mobility disability becomes available for occupancy, a housing provider shall first offer the unit to a qualified individual with disabilities currently residing in a non-accessible unit in the same project or comparable projects, under common control, who requires the accessible features. If there are no such persons currently

²¹ <https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>

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residing in the recipient's projects, the recipient shall then offer the unit to the next available qualified individual with disabilities on its waiting list, provided that the person requires the accessibility features of the unit. The recipient shall skip over applicants without disabilities on the waiting list to offer the unit to the next qualified individual who requires the unit's accessibility features.

If no qualified applicant with disabilities requires the accessible features of a unit, and the recipient places a family where none of the family members have disabilities in that unit, the recipient may include language in the lease requiring this family to agree to move to a non-accessible unit, as soon as one becomes available that otherwise meets the family's needs.²²

Recordkeeping and Document Retention

A program maintains client and financial records in accordance with HUD guidelines²³ and complies with the following requirements:

1. Records containing personally identifying information must be kept secure and confidential;
2. Records will include:
 - a. Documentation of homelessness (per HUD guidelines for program type);
 - b. A record of services and assistance provided to each participant;
 - c. Documentation of program entrance through Coordinated Entry, including VI-SPDAT score and other factors used to inform priority, vulnerability and housing placement;
 - d. Documentation of all costs charged to the grant;
 - e. Documentation that funds were spent on allowable costs;
 - f. Documentation of the receipt and use of program income;
 - g. Documentation of compliance with expenditure limits and deadlines for expenditure;
 - h. Copies of all procurement contracts; and,
 - i. Documentation of amount, source and use of matching resources.

²² https://www.hud.gov/program_offices/fair_housing_equal_opp/disabilities/sect504faq

²³ <https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>

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3. Records are retained for the amount of time prescribed by ESG and CoC program guidelines about record retention and the length of time providers must retain them after they are no longer ESG or CoC funded; these being the minimum record retention guidelines, recognizing providers may have longer record retention guidelines from other funding sources.
4. All client records containing identifying information kept secure and confidential; addresses of family violence projects are confidential and not made public; addresses or locations of any housing or project participants are confidential and not made public [24 CFR 578.103(b)].
5. All records pertaining to project participants' qualifications being retained for 5 years after all funds are expended from the grant under which the project participant was served [24 CFR 578.103(c)(1)].
6. If CoC funds were used for the ac, new construction, or rehabilitation of a project site, records are retained until 15 years after the date that the project site is first occupied, or used, by project participants [24 CFR 578.103(c)(2)].

Residency

Programs provide assistance to qualified applicants without boundaries or barriers. Programs will not place a residency requirement on participants to receive assistance. The goal of the Continuum of Care under the 2009 HEARTH Act is to provide assistance to qualified applicants without boundaries or barriers. ESG-CV funding will not be considered for programs that have a residency requirement.

Termination of Assistance and Grievance Procedures

Per 24 CFR 576.402, a program should terminate a participant only in rare circumstances to ensure the safety of participants or comply with regulations, laws or a signed lease agreement. Consistent violations of signed lease agreements, failure to make rental payments and destruction of property are common reasons for termination. The program needs a written termination of assistance and grievance policy that should be given to all program participants before receiving services that includes a list of the participant's responsibilities and a description of the termination of assistance process.

If termination of assistance is necessary, the program should:

1. Utilize a Housing First approach to ensure the participant does not return to literal homelessness by using the CoC's Prevention and Diversion Tool²⁵ and/or providing connections to Connect to Home CES and other community services;

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2. Provide written notice to the participant detailing the reason(s) for termination. The participant's file should document in writing any attempts (e.g., phone, mail, home visit, etc.) to contact the individual in order to discuss the pending termination;
3. Provide the participant with an opportunity to provide their objection in the form of a written or verbal grievance. If the grievance is presented verbally (in-person, over the phone, etc.), the program must document a summary of the grievance;
4. Document in writing the final outcome of the termination after the grievance process is completed and signed by the appropriate Case Manager or supervisor and kept in the client's file; and,
5. Complete an Exit Assessment in PA HMIS.

Termination does not prohibit the program from providing additional assistance to the participant in the future.

Timely Access to Accurate Program Information

The program provides accurate and up-to-date information about eligibility requirements, contact information and current availability to both the PA HMIS Administrator and the appropriate CES Regional Manager in their geographic area of the CoC within **three business days**.

Training and Meeting Attendance

Appropriate program staff (or a representative from CoC/ ESG funded agencies) attend mandatory CoC trainings. A representative from CoC/ESG funded programs should regularly attend CoC and local Regional Homeless Advisory Board (RHAB) membership meetings. CoC-funded projects lose points on the CoC renewal scoring process for lack of compliance. Staff are encouraged to join committees of the full CoC and the RHAB.

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Case Management Standards

Determining Rent Reasonableness and Fair Market Rent

Grantees providing rental assistance must develop and implement standards which ensure a mechanism for determining that the actual rental costs of units assisted are in compliance with HUD's Fair Market Rent, as provided under 24 CFR part 888 and complies with HUD's standard of "rent reasonableness" as established under 24 CFR 982.507. Rent Reasonableness means that the total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same time period for comparable non-luxury unassisted units. See HUD's worksheet on rent reasonableness:

www.hud.gov/offices/cpd/affordablehousing/library/forms/rentreasonablechecklist.doc and Fair Market Rent Documentation System:
<https://www.huduser.gov/portal/datasets/fmr.html#2021>.

Housing programs and housing Case Managers are responsible for determining what documentation is required in order to ensure that the rent reasonableness standard is met for a particular unit. Housing programs should determine rent reasonableness by considering the gross rent of the unit and the location, quality, size, type, and age of the unit, and any amenities, maintenance, and utilities to be provided by the owner.

To calculate the gross rent for purposes of determining whether it meets the rent reasonableness standard, consider the entire housing cost: rent plus the cost of any utilities that must, according to the lease, be the responsibility of the tenant. Utility costs may include gas, electric, water, sewer, and trash. However, telephone, cable or satellite television service, and internet service should be excluded. The gross rent also does not include pet fees or late fees that the program participant may accrue for failing to pay the rent by the due date established in the lease.

Comparable rents can be checked by using a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units. For example, a program participant's case file might include the unit's rent and description, a printout of three comparable units' rents, and evidence that these comparison units shared the same features (location, size, amenities, quality, etc.). Another acceptable method of documentation is written verification signed by the property owner or management company, on letterhead, affirming that the rent for a unit assisted with CoC Program funds is comparable to current rents charged for similar unassisted units managed by the same owner.²⁴

²⁴ <https://files.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf>

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Effective Case Management

Every Case Manager should have a written job description detailing their major responsibilities and required/preferred qualifications. Typical case management responsibilities include, but are not limited to:

1. Creative problem solving to help households to self-resolve their housing crisis;
2. Developing personalized housing or service plans that build on each participant's needs, goals and strengths;
3. Assistance with finding, moving into and maintaining housing;
4. Coordinating access to services that help the participant achieve permanent housing stability, including referrals to childcare, education, employment and job training, financial literacy, health, legal services, public benefits access, substance use recovery and transportation, among others.

The frequency of case management services depends on the unique needs and situation of every program participant. Case Managers should be in direct contact with their clients at least once a month. The frequency of direct contact may increase due to the household's homeless status, acute needs and overall lack of housing stability. In-person meetings with clients are preferred when safe to do so and at a location of the client's choosing.

Case Managers should receive initial training and ongoing professional development opportunities relevant to their responsibilities and to the CoC's Written Standards.

Housing Focused Case Management

Case Managers practice Housing First which "connects people back to a home as quickly as possible, while making readily available the services that people may need to be stable and secure. Policies and regulations related to supportive housing, social and health services, benefit and entitlement programs, and other essential services do not create needless barriers to housing."²⁵ Case Managers should be trained in Diversion and Housing Focused Case Management.

Person-Centered Case Management

Case Managers practice a person-centered approach that "ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability. The goal of case management is to empower people, draw on their strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports, thus reducing the

²⁵ <https://www.usich.gov/solutions/housing/housing-first>

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risk of homelessness and/or enhancing housing stability.”²⁶ Case Managers should be trained in person-centered case management strategies including Trauma-Informed Care, Motivational Interviewing, Critical Time Intervention and Harm Reduction, among others.

Training in Written Standards

Case Managers must be trained in the CoC’s Written Standards **within 60 days of their start date**. The CoC provides Written Standards training via webinar on a regular basis. Recordings are available online at <https://pennsylvaniacoc.org/easterncoc/>.

²⁶ <https://www.homelesshub.ca/about-homelessness/service-provision/case-management>

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Eligibility Standards

Homeless Categories, Definitions, Requirements and Eligible Programs

HUD’s definitions of homelessness, eligibility criteria and recordkeeping requirements for documentation of homelessness for CoC and ESG-funded programs are as follows.

Category of Homelessness	Eligibility Criteria	Recordkeeping Requirements	Eastern PA CoC Eligible Programs
<p>Category 1: Literally Homeless</p>	<p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a 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 and local government programs); or (iii) Is exiting an institution where (s)he has 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. 	<ul style="list-style-type: none"> • Written observation by the outreach worker; or • Written referral by another housing or service provider; or • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter. • For individuals exiting an institution- one of the forms of evidence above and: <ul style="list-style-type: none"> o Discharge paperwork or written/oral referral or o Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution. 	<ol style="list-style-type: none"> 1. Coordinated Entry 2. Street Outreach 3. Emergency Shelter 4. Transitional Housing 5. Joint Transitional Housing - Rapid Re-HoHousing 6. Rapid Re-Housing 7. Permanent Supportive Housing
<p>Category 2: Imminent Risk of Homelessness</p>	<p>Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; 	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; or • For individual and families leaving a hotel or motel- evidence 	<ol style="list-style-type: none"> 1. Coordinated Entry 2. Homeless Prevention (if permitting

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	<p>(ii) No subsequent residence has been identified; and</p> <p>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</p>	<p>that they lack the financial resources to stay; or</p> <ul style="list-style-type: none"> • A documented and verified oral statement and • Certification that no subsequent residence has been identified and • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing 	<p>by fiscal year NOF A)</p>
<p>Category 3: Homeless Under Other Federal statutes</p>	<p>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:</p> <p>(i) Are defined as homeless under the other listed federal statutes;</p> <p>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</p> <p>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and</p> <p>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</p>	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and • Certification of no PH in last 60 days; and • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; and, • Documentation of special needs or 2 or more barriers. 	<ol style="list-style-type: none"> 1. Coordinated Entry 2. Homeless Prevention (if permitting by funding source and/or fiscal year NOFA)
<p>Category 4: Fleeing/</p>	<p>Any individual or family who:</p>	<p>For victim service providers:</p>	<ol style="list-style-type: none"> 1. Coordinated Entry

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<p>Attempting to Flee DV</p>	<p>(i) Is fleeing, or is attempting to flee, Domestic Violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing</p>	<ul style="list-style-type: none"> • 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. <p>For non-victim service providers:</p> <ul style="list-style-type: none"> • Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; • Certification by the individual or head of household that no subsequent residence has been identified; and, • Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain permanent housing. 	<ol style="list-style-type: none"> 2. Homeless Prevention 3. Emergency Shelter 4. Transitional Housing 5. Joint Transitional Housing - Rapid Re-Housing 6. Rapid Re-Housing (CoC-funded) 7. Rapid Re-Housing (ESG-funded if and only if household is also Category 1)
<p>At Risk for Homelessness</p>	<ol style="list-style-type: none"> 1. An individual or family who: 	<ol style="list-style-type: none"> 1. Coordinated Entry 	

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	<p>a. Has an annual income below 30 percent of median family income for the area, as determined by HUD;</p> <p>b. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and</p> <p>c. Meets one of the following conditions:</p> <p>i. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for Homeless Prevention assistance;</p> <p>ii. Is living in the home of another because of economic hardship;</p> <p>iii. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;</p> <p>iv. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;</p> <p>v. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;</p> <p>vi. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or</p> <p>vii. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan;</p> <p>2. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e– 2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or</p> <p>3. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under</p>	<p>2. Homeless Prevention</p>
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	<p>section 725(2) of the McKinney-Vento Homeless Assistance.</p>	
<p>Chronically Homeless</p>	<ol style="list-style-type: none"> 1. 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: <ol style="list-style-type: none"> a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and b. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; 2. An individual who has been residing in an institutional care facility, including 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 (1) of this definition, before entering that facility; or 3. 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 (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless. 	<ol style="list-style-type: none"> 1. Coordinated Entry 2. Street Outreach 3. Emergency Shelter 4. Transitional Housing 5. Joint Transitional Housing - Rapid Re-Housing 6. Rapid Re-Housing 7. Permanent Supportive Housing

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Prioritization Standards

Prioritization standards for Emergency Service Programs (HP, SO, ES and TH) and Housing Programs (TH-RHH, RRH and PSH) are aligned with the CoC's Strategic Plan and HUD policy guidance.

Order of Priority for Emergency Service Programs (HP, SO, ES and TH)

Every household must first meet the program eligibility criteria. Emergency Service Programs in general, and Emergency Shelter programs in particular, should regularly review their eligibility priorities with the goal of becoming as low barrier to entry as possible. According to the National Alliance to End Homelessness, Emergency Shelters should have policies and procedures that promote: 1) a Housing First approach, 2) safe and appropriate diversion, 3) immediate and low-barrier access to shelter, 4) housing-focused, rapid exit services and 5) data to measure performance.²⁷

If a household meets the program eligibility criteria, and the program is not at a "functional zero" (meaning there are more service units/slots/subsidies available than households in need of that service), then households should be enrolled using the following Order of Priority:

1. People aged 65 years or older*
2. People with underlying serious medical conditions*
3. Veterans
4. Families with Children
5. Unaccompanied youth
6. Single adults

*As of October 2020, the following categories of persons will be prioritized for Homelessness Prevention, Street Outreach, Emergency Shelter, and Transitional Housing, provided that the persons in these categories are eligible for programs receiving Coordinated Entry referrals and the process is applied consistent with federal nondiscrimination requirements:

- (1) People 65 years and older
- (2) People of all ages with the following underlying medical conditions (based on CDC guidance):
 - Cancer
 - Chronic kidney disease

²⁷ www.endhomelessness.org

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- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

The CDC's guidance is updated to reflect available data, and the CoC will update this accordingly.

With respect to people with underlying medical conditions, any inquiry in the Coordinated Entry process must be focused on the presence of the medical condition, without asking intrusive or detailed questions. Extensive documentation of medical conditions should not be sought and certain individuals cannot be held to stricter documentation standards. For example, an intake worker may use the above list of underlying medical conditions and ask whether the person has any conditions that fall under any of those categories. Keep in mind, it is the responsibility of the project receiving referrals from CE to document a household's eligibility for the project, including documenting homeless or at-risk of homelessness status.

For Emergency Shelter programs, households sleeping in unsheltered locations should always be prioritized over those who are not. For example, a chronically homeless Veteran sleeping outside should be prioritized over another who is sheltered. Likewise, an Unaccompanied Youth sleeping outside should be prioritized over a Veteran who is sheltered.

In the event that two or more households meet all of a given program's eligibility criteria and have the identical Order of Priority for their program type, service providers should use their judgement to prioritize households that have more of the following characteristics than any other:

1. Families with children age 0 – 5
2. High use of emergency services (e.g., Hospital Emergency Departments or police)
3. Significant Intellectual or Developmental Disabilities
4. Significant physical or behavioral health challenges
5. Vulnerability to death or serious illness

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6. Vulnerability to victimization (e.g., trading sex for housing, human trafficking, Domestic Violence, sexual assault, criminal activity, etc.)
7. Have a written judgement or Order of Possession from a Magisterial District Judge, not simply an eviction notice (for HP services)

Order of Priority for Joint Transitional Housing - Rapid Re-Housing and Rapid Re-Housing Programs

Joint Transitional Housing - Rapid Re-Housing (TH-RRH) and Rapid Re-Housing programs (RRH) enroll households from the By Name List in PA HMIS. The BNL prioritizes households based on their VI-SPDAT score.

Housing Programs may filter the BNL to identify the highest priority households that meet their eligibility criteria.

If two or more households on the BNL have the same VI-SPDAT score and meet all of the program's eligibility criteria, the program should select a household to enroll based on the following Order of Priority:

1. Non-Chronic households sleeping in unsheltered locations (on the BNL but not enrolled in ES)
2. Vulnerability to victimization (e.g., trading sex for housing, human trafficking, Domestic Violence, sexual assault, criminal activity, etc.)
3. People aged 65 years or older*
4. People with serious underlying medical conditions*
5. Families with children age 0 – 5
6. Significant Intellectual or developmental disabilities
7. Significant physical or behavioral health challenges

*As of October 2020, the following categories of persons will be prioritized for Rapid Re-Housing, provided that the persons in these categories are eligible for programs receiving Coordinated Entry referrals and the process is applied consistent with federal nondiscrimination requirements:

- (1) People 65 years and older
- (2) People of all ages with the following underlying medical conditions (based on CDC guidance):
 - Cancer
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Obesity (body mass index [BMI] of 30 or higher)

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- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

The CDC's guidance is updated to reflect available data, and the CoC will update this accordingly.

With respect to people with underlying medical conditions, any inquiry in the Coordinated Entry process must be focused on the presence of the medical condition, without asking intrusive or detailed questions. Extensive documentation of medical conditions should not be sought and certain individuals cannot be held to stricter documentation standards. For example, an intake worker may use the above list of underlying medical conditions and ask whether the person has any conditions that fall under any of those categories. Keep in mind, it is the responsibility of the project receiving referrals from CE to document a household's eligibility for the project, including documenting homeless or at-risk of homelessness status.

Case Managers unsure of which household to enroll should consult with their CES Regional Manager.

Order of Priority for Permanent Supportive Housing Programs

The CoC has fully adopted HUD Notice CPD-16-11 on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. The overarching goal of this Notice is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation and/or in emergency shelters and who have the most severe service needs within a community are prioritized for PSH. All PSH programs must review and comply with this Notice.²⁸

As of October 2020, all CoC-funded Permanent Supportive Housing units are dedicated to households experiencing chronic homelessness. Therefore:

The highest priority households for PSH enrollment are individuals and families who meet HUD's definition of chronic homelessness, have the longest length of time homeless (e.g., actual length of time homeless, not length of time on the By Name List in PA HMIS), and have been identified as having severe service needs, as defined by VI-SPDAT score.

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<https://files.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

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PSH programs enroll households from the By Name List in PA HMIS. These programs will first review the By Name List for Households that are Chronically Homeless. If there are multiple households on the BNL who are chronically homeless and eligible for the program, next review the length of time homeless for prioritization. Finally, the household's severe service need, which is represented by the VI-SPDAT score, should be considered for prioritization.

If there are no households on the BNL who meet HUD's definition of chronic homelessness, households who do not meet this definition may be served. Under these circumstances, non-chronic households should be prioritized based on the following.

The four Orders of Priority are:

1. Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

2. Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

3. Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

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4. Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee Domestic Violence, dating violence sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

In the event that more than one household is prioritized in any of these categories above, the following additional prioritization factors should be considered in this order:

- Chronic status
- Length of time homeless
- VI-SPDAT score
- Living in unsheltered locations
- Families with children age 0 – 5

If multiple households are still tied for an available unit, Permanent Supportive Housing programs should consult with their CES Regional Manager.

Documentation of Homelessness Status

HUD requires that each client file contain documentation of homeless status and other program eligibility. Documentation of homelessness status is not conducted during Coordinated Entry. It is primarily the responsibility of Street Outreach and Emergency Shelter programs to document homelessness status. Housing Case Managers must obtain a copy of this documentation from the shelter for the participant's file. If a Housing Program (TH-RRH, RRH or PSH) enrolls a household who has not been previously documented, the housing Case Manager will need to perform the documentation of homelessness process.

HUD's Order of Priority for the documentation of homelessness status is:

1. Third party documentation, including:
 - a. Oral or written verification from a third party verifying the current homeless status of a client. The third party may be a Case Manager, outreach worker, landlord eviction the household or a family member/friend kicking the person out of their home.

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- b. Written verification can include an HMIS report, a written letter, photographs that substantiate the observations and/ or other already available documentation.
2. Emergency Services or housing program staff documentation in writing, including information related to type of homelessness and self-verifying status based on observation, program record or HMIS record.
3. Self-certification from persons seeking assistance in the form of a letter written and signed by the client briefly explaining homelessness and that they have no resources or safe place to stay.

It is the responsibility of the program staff member documenting homelessness status to obtain the highest level of documentation possible for each participant. If the preferred method isn't available, the case worker should document reasonable efforts to obtain it and why that wasn't possible.

ESG-funded Emergency Shelters can also document homeless status through a certification by the individual or head of household as the primary method of establishing homeless eligibility. In these instances, one method of meeting this standard would be to require households to complete a sign-in sheet, with a statement at the top informing the individual or head of household that by signing, they certify that they are homeless.

Under no circumstances must the lack of third-party documentation prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider.

Determining the Homeless Status of Youth

On October 9, 2018, HUD released new guidance to help intake workers determine and document the homeless status of youth using the definition of homelessness found in CoC and ESG programs to prevent youth from being mistakenly turned away from housing and services.²⁹ According to HUD, "Youth are not responsible for obtaining their own documentation. Instead, intake workers are responsible for documenting the youth's homeless status by verifying information provided by the youth starting at the initial review. Using contact information or documents provided by the youth, the intake worker should obtain the information [required by the category of homelessness]. If at any point the youth does not want someone to be contacted because he or she fears for their safety, the intake worker should not contact the person and should document the youth's feelings and statements in the case file. If the

²⁹ <https://nlihc.org/resource/hud-provides-guidance-determining-homeless-status-youth>

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intake worker cannot obtain a higher level of documentation (e.g., a letter from a third-party) the youth can self-certify and the intake worker should document their effort to obtain a higher level of documentation, including notes about why they were not able to gain a higher level of documentation.”³⁰

Documentation of Disability Status for Chronic Homelessness

To be considered chronically homeless, an individual or head of household must be a “homeless individual with a disability” as defined by the McKinney-Vento Act as amended by the HEARTH Act. An individual or head of household’s qualifying disability must be documented by one of the following:

1. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently;
2. Written verification from the Social Security Administration;
3. The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);
4. Intake staff-recorded observation of disability that, **no later than 45 days** from the application for assistance, is confirmed and accompanied by evidence above; or
5. Other documentation approved by HUD.

Further, acceptable evidence of a disability for an individual with HIV/AIDS would include written verification from a professional licensed by the state to diagnose and treat HIV/AIDS. There would not be an expectation that the licensed professional would also certify that the condition is expected to be of long-continuing or indefinite duration and substantially impede the individual’s ability to live independently.³¹

³⁰ <https://files.hudexchange.info/resources/documents/Determining-Homeless-Status-of-Youth.pdf>

³¹

<https://www.hudexchange.info/faqs/2763/how-must-an-individual-or-head-of-households-qualifying-disability/>

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COORDINATED ENTRY STANDARDS

The Connect to Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization, referral to emergency services, and enrollment into permanent housing from the By Name List (BNL) in PA HMIS. CES is accessible through a toll-free Call Center operated by PA 2-1-1, which provides a 24/7 live voice as well as a texting option and dedicated language translation and Deaf/Hard of Hearing services. In addition, CES Access Sites are operated by a wide variety of providers that deliver face-to-face screening and referral. A list of current CES Access Site locations, hours of operation, policies and marketing materials are available online at <https://pennsylvaniacoc.org/connecttohome>. Five dedicated Regional Managers, a 211 Call Center Manager, and a Domestic Violence Coordinated Entry Specialist oversee implementation of CES across the CoC's regions (RHABs).

Call Center and Access Site Coordinated Entry Specialists (Specialists) provide uniform services for people experiencing homelessness or a housing crisis:

- Triage and Safety Planning to assure the person is eligible for Eastern PA CoC services and not in immediate danger. If the person is in immediate danger, they will be connected to 911, Domestic Violence (DV) Hotline, Human Trafficking hotline, etc.;
- PA HMIS record creation/update;
- Pre-Screen Interview to determine HUD Category of homelessness (1, 2, 3, 4 or At Risk) and identify appropriate intake process (Prevention or Literal Homeless);
- Prevention Intake, including use of Diversion Tool³², for Category 2, 3 or At Risk, leading to direct referral to appropriate Homeless Prevention and community services (e.g., food pantries, health clinics, legal aid, etc.); and,
- Literally Homeless Intake, including use of VI-SPDAT Screening Tool and placement on the BNL for TH-RRH, RRH or PSH, in addition to use of Diversion Tool and, if necessary, direct referral to Emergency Shelter or Transitional Housing for Category 1 and 4.

Eligibility

Categories 1, 2, 3, 4 and At-Risk.

³² The current version of the Tool is available here:

<https://pennsylvaniacoc.org/connecttohome/prevention-and-diversion-tool>.

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Minimum Standards

1. Specialists connect people in danger to appropriate police, fire, rescue, DV, child welfare, Human Trafficking and other emergency response services.
2. Specialists provide or connect participants to language translation and/or deaf and hard of hearing services if needed.
3. Specialists refer veterans to the nearest SSVF provider.
4. Specialists obtain written or verbal permission from participants to enter and share their data in PA HMIS.
5. If a participant is a Domestic Violence Survivor, the Specialist will ask if they prefer to be entered into PA HMIS anonymously to protect the confidentiality. If a non-DV Survivor requests anonymity, the CE Specialist will honor that request. Any participant enrolled in PA HMIS anonymously will have a numeric ID to navigate the homeless system and a confidential password that the participant creates themselves.
6. Specialists use the CoC Diversion Tool³³ and related problem-solving strategies to help participants avoid entering Emergency Shelter.
7. Specialists use the Pre-Screen Interview questions in PA HMIS to determine whether a participant qualifies for HP, ES, TH, TH-RRH, RRH or PSH.
8. Specialists provide direct referral information to participants who meet the Category 2, 3 and At Risk categories to HP, SO and community services.
9. Specialists conduct the appropriate version of the VI-SPDAT Screening Tool (VI-SPDAT) and ask additional CoC screening questions related to existence of a mental health diagnosis and Chronic Homeless status in PA HMIS only on the Head of Household (the person who is presenting to Coordinated Entry as Category 1 or 4 and who would sign the lease if enrolled in an RRH or PSH housing program):
 - VI-SPDAT for Single Adults – Use this version with adults age 25 or older with no children in the household, regardless of whether they are presenting as a single- person household or as the head of a household with one or more family members (e.g., spouses, partners, and/or adult children);
 - VI-SPDAT for Families – Use this version with households with at least one child under the age of 18, even if the Head of Household is aged 18 – 24; or,

³³ The current version of the Tool is available here:

<https://pennsylvaniacoc.org/connectohome/prevention-and-diversion-tool>.

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- TAY-VI-SPDAT – Use this version with transition age youth (age 18 – 24) and unaccompanied minors, regardless of whether they are presenting as a single person household or as the head of a household with one or more family members (e.g., spouses or partners) unless the youth Head of Household also has a child age 0 – 18 (in which case, use the VI-SPDAT for Families).
10. Specialists allow, with the participant’s express verbal permission, Mental Health or Domestic Violence Case Managers to participate in the intake and assessment process, but all questions must be answered by the participant, not the Case Manager.
 11. Specialists add information about all other household members (e.g., spouses, partners, adult children, children aged 18 – 24) to the Head of Household’s PA HMIS client record in accordance with the HUD Equal Access Rule definition of family.
 12. Specialists place participants who meet the Category 1 and 4 definitions of homelessness on the By Name List (BNL) in PA HMIS depending on their VI-SPDAT score.
 13. Specialists inform all participants that CES is not a guarantee of housing or services.
 14. HP, SO, ES and TH providers accept referrals from CES.
 15. TH-RRH, RRH and PSH providers enroll all eligible CES participants into their housing programs from the By Name List and will only enroll other households in units restricted for use by other County or Municipal contracts.
 16. TH-RRH, RRH and PSH providers update participant PA HMIS BNL records when they engage, enroll, or move participants into housing, including the addition of detailed notes in the PA HMIS client record. They should also send an email to their CES Regional Manager informing them when the household has been housed.
 17. Regional Managers monitor the BNL daily to help ensure participants are enrolled in housing programs by priority (based on VI-SPDAT score), length of time waiting for enrollment, and in accordance with program eligibility guidelines.
 18. Regional Managers facilitate regular By Name List (BNL) meetings with housing providers and other community partners to case conference the highest priority participants currently on the BNL in their region.
 19. Regional Managers and Coordinated Entry Specialists distribute CES marketing materials throughout their community with an emphasis on 1) populations in need

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that would otherwise not know about Coordinated Entry and 2) places where people experiencing homelessness (e.g., encampments, day centers, etc.) or housing instability (e.g., food pantries, soup kitchens, public assistance offices, etc.) often gather.

VI-SPDAT Score By Name List Placement Guidelines

The VI-SPDAT is intended to help Coordinated Entry Specialists and Referral Partners determine whether the recommended housing intervention for a family or individual is Joint Transitional Housing - Rapid Re-Housing, Rapid Re-Housing or Permanent Supportive Housing. TH-RRH and RRH providers may enroll eligible program participants who score for a different housing intervention but should always prioritize the most vulnerable households who will succeed in their program. The VI-SPDAT score may also be a valuable tool for Emergency Shelter and Transitional Housing Case Managers receiving direct referrals from CES to guide program-level prioritization and enrollment.

If a housing Case Manager has a question about whether or not to enroll a participant in their program based on their VI-SPDAT score or BNL placement, they should contact their CES Regional Manager for guidance.

Performance Benchmarks

CES will be evaluated using HMIS data on an annual basis by the CoC Coordinated Entry and Data Committees. Results will be published on the CoC website, after they have been reviewed by the CES Committee. The CES Committee has selected the following as key outcomes for CES:

1. Reduction in the length of time homeless (system and project level).
2. Reduction in the number of persons experiencing first-time homelessness (system and project level).
3. Increase in percentage of placements into permanent housing (system and project level).

The CES Call Center and Access Site performance standards include:

1. Percent of participants were satisfied with CE as measured by Customer Satisfaction question asked at the end of intake and entered into PA HMIS.
2. Percent of complete (all questions answered unless participant refuses) PA HMIS Coordinated Entry Intake Pre-Screen Interviews and VI-SPDATs.

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3. Percent of participants who successfully avoid a referral to ES as a result of applying the Diversion Tool.

HOMELESSNESS PREVENTION STANDARDS

ESG-funded Homelessness Prevention services provide housing relocation and stabilization services and short-term and medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in paragraph (1) of the homeless definition.³⁴

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. In most cases, households do not need all of these expenses to be paid for with HP assistance.

Eligible expenses include:

- Rental assistance: rental assistance and rental arrears;
- Financial assistance: rental application fees, security and utility deposits, utility payments, last month's rent, moving costs; and,
- Services: housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services and credit repair.

ESG HP grant recipients should consult the current Fiscal Year DCED ESG Program Guidelines for specific eligible cost guidelines.³⁵

Eligibility

Categories 2, 3, 4 and At Risk. In addition, ESG Homelessness Prevention requires an income determination at intake to ensure participants meet income eligibility requirements of 30% or less of Area Median Income (AMI).

Minimum Standards

1. The program participant's income is verified prior to approval and on a quarterly basis. Documentation of the participant's income and expenses, including how the

³⁴

<https://www.govinfo.gov/content/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part576.xml#seqnum576.2>

³⁵ <https://dced.pa.gov/programs/emergency-solutions-grant-esg/>

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participant is contributing to housing costs, if at all, shall be maintained in the participant's file.

2. Housing plans are required for Homeless Prevention program participants and must include information on rental assistance and supportive services provided to the participant. Homeless Prevention Case Managers should work with program participants to develop a written strengths-based, consumer-driven housing plan to help them achieve permanent housing stability. The plan may include goals related to childcare, employment, family reunification, financial stability, health, housing, legal issues and other concerns as appropriate. The plan must include a goal to sustain housing following the end of program assistance, including either goals to increase income, reduce debt and/or decrease household expenses. The plan should be monitored and updated at and updated as clients make progress towards their goals. At minimum, updates to the housing stability plan must occur every three months. A copy of the current plan should be given to the participant and kept in their file.
3. Participants are eligible to apply financial assistance toward Rental Application fees that are charged by the owner to all applicants.
4. Participants are eligible to apply financial assistance towards Security Deposits equal to no more than two months' rent.
5. Participants are eligible to receive Last Month's Rent paid to the owner of housing at the time of security deposit and first month's rent is paid if necessary to obtain housing, which is counted toward the 24 months of assistance in three years.
6. Participants are eligible to receive funding for moving costs, such as truck rental, hiring a moving company, or temporary storage fees for a maximum of three months after the participant begins to receive services but before they move into permanent housing. Arrearages are not eligible. Three estimates should be received and the most reasonable is the one chosen. These estimates should be kept on file.
7. Participants are eligible to receive standard utility deposits for gas, electric, water and/or sewage required by the utility company for all of their customers. Although these are eligible costs, many suppliers can waive the fee in the case of low-income households. The amount waived can be used as a match if documented.
8. Participants are eligible to receive utility payments for gas, electric, water and/or sewage up to 24 months per participant, per service, including up to six months of arrearages per service. A partial payment counts as one month.
9. Participants are eligible to receive short-term rental assistance for up to three months.

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10. Participants are eligible to receive medium-term rental assistance for four to twelve months.
11. Participants are eligible to receive a one-time payment of rental arrears for up to six months, including any late fees on those arrears.
12. Participants may not receive any combination of rental assistance (short-term, medium-term, and rental arrears) that exceeds a total of 24 months during any three-year period, including any payment for last month's rent.
13. Each type of assistance received must be qualified for individually (e.g., someone receiving rental assistance will not automatically receive financial assistance for utilities unless also meeting the necessary requirements for that expense).
14. Participants receiving more than one month of rental assistance are required to meet with their HP Case Manager at least once per month assistance, except where funding under the Violence Against Women Act (VAWA) or Family Violence Prevention and Services Act (FVSP) prohibits the recipient or subrecipient from making shelter or housing conditional upon receipt of services.
15. Each participant should pay the maximum amount of rent per month that they can afford.
16. Participants should exit the program in the shortest time possible after they have obtained enough income through employment and/or public benefits to pay 100% of their rent on their own. Participants should not receive housing subsidies for more than 12 months unless they have significant barriers to income. Significant barriers to income include poor employment history, no high school diploma/GED, a serious mental or physical health condition, recent or current experience of domestic violence, criminal background and/or being a head of household under 18 years old.
17. Participants should contribute to their monthly rent from the first month of enrollment, even if that amount is as little as ten dollars per month, unless they have zero income.
18. Participant income, even if zero, must be entered into PA HMIS during Entry, Annual, and Exit Assessments as follows:
 - a. When a participant has income, but does not know the exact amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income amount should be estimated.

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- b. Income should be documented for the Head of Household and any other adult household members.
 - c. Income received by or on behalf of a minor child should be recorded as part of household income under the Head of Household. Income should be recorded at the participant-level for heads of household and adult household members.
 - d. Income data should be recorded only for sources of income that are current as of the information date (i.e., have not been specifically terminated). For example, if a participant's employment has been terminated and the participant has not yet secured new employment, the response for Earned income would be "No."
19. Homelessness Prevention programs re-evaluate eligibility and types/amounts of assistance not less than once every three months.
20. Participants must have a written lease in order to receive rental assistance. The lease should include, at minimum:
- a. Renter's name and property address;
 - b. Landlord's name and address;
 - c. Lease start and end dates;
 - d. Monthly rent amount (including the prorated amount for the first month if a partial month);
 - e. Security deposit amount (if any);
 - f. Which party is responsible for each utility and, if necessary, any legal fees to be incurred; and,
 - g. Signatures of both parties.
21. Rental assistance will only be provided if the total rent for the unit does not exceed the fair market rent established by HUD and complies with HUD's standard of rent reasonableness.
22. Participants must be assisted as needed in obtaining:
- a. Appropriate supportive services like medical or mental health treatment or services essential for independent living; and,

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- b. Mainstream benefits like Medicaid, SSI, or TANF.

Performance Benchmarks

1. Percent of participants retaining permanent housing and remained in the unit for more than three months after exiting the program.
2. Percent of households that increase their earned income.
3. Percent of households that increase their non-employment cash income (i.e., mainstream benefits).
4. Percent of participants connected to mainstream resources.

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STREET OUTREACH

CoC or ESG-funded Street Outreach services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility- based care.

Eligible costs include:

- Engagement;
- Case management;
- Emergency health and mental health services;
- Transportation; and,
- Services that have been tailored to address the special needs of homeless youth, victims of Domestic Violence and related crimes/threats, and/or people living with HIV/AIDS who are literally homeless.

See 24 CFR 576.101 for more details.³⁶

ESG SO grant recipients should consult the current Fiscal Year DCED ESG Program Guidelines for specific eligible cost guidelines.³⁷

Eligibility

Category 1.

Minimum Standards

1. Street Outreach programs will engage people experiencing unsheltered homelessness by providing immediate support, intervention, and connections with homeless assistance programs and housing programs through referrals to the Connect to Home Coordinated Entry System (CES) and/or direct referrals to other mainstream and community services.
2. To the greatest extent possible, Street Outreach workers, social workers, medical professionals or other service providers should travel to the unsheltered households reported location (where they slept the night before) for the provision of eligible street outreach services.

³⁶

<https://www.govinfo.gov/content/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part576.xml#seqnum576.2>

³⁷ <https://dced.pa.gov/programs/emergency-solutions-grant-esg/>

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3. Street Outreach programs will accept referrals from CES.
4. Street Outreach programs will attempt to divert households from shelter using the CoC's Diversion Tool.
5. Street Outreach programs will manage unsheltered households until their housing crisis has been resolved or they have been enrolled in ES or a housing program by assessing housing and service needs and arranging/coordinating/ monitoring the delivery of individualized services.
6. In partnership with physical health professionals, Street Outreach programs will connect unsheltered households to emergency health services , including direct outpatient treatment of medical conditions by licensed medical professionals in community-based settings (e.g., streets, parks, and campgrounds) to those eligible participants for whom other appropriate health services are inaccessible or unavailable within the area.
7. In partnership with mental health professionals, Street Outreach programs will make referrals to direct outpatient treatment of mental health conditions by licensed professionals in community-based settings (e.g., streets, parks, and campgrounds) for those eligible participants for whom other appropriate health services are inaccessible or unavailable within the area.
8. Street Outreach workers will have ongoing training and professional development to address the special needs of homeless youth, victims of Domestic Violence and related crimes/threats, and/or people living with HIV/AIDS who are literally homeless.

Performance Benchmarks

1. Percent of households successfully diverted from entering shelter through self-resolution of their homelessness crisis.
2. Percent of households who can be diverted from Emergency Shelter enrollment.
3. Percent of households who obtain permanent housing stability.
4. Percent of households connected to supportive services (e.g., healthcare, mainstream benefits, etc.).

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EMERGENCY SHELTER STANDARDS

Emergency Shelters provide immediate, low-barrier and temporary places for people experiencing homelessness to stay while they seek to regain permanent housing stability. According to USICH, “the most critical service of an emergency shelter—beyond providing a safe place to stay—is to ensure that guests are connected to permanent housing opportunities. Services within emergency shelters should focus on facilitating quick access to permanent housing, which may reduce the need for other types of services, such as financial literacy, parenting education, and computer classes.”³⁸

ESG-funded Emergency Shelters may provide or connect participants to additional services. These services are voluntary and cannot be required to stay in shelter. These services include:

- Case Management
- Childcare
- Education
- Employment Assistance and Job Training
- Legal Services
- Life Skills Training
- Mental Health Services
- Services for Special Populations
- Substance Abuse Treatment Services
- Transportation
- Outpatient Health Services

ESG ES grant recipients should consult the current Fiscal Year DCED ESG Program Guidelines for specific eligible cost guidelines.³⁹

Eligibility

Categories 1, 2 and 4. Households sleeping in unsheltered locations (Category 1 and possibly Category 4) should always be prioritized over those who are not.

³⁸ https://www.usich.gov/resources/uploads/asset_library/emergency-shelter-key-considerations.pdf

³⁹ <https://dced.pa.gov/programs/emergency-solutions-grant-esg/>

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Minimum Standards

1. Emergency Shelter programs operate with a low-barrier approach, meaning as few prerequisites for admission to shelter (e.g., substance abuse, no income, criminal background, poor credit, etc.) Once enrolled, access to permanent housing is provided as quickly as possible. No additional screening criteria will be in place beyond what has been asked of or agreed upon by program funder(s). Supportive services are voluntary.
2. Emergency Shelter programs do not charge participants fees for enrollment or services.
3. Emergency Shelter programs verify and document the homeless status of participants.
4. Emergency Shelter programs attempt to divert households from entering shelter or staying in shelter more than three days using the CoC's Diversion Tool.
5. Emergency Shelter Case Managers attempt to rapidly exit participants by helping them move as quickly as possible back into permanent housing with the support of services and a minimal level of financial assistance.
6. Emergency Shelter programs provide a safe and welcoming environment.
7. Emergency Shelter program staff treat their guests with dignity and respect.
8. Emergency Shelter programs will respect the self-identified gender of their guests. Guests who request shelter services will be admitted to the shelter operated for the gender to which an individual identifies. Transgender and gender non-conforming guests will be offered the same services and resources as all other guests. While shelter staff will take reasonable steps to accommodate specific needs, it may not be possible to segregate the guest from the rest of the shelter population if that is the guest's request. Staff will not share or in any way advertise the fact that certain guests may have identified themselves as transgender or gender non-conforming. Staff will not segregate guests in sleeping and restroom spaces unless requested by the guest.
9. Emergency Shelter programs create safe arrangements for pets within the shelter if possible and utilize off-site lodging, kennels, etc. if necessary.
10. Persons seeking shelter or housing cannot be denied based on their need for a service animal under the American with Disabilities Act. Only dogs and some horses can be service animals (no other pets). There are no requirements that a service

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dog must meet. In addition to the American with Disabilities Act, HUD's Fair Housing Act also applies to persons seeking or staying in emergency shelter. Under the Fair Housing Act, shelters receiving HUD funding cannot deny a person access to shelter or services based on their need for a support animal including for emotional support. To clearly distinguish between a support animal and a pet, emergency shelters may ask only two questions:

- Does the person seeking to use and live with the animal have a disability?
- Does the animal work, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's disability?

If the answer to question 1 or 2 is no, a shelter is not required to make an accommodation. If the answer to question 1 and 2 is yes, then both Section 504 of the American with Disabilities Act and HUD's Federal Fair Housing Act require the emergency shelter provider to make accommodations and allow the support animal to remain with its owner for the duration of the person's stay. Emergency shelters and/or service providers cannot require additional documentation regarding the service animal or the nature of the person's disability. Answering yes to both questions listed above does not give a free pass for any animal to stay in emergency shelter. Shelters should have written policies outlining the determination of service animals as well as the control and care for which their owners need to be responsible.

11. Participants with service animals or pets must comply with the following policies:

- All service animals in a shelter must be harnessed, leashed, tethered, or contained and under the control and guidance of their owner at all times.
- All service animals are expected to behave properly, while on shelter/agency property.
- The animal's owner accepts all responsibility for the care and well-being of the animal including behavior, sanitation, and clean-up.

12. Animals may be denied entrance to the shelter if:

- The specific animal in question poses a direct threat to the health or safety of others that cannot be reduced or eliminated by another reasonable accommodation, or
- The specific service animal in question would cause substantial physical damage to the property of others that cannot be reduced or eliminated by another reasonable

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accommodation. Breed, size, and weight limitations may not be applied to a service animal.

13. Emergency Shelter programs provide safe storage for possessions.
14. Emergency Shelter programs provide participants with housing-focused, person-centered, strengths-based case management services and assistance with obtaining housing.
15. Emergency Shelter programs provide or connect participants with employment, job training, financial counseling, public benefits access, savings programs, and/or other supportive services that increase income.
16. Any emergency shelter that receives ESG funds for shelter operations (including minor repairs) must meet the minimum safety, habitability, sanitation, and privacy standards under 24 CFR 576.403(b). Refer to the funding year application guidelines for what percent of the project budget can be spent on shelter operations. In addition:
 - a. If the grant recipient establishes any other standards that add to or exceed HUD's minimum standards, the recipient/subrecipient must ensure that the shelter meets these standards.
 - b. The shelter must be inspected on-site to ensure that it meets the minimum standards before ESG funds are provided for shelter operations.
 - c. The shelter must meet all standards for the entire period during which ESG funds are provided for operating the emergency shelter. For example, if operating assistance is provided for 24 months, the shelter must remain in compliance with the minimum standards for those 24 months.
 - d. If the shelter fails to meet the minimum standards, ESG funds (under either shelter operations or renovation) may be used to bring it up to the minimum standards.
 - e. If the shelter continues to receive ESG shelter operating funds over a period of time, then a periodic, on-site inspection must be conducted each time the shelter receives funds. For example, if the shelter receives an annual allocation of funds from the ESG recipient, an inspection must be conducted annually.
 - f. If the recipient/subrecipient moves the shelter to a new site or structure, that new site or structure must meet all emergency shelter standards for the remaining period that ESG funds are used for operating expenses.

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Performance Benchmarks

1. Percent of households exiting to permanent housing destination.
2. Average length of shelter stays in days for all households exiting the shelter to any destination.
3. Average length of shelter stays in days for all households exiting to a permanent housing destination.
4. Average length of shelter stays in days for all stayer households (those households who entered in previous months and did not exit this month).
5. Percent of households that increase their earned income.
6. Percent of households that increase their non-employment cash income.

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TRANSITIONAL HOUSING STANDARDS

Transitional Housing is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in Transitional Housing. These standards apply to the Transitional Housing portion of CoC-funded TH-RHH projects.

While Transitional Housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services, it is intended to be used as bridge housing (i.e., temporary housing when shelter is not available or participants are preparing to enroll in RRH, PSH or another PH program) that should not exceed three months nor any longer than it takes to secure permanent housing.

Eligibility

For CoC-funded Transitional Housing programs, Categories 1 and 4. Non-HUD funded Transitional Housing programs may serve Categories 1, 2, 3 and 4.

Minimum Standards

1. CoC-funded Transitional Housing programs, including the TH component of TH-RRH programs, should serve at least one of the following populations:
 - a. Unaccompanied and pregnant or parenting youth (age 18-24) who are unable to live independently or who prefer a congregate setting with access to a broad array of wraparound services to other available housing options;
 - b. Individuals or Heads of Household in early recovery from a substance use disorder who may desire more intensive support to achieve their recovery goals;
 - c. Domestic Violence Survivors, Human Trafficking Survivors, and other survivors of severe trauma who may require and prefer the security and onsite services provided in a congregate setting to other available housing options; or,
 - d. Individuals re-entering the community after a stay in jail or prison.
2. Participants' suggested length of stay is up to three months and cannot exceed 24 months.
3. Transitional Housing program staff provide participants with housing-focused, person-centered, strengths-based case management services and assistance with obtaining housing.

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4. Transitional Housing programs provide or connect participants with employment, job training, financial counseling, public benefits access, savings programs, and/or other supportive services that increase income.

Performance Benchmarks

1. Percent of households exiting to a permanent housing destination within 12 months.
2. Percent of households exiting to a permanent housing destination within 24 months.
3. Percent of households that increase their earned income.
4. Percent of households that increase their non-employment cash income.
5. Percent reduction in the annual average length of stay for all participants.

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RAPID RE-HOUSING STANDARDS

Rapid Re-Housing is an intervention designed to help individuals and families that don't need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Permanent housing requires that the program participant is the tenant on a lease for a term of at least one year (except for Tenant Based Rental Assistance programs, which can be month-to-month), which is renewable for terms that are a minimum of one month long and is terminable only for cause.

Rapid Re-Housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household. The three core components of Rapid Re-Housing include housing identification, rent and move-in assistance (typically six months or less) and case management and services.⁴⁰

Eligibility

Categories 1 and 4 for both CoC and ESG-funded Rapid Re-Housing programs. An income assessment must be made at least annually to ensure the participant meets income eligibility requirements of 30% or less of Area Median Income (AMI).

As required by HUD, ESG-funded programs must also perform an income assessment at intake regardless of their income level. The participant does not need to meet the income eligibility requirement of 30% or less of Area Median Income (AMI) at intake, so their income at that time is not relevant to whether or not they may be enrolled in the program.

Minimum Standards

These standards have been adapted from the National Alliance to End Homelessness publication *Performance Benchmarks and Program Standards*.⁴¹

1. Rental assistance may not exceed 24 months in a 36-month period.
2. Participants must be 18 years or older. Participants under the age of 18 must provide legal documentation of emancipation.
3. Participants with zero income are eligible for enrollment.
4. Eligibility criteria for Rapid Re-Housing programs do not include a prior period of sobriety, a commitment to participation in treatment or any other criteria designed

⁴⁰ <https://www.usich.gov/solutions/housing/rapid-re-housing/>

⁴¹

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

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to “predict” long-term housing stability other than willingness to engage the program and work on a self-directed housing plan.

5. Housing plans are required for Rapid Re-Housing program participants and must include information on financial assistance provided to the participant. Rapid Re-Housing Case Managers should work with program participants to develop a written strengths-based, consumer-driven housing plan to help them achieve permanent housing stability. The plan may include goals related to childcare, employment, family reunification, financial stability, health, housing, legal issues and other concerns as appropriate. The plan must include a goal to sustain housing following the end of program assistance, including either goals to increase income, reduce debt and/or decrease household expenses. The plan should be monitored and updated at regular intervals. A copy of the current plan should be given to the participant and kept in their file.
6. Based on national best practice benchmarks, full-time Rapid Re-Housing Case Managers should strive to have a minimum of 20 active clients at any given time.

Housing Identification

7. Rapid Re-Housing programs deliver Housing Identification services to help participants find housing quickly by:
 - a. Recruiting landlords to provide housing opportunities for individuals and families experiencing homelessness;
 - b. Addressing potential barriers to landlord participation such as concern about short term nature of rental assistance and tenant qualifications; and,
 - c. Assisting households to find and secure appropriate rental housing.
8. Rapid Re-Housing programs designate staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program. Staff have the knowledge, skills, and agency resources to understand landlords’ perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. A program may have dedicated staff for whom this is the primary responsibility. If a program does not have a dedicated staff person(s) who performs this function, Case Manager job descriptions must include responsibilities including landlord recruitment and negotiation and at least some of the program’s Case Managers must be trained in this specialized skill set to perform the recruitment function effectively.

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9. Rapid Re-Housing Case Managers are trained in housing identification, landlord tenant rights and responsibilities, and other core competencies as well as the wider array of housing assistance available within a community.
10. Rapid Re-Housing programs have written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices.
11. Rapid Re-Housing programs offer a standard, basic level of support to all landlords who lease to program participants as detailed in a written agreement that should be signed by the Case Manager or Housing Locator and the landlord. At a minimum, this agreement should specify that the Case Manager and/or Housing Locator will:
 - a. Inform the landlord about the amount and duration of financial assistance being provided to the participant;
 - b. Respond quickly (**ideally within one business day**) to landlord calls about serious tenancy problems;
 - c. Seek to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments; and,
 - d. If necessary, help negotiate move-out terms and assist the participant to quickly locate and move into another unit without an eviction.
12. Rapid Re-Housing programs assess/inspect potential housing units for compliance with minimum habitability standards, lead-based paint, rent reasonableness and fair market rent standards prior to the participant signing a lease with the landlord, and the program signing a rental assistance agreement with the landlord. CoC-funded programs must use the HUD Housing Quality Standards (HQS) for assessment/inspection.
13. Rapid Re-Housing program participants sign a lease with the landlord. The lease should include, at minimum:
 - a. Renter's name and property address;
 - b. Landlord's name and address;
 - c. Lease start and end dates;
 - d. Monthly rent amount (including the prorated amount for the first month if a partial month);

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- e. Security deposit amount (if any);
 - f. Which party is responsible for each utility and, if necessary, any legal fees to be incurred; and,
 - g. Signatures of both parties.
14. Rapid Re-Housing Case Managers work with participants to create a permanent housing stability plan (including goals related to education, employment, health, etc.) that is signed by both the Case Manager and the participant.
15. Rapid Re-Housing Case Managers explain to participants basic landlord-tenant rights and responsibilities and the requirements of their specific lease.
16. Rapid Re-Housing Case Managers assist participants in making an informed choice with the goal that the participant will be able to maintain housing after program exit, even when the household will experience high housing cost burden. While participants ultimately chose their housing unit, a program uses housing and budgeting plans that help a participant understand the likelihood of being able to pay rent and meet the requirements of the lease by the end of assistance. For extremely low-income households, there should be reasonable projections and expectations and due diligence on the program's part to help participants secure income (through employment, public benefits, and/or on-going rental assistance) at program exit.

Rent and Move-In Assistance

17. Rapid Re-Housing programs deliver Rent and Move-In Assistance services by providing assistance to cover move-in costs, deposits and the rental and/or utility assistance (typically six months or less) necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing. Each type of assistance received must be qualified for individually (e.g., someone receiving rental assistance will not automatically receive financial assistance for utilities unless also meeting the necessary requirements for that expense).
18. A Rapid Re-Housing program participant's income is verified prior to approval for initial and additional financial assistance. Documentation of the participant's income and expenses, including how the participant is contributing to housing costs, if at all, shall be maintained in the participant's file.
19. Rapid Re-Housing programs may provide the following forms of rental assistance:
- a. Tenant-based rental assistance (TRA) in which participants may choose where they wish to live but should be encouraged to do so where they have

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social networks (e.g., friends, family, their faith community, healthcare providers, etc.) and access to economic opportunity (e.g., near employment, transportation, etc.).

- b. Project-based rental assistance (PRA) in which participants must live in a specific unit (ESG-funded RRH only).

20. Rapid Re-Housing programs provide assistance for housing relocation and stabilization as follows:

- a. Rental assistance for as little time as needed to regain housing stability (3 – 6 months on average and not more than 24 months total);
- b. For ESG-funded programs only, one-time rent arrears to cover up to six months of arrears, including late fees, which count towards the 24-month total over a three-year period;
- c. Security deposits (up to the equivalent of two months' rent);
- d. First and last month's rent;
- e. Rental application fees;
- f. Moving costs;
- g. Utility deposits and payments; and,
- h. For ESG-funded programs only, one-time utility arrears to cover up to six months of arrears.

If rent and utility assistance (including arrearages) are both provided in the same month, that would be considered one month of assistance.

21. Participants should exit the program in the shortest time possible after they have obtained enough income through employment and/or public benefits to pay 100% of their rent on their own. Participants should not receive housing subsidies for more than 12 months unless they have significant barriers to income. Significant barriers to income include poor employment history, no high school diploma/GED, a serious mental or physical health condition, recent or current experience of domestic violence, criminal background and/or being a head of household under 18 years old.

22. Rapid Re-Housing programs provide supportive services for housing relocation and stabilization as follows:

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- a. Housing search and counseling services, including mediation, credit repair, legal services, budgeting and money management;
 - b. Housing stability case management;
 - c. Employment assistance;
 - d. Connections to employment, job training and physical, mental or behavioral health services and substance use recovery programs (delivered by the provider's organization or a partner organization).
 - e. For CoC-funded programs only, childcare, food and transportation support.
23. Rapid Re-Housing programs provide flexible amounts of rental assistance tailored to the unique and changing needs of every program participant. Each participant should pay the maximum amount of rent per month that they can afford. The level of assistance is based on the minimum level of support necessary for a participant to achieve long-term housing stability.
24. Rapid Re-Housing Case Managers should assume that all participants, even those with zero income or other barriers, will succeed with a minimal subsidy and support rather than a long subsidy, and extend or increase rental assistance if/when necessary.
25. Significant barriers to income include poor employment history, no high school diploma/GED, a serious mental or physical health condition, recent or current experience of domestic violence, criminal background and/or being a head of household under 18 years old. Other possible reasons for providing more than 12 months of assistance include but are not limited to:
- a. The participant is waiting for a Housing Choice Voucher to process;
 - b. The participant is waiting for a PSH unit to open;
 - c. The participant is a Transition Age Youth aged 18 – 24; or,
 - d. The participant is extremely low-income and has significant barriers to increasing income.
26. Participants should contribute to their monthly rent from the first month of enrollment, even if that amount is as little as ten dollars per month, unless they have zero income.
27. Rapid Re-Housing Case Managers evaluate participant stability and types/amounts of assistance monthly.

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28. Rapid Re-Housing programs transition participants off of rental assistance in a way that is coordinated with case management efforts to assist program participants to assume and sustain their housing costs.
29. Rapid Re-Housing programs help participants meet basic needs at move-in, such as securing basic furnishings for an apartment, including mattresses and basic kitchen items such as a pot for cooking and utensils.
30. Rapid Re-Housing programs issue checks quickly and on time and have the capacity to track payments to landlords and other vendors.
31. At the end of a participant's tenancy, the security deposit is returned in part or full to the tenant (not the housing program) in accordance with the Commonwealth of Pennsylvania Landlord-Tenant Act (68 P.S. 250.511 and 250.512).

Case Management and Services

32. A Rapid Re-Housing Case Manager enrolls new participants by using the By Name List in PA HMIS to identify the highest priority household based on their VI-SPDAT score and the manager's housing program eligibility criteria. Enrollment begins after the Case Manager has met with the Head of Household and conducted a program intake. At that point, the household has been enrolled in the program.
33. The Case Manager should update the household's BNL status to enrolled within 48 hours of enrollment.
34. When the participant has successfully moved into a unit, the Case Manager should update the household's status on the BNL to housed.
35. At enrollment or **within 72 hours of enrollment**, Rapid Re-Housing Case Managers conduct a tenancy barriers assessment – not for the purpose of screening out a participant, but to quickly address any such barriers, help direct and navigate the housing search and contribute to landlord negotiation efforts. Any other assessments completed prior to housing are limited and focus on those things necessary to support health and safety and resolve the housing crisis as quickly as possible.
36. Providers are responsible for helping a participant find reasonable housing options. If a Case Manager or Housing Locator offers a participant three viable rental options and none are chosen, the participant may be directed to find their own housing unit of choice.
37. Providers should help participants improve their ability to have landlords accept their lease applications, especially if they have no income and/or bad credit. If a

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participant has not submitted a lease/rental application to at least one viable rental option (provided to them or self-identified) within 30 days of enrollment, the Case Manager should exit the participant from the program and return their status to New on the By Name List with a detailed note in their PA HMIS client record explaining why.

38. Rapid Re-Housing Case Managers offer basic tenancy skills learning opportunities which can include instruction or guidance on basic landlord-tenant rights and responsibilities, requirements and prohibitions of a lease, and meeting minimum expectations for care of the housing unit, such as not causing damage.
39. Rapid Re-Housing programs help participants to identify and select among various permanent housing options based on their unique needs, preferences, and financial resource, including but not limited to:
 - a. Addressing issues that may impede access to housing (such as credit history, arrears, and legal issues);
 - b. Helping to negotiate manageable and appropriate lease agreements with landlords;
 - c. Making appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing;
 - d. Monitoring participants' housing stability and being available to resolve crises;
 - e. Providing or assisting the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals; and,
 - f. Ensuring that services provided are person-centered, respectful of individuals' right to self-determination and voluntary.
40. Rapid Re-Housing Case Managers work directly with the participant and landlord to resolve tenancy issues without threatening the participant's tenancy. The issue might be failure to pay rent, not properly maintaining the unit, or disturbing the quiet enjoyment of others. It also may include a landlord not meeting his/her obligations. Case Managers work quickly to identify a corrective course of action, and, without breaking a participant's confidentiality, keep the landlord and participant informed about the program's action to mitigate the situation.

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41. Rapid Re-Housing Case Managers help participants avoid evictions before they happen and maintain a positive relationship with the landlord. This can be done by moving a household into a different unit prior to eviction and possibly identifying a new tenant household for the landlord's unit.
42. Rapid Re-Housing Case Managers make referrals to appropriate community and mainstream resources, including, but not limited to income supplements/benefits (TANF, Food Stamps/SNAP, etc.), non-cash supports (healthcare, food supports, etc.), legal assistance, credit counseling, and subsidized child care. When making these referrals, it is the Case Manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.
43. Except where dictated by the funder, participants direct when, where and how often case management meetings occur. Meetings occur in a participant's home and/or in a location of the participant's choosing whenever possible. Case Managers respect a program participant's home as their own, scheduling appointments ahead of time, only entering when invited in and respecting the program participant's personal property and wishes while in their home. Rapid Re-Housing programs have clear safety procedures for home visits that staff are trained on and that are posted clearly visible in office space and shared with program participants at intake and shared with participants and staff whenever changes are made.
44. A Rapid Re-Housing Case Manager must perform an annual assessment in PA HMIS on every participant still enrolled in the program (even if they are not receiving a housing subsidy).
45. If a participant receiving a housing subsidy qualifies for a housing voucher (e.g., Housing Choice Voucher, Family Unification Program voucher, mainstream voucher, etc.), the participant should be encouraged to accept the voucher (although they should remain enrolled until they have received, not just applied for, the voucher). If the participant does not accept the voucher, they may remain enrolled in the Rapid Re-Housing program.
46. When closing a case, Rapid Re-Housing Case Managers:
 - a. Are responsible for ensuring that all appropriate referrals have been made and information on available community assistance has been shared with a participant;
 - b. Provide a "warm handoff" to any ongoing supports and follow up to assure that those supports are satisfactory; and,

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- c. Provide information to participants about how they can access assistance from the program again if needed and what kind of follow-up assistance may be available.
47. In instances when a currently or recently exited (within the past 12 months) participant is at imminent risk of returning to homelessness, a Rapid Re-Housing program has the capacity to either directly intervene or provide referral to another prevention resource.
48. If a participant has successfully exited the program and relocated to another unit, Rapid Re-Housing Case Managers and Housing Locators should attempt to persuade the landlord to lease the unit (and/or additional units) to other Rapid Re-Housing program participants. Landlord incentives and risk mitigation funds should be used to recruit and retain landlords if private grants or donations are available to do so.

Performance Benchmarks

1. Number of households enrolled in RRH that move into permanent housing in 30 days or less.
2. Percent of households that exit from RRH into permanent housing within 6 months.
3. Percent of households that exit from RRH into permanent housing within 12 months.
4. Percent of households that exit from RRH into permanent housing within 24 months.
5. Percent of households that exit from RRH to permanent housing and do not return to homelessness for six months.
6. Percent of households that exit from RRH to permanent housing and do not return to homelessness for twelve months.
7. Percent of households that increase their earned income.
8. Percent of households that increase their non-employment cash income.
9. Percent of households connected to mainstream resources.

PERMANENT SUPPORTIVE HOUSING STANDARDS

Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability and

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live independently. To qualify as permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long and is terminable only for cause. Permanent Supportive Housing programs may be facility-based or scattered site.

As its name implies, the core components of Permanent Supportive Housing include:

- Permanent: Tenants may live in their homes as long as they meet the basic obligations of tenancy, such as paying rent;
- Supportive: Tenants have access to the support services that they need and want to retain housing; and,
- Housing: Tenants have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities.⁴²

Eligibility

Categories 1 and 4.

Minimum Standards

1. At least one member of the participant's household must have a disability as defined by HUD:
 - a. Federal nondiscrimination laws define a person with a disability to include any (1) individual with a physical or mental impairment that substantially limits one or more major life activities; (2) individual with a record of such impairment; or (3) individual who is regarded as having such an impairment.
 - b. In general, a physical or mental impairment includes, but is not limited to, examples of conditions such as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV), developmental disabilities, mental illness, drug addiction, and alcoholism.
 - c. Some impairments are readily observable, while others may be invisible. Observable impairments may include, but are not limited to, blindness or low vision, deafness or being hard of hearing, mobility limitations, and other types of impairments with observable symptoms or effects, such as intellectual impairments (including some types of autism), neurological impairments (e.g., stroke, Parkinson's disease, cerebral palsy, epilepsy or

⁴² <https://store.samhsa.gov/system/files/sma10-4510-06-buildingyourprogram-psh.pdf>

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brain injury), mental illness or other diseases or conditions that affect major life activities or bodily functions.

- d. The term “major life activities” includes those activities that are important to daily life. Major life activities include, for example, walking, speaking, hearing, seeing, breathing, working, learning, performing manual tasks, and caring for oneself.⁴³
2. Permanent Supportive Housing program grant funds may be used for rental assistance, security deposits, vacancy payments, damage payments and administrative costs. Programs should prioritize entering into SRA’s with landlords that do not preclude subleasing based on criminal history or substance use.
3. Permanent Supportive Housing programs must comply with HUD Notice CPD-16-11 on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.
4. For chronic dedicated Permanent Supportive Housing beds, when a participant exits the program, the bed must be filled by another chronically homeless participant unless there are no chronically homeless persons located within the CoC’s geographic area.
5. Permanent Supportive Housing programs may provide the following forms of rental assistance:
 - a. Tenant-based rental assistance (TRA) in which participants may be required to live in a specific area for their entire period of participation, or in a specific structure for the first year and in a specific area for the remainder of the period of participation.
 - b. Project-based rental assistance (PRA) in which participants must live in a specific unit.
 - c. Sponsor-based rental assistance (SRA) in which participants must live in a unit leased by a non-profit organization.
6. A lease is required for participants in Permanent Supportive Housing programs. The initial lease term must be for at least a year, and terminable only for cause.
7. All housing subsidized by Permanent Supportive Housing programs must meet Housing Quality Standards and have gross rents that are determined to be reasonable in comparison to non-assisted units with similar size, condition, amenities, location, etc. Note that CoC leasing funds cannot pay above FMR.

⁴³ https://www.hud.gov/program_offices/fair_housing_equal_opportunity/disability_overview#_Who_Is_a

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8. Program participants must pay rent equal to the highest of:
 - a. 30 percent of the household's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and childcare expenses);
 - b. 10 percent of the household's monthly gross income; or,
 - c. The portion of the household's welfare assistance, if any, that is designated for housing costs.
9. Participants in Permanent Housing Programs have access to a flexible array of comprehensive supportive services, mostly on site, such as medical and wellness, mental health, substance abuse, vocational/employment and life skills, among others.
10. Permanent Supportive Housing Case Managers make referrals to appropriate community and mainstream resources, including, but not limited to income supplements/benefits (TANF, Food Stamps/SNAP, etc.), non-cash supports (healthcare, food supports, etc.), legal assistance, credit counseling, and subsidized childcare. When making these referrals, it is the Case Manager's responsibility to follow-up on receipt of assistance. However, a participant may choose not to follow up on or participate in any referred services or programs.
11. Providers are required to provide participants with supportive services to enable them to live independently throughout the duration of their residence in the Permanent Supportive Housing program. However, participants are not required to participate in them.
12. Permanent Supportive Housing Case Managers communicate and coordinate between a participant's supportive service providers, landlord/property manager, mental health and substance use recovery Case Managers or peer specialists, among others.
13. Permanent Supportive Housing Case Managers must assess the participant's service needs at least annually.
14. Permanent Supportive Housing Case Managers should pursue "Moving On" strategies with participants who may no longer need or want the intensive services offered in PSH but continue to need assistance to maintain their housing. Moving On strategies challenge a community to create partnerships between the Continuum of Care and mainstream housing programs, such as Public Housing, the Housing Choice Voucher program, and HUD-funded multifamily housing

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providers.⁴⁴ Participants in PSH projects have all the rights of tenancy and can be a part of that program as long as they desire. Moving On is not about limiting those rights but about maximizing participant choice by offering options for those in PSH projects and promoting self-sufficiency for households currently living in PSH.⁴⁵

Performance Benchmarks

1. Average length of time homeless between placement on the BNL and program enrollment.
2. Percent of participants remaining stably housed in PSH or exiting to another permanent housing destination.
3. Percent of households that increase their earned income.
4. Percent of households that increase their non-employment cash income.
5. Percent of households connected to supportive services.

⁴⁴ <https://www.hudexchange.info/programs/coc/moving-on/>

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<https://www.hudexchange.info/news/snaps-in-focus-moving-on-strategies-to-support-stable-transitions-from-permanent-supportive-housing/>

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APPENDIX: DEFINITION OF TERMS

Administrative Costs: The costs of overall program management, coordination, monitoring, and evaluation.

At Risk of Homelessness: The Written Standards use the definitions of homelessness defined in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. More detailed information is available here:

<https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule>.

1. An individual or family who:
 - a. Has an annual income below 30 percent of median family income for the area, as determined by HUD;
 - b. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and
 - c. Meets one of the following conditions:
 - i. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for Homeless Prevention assistance;
 - ii. Is living in the home of another because of economic hardship;
 - iii. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - iv. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
 - v. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
 - vi. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - vii. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan;
2. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e– 2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section

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3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

3. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance.

Chronically Homeless: The Written Standards use the definitions of homelessness defined in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. More detailed information is available here:

<https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule>.

1. An individual who:
 - a. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND
 - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least twelve months or on at least four separate occasions in the last three years where those occasions cumulatively total at least twelve months; AND
 - c. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 [42 U.S.C. 15002]), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. 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 (1) of this definition, before entering that facility; or
3. 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 (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Continuum of Care (CoC): The Continuum of Care Program is designed to promote communitywide commitment to the goal of ending and preventing homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

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Coordinated Entry: An important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region. Standardized assessment tools and practices used within local coordinated assessment processes take into account the unique needs of children and their families as well as youth. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants' choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs.

Crisis Response System: All of the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless, whereas homeless system refers specifically to the services and housing available only to persons who are literally homeless.

Disability: An individual with one or more of the following conditions:

1. A physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - (1) Is expected to be long-continuing or of indefinite duration;
 - (2) Substantially impedes the individual's ability to live independently; and
 - (3) Could be improved by the provision of more suitable housing conditions.
2. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
3. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Diversion: Diversion strategies and practices assist people to resolve their immediate housing crisis by accessing alternatives to entering emergency shelter or the experience of unsheltered living. This typically occurs at the point people request emergency services, such as entry into emergency shelter, or could take place in a day center or through outreach before a person spends a night unsheltered.

Emergency Shelter: Any facility whose primary purpose is to provide temporary housing for individuals or families experiencing homelessness for a period of 90 days or less.

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Engagement: An activity pertaining to locating, identifying, and/or building relationships with unsheltered homeless people and engaging them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.

Enrollment: The point at which a client has formally consented to participate in a project that has availability to serve the participant.

Head of Household: The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.

Homeless: The Written Standards use the four categories of homelessness defined in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. More detailed information is available here:

<https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule>.

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

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

3. 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:

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- (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 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.

4. Any individual or family who:

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

Homeless Management Information System (HMIS): A database that allows agencies within the housing crisis response system to collect basic demographic information, track services, update case plans, and track outcomes at the project and participant level. It is the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. For the Eastern PA CoC, the HMIS is called ClientTrack or PA HMIS.

Homelessness Prevention: Homelessness prevention strategies represent a wide array of efforts to prevent housing crises from occurring and to prevent people who face such crises from experiencing homelessness.

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Homeless Under Other Federal Statutes: Persons may be defined as homeless by other statutes, such as section 387 of the Runaway and Homeless Youth Act, section 637 of the Head Start Act, section 41403 of the Violence Against Women Act, section 330(h) of the Public Health Service Act, section 3 of the Food and Nutrition Act of 2008, section 17(b) of the Child Nutrition Act of 1966, and section 725 of the McKinney-Vento Homeless Assistance Act.

Household: The term household is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children).

Housing First: A Housing First system orientation recognizes that people experiencing homelessness—like all people—need the safety and stability of a home in order to best address challenges and pursue opportunities. The Housing First approach connects people back to a home as quickly as possible, while making readily available the services that people may need to be stable and secure. Core components of a Housing First system orientation include:

- Street outreach providers, emergency shelters, and other parts of the crisis response system are working closely with housing providers to connect people to permanent housing as quickly as possible.
- The community has a data-driven coordinated entry system for matching people experiencing homelessness to the most appropriate housing and services based on their needs.
- The community has a unified and streamlined process for applying for rapid re-housing, supportive housing, and/or other housing interventions.
- Community leaders work collaboratively to ensure that a range of affordable and supportive housing options and models are available to meet local needs.
- Policies and regulations related to supportive housing, social and health services, benefit and entitlement programs, and other essential services do not create needless barriers to housing.
- Communities work to ensure that people are not evicted back into homelessness whenever possible.

HUD: The U.S. Department of Housing and Urban Development.

Participants: People in a housing crisis who are accessing or being assessed by Coordinated Entry are referred to as people or persons; once they are referred to and enroll in housing or supportive services, they are program participants.

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Permanent Housing (PH): Community-based housing without a designated length of stay, which includes Permanent Supportive Housing (PSH), Joint Transitional Housing - Rapid Re-Housing, and Rapid Re-Housing (RRH). Examples of permanent housing include, but are not limited to, a house or apartment with a month-to-month or annual lease term or home ownership.

Rapid Exit: Rapid exit strategies are appropriate after a household has entered emergency shelter or stayed in an unsheltered setting and serves to help them move as quickly as possible back into housing with the support of services and a minimal level of financial assistance.

Rapid Re-Housing: Rapid re-housing is an intervention designed to help individuals and families that don't need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household.

Rent Reasonableness: The total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same period for comparable non-luxury unassisted units. Such determinations should consider: (a) location, quality, size, type, and age of unit; and (b) any amenities, housing services, maintenance and utilities to be provided by the owner. Comparable rents may be verified by using a market study, reviewing comparable units advertised for rent, or by obtaining written verification from the property owner documenting comparable rents for other units owned.

Street Outreach: Street Outreach identifies and engages people living in unsheltered locations, such as in cars, parks, abandoned buildings, encampments, and on the streets, plays critical roles within systems for ending homelessness. Effective street outreach reaches people who might not otherwise seek assistance or come to the attention of the homelessness service system and ensures that people's basic needs are met while supporting them along pathways toward housing stability.

Supportive Housing: Supportive housing links decent, safe, affordable, community-based housing with flexible, voluntary support services designed to help the individual or family stay housed and live a more productive life in the community. There is no time limitation, and tenants may live in their homes as long as they meet the basic obligations of tenancy. While participation in services is encouraged, it is not a condition of living in housing. Housing affordability is ensured either through a rent

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subsidy or by setting rents at affordable levels. There is no single model for supportive housing's design. Supportive housing may involve the renovation or construction of new housing, set-asides of apartments within privately-owned buildings, or leasing of individual apartments dispersed throughout an area.

Transition Age Youth (TAY): An individual between the ages of 16 and 24.

Transitional Housing: Programs that offer housing and services for up to two years to individuals and families experiencing homelessness. While many people who have traditionally been assisted in long-term congregate transitional housing may be served more efficiently in other program models, this model may be appropriate for some people, including:

- Certain individuals and heads of households struggling with a substance use disorder;
- Individuals in early recovery from a substance use disorder who may desire more intensive support to achieve their recovery goals;
- Survivors of domestic violence or other forms of severe trauma who may require and prefer the security and onsite services provided in a congregate setting to other available housing options; and
- Unaccompanied and pregnant or parenting youth (age 16-24) who are unable to live independently (e.g. unemancipated minors) or who prefer a congregate setting with access to a broad array of wraparound services to other available housing options.

The majority of people experiencing homelessness do not require lengthy stays in transitional housing in order to successfully acquire and sustain permanent housing. People whose primary barrier to housing stability is economic in nature do not require transitional housing, nor do people with serious mental illnesses who may be better served in other program models, such as permanent supportive housing. Long-term stays in congregate transitional housing programs should therefore be reserved for those individuals with severe or specific needs who choose transitional housing over other services that would help them more quickly reconnect to permanent housing. Programs serving these populations should have as few barriers as possible to program entry (e.g. sobriety requirements) and to continuation in the program.