

Regulations Regarding Written Standards

HUD 24 CFR 578.7

(9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- (i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- (ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- (iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
- (v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
- (vi) Where the Continuum is designated a high-performing community, as described in subpart G of this part, policies and procedures set

HUD 24 CFR 576

(e) Written standards for providing ESG assistance.

(1) If the recipient is a metropolitan city, urban county, or territory, the recipient must have written standards for providing Emergency Solutions Grant (ESG) assistance and must consistently apply those standards for all program participants. The recipient must describe these standards in its consolidated plan.

(2) If the recipient is a state:

(i) The recipient must establish and consistently apply, or require that its subrecipients establish and consistently apply, written standards for providing ESG assistance.

If the written standards are established by the subrecipients, the recipient may require these written standards

to be:

(A) Established for each area covered by a Continuum of Care or area over which the services are coordinated and followed by each subrecipient providing assistance in that area; or

(B) Established by each subrecipient and applied consistently within the subrecipient's program.

(ii) Written standards developed by the state must be included in the state's Consolidated Plan. If the written standards are developed by its subrecipients, the recipient must describe its requirements for the establishment and implementation of these standards in the state's Consolidated Plan.

(3) At a minimum these written standards must include:

(i) Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under Emergency Solutions Grant (ESG);

(ii) Standards for targeting and providing essential services related to street outreach;

(iii) Policies and procedures for admission, diversion, referral, and discharge by emergency shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations, e.g., victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing and are likely to be homeless the longest;

(iv) Policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to emergency shelter;

(v) Policies and procedures for coordination among emergency shelter providers, essential services providers, homelessness prevention, and rapid rehousing assistance providers; other homeless assistance providers; and mainstream service and housing providers (see §576.400(b) and (c) for a list of programs with which ESG-funded activities must be coordinated and integrated to the maximum extent practicable);

(vi) Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance (these policies must include the emergency transfer priority required under §576.409);

(vii) Standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance;

(viii) Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time; and

(ix) Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receive assistance; or the maximum number of times the program participant may receive assistance.

What Other Communities Say about RRH Prioritization

New Bedford, Massachusetts

<https://www.nbhspn.com/nbhspn/wp-content/uploads/2019/09/OPERATIONAL-STANDARDS.pdf>

33. Prioritizing Eligible Households for Re-Housing Programs (RRH)

CoC and ESG Program RRH

Eligible participants are referred to the rapid re-housing program for which they are eligible and prioritized based the following prioritization:

1. Chronically Homeless individuals and families with the Longest History of Homelessness and with the Most Severe Service Needs¹²
2. Non-Chronically Homeless individuals and families with the Longest History of Homelessness and with the Most Severe Service Needs.

¹² Chronically Homeless Households maintain their chronic status in RRH and therefore this assistance can be used as bridge housing once PSH is available if determined a more appropriate intervention

In instances where two or more households have equal priority, applicants will be further prioritized as follows:

- o Veterans Not Eligible for Housing/Health VA Services
- o Survivors of Domestic Violence
- o Unaccompanied Youth (18 – 24 years of age)

The most severe service needs will be determined by the household's VI-SPDAT score

Note: The prioritization process must take into account client choice. Prior to Rapid Re-housing being used as a bridge to PSH the Coordinated Entry System Lead and associated case workers must develop a plan to ensure that the projects are resourced to successfully bridge the household into PSH.

Riverside County, California

<http://dpsr.co.riverside.ca.us/files/pdf/homeless/resources/rivco-coc-written-standards-8-23-17.pdf>

Rapid re-housing is an effective intervention for many different types of households experiencing homelessness, including those with no income, with disabilities, and with poor rental history. The majority of households experiencing homelessness are good candidates for rapid re-housing. The only exceptions are households that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction.

The Riverside County CoC will prioritize the following subpopulations:

- 1) families with children
- 2) domestic violence survivors

3) single adults

4) veterans that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction.

Texas Balance of State

https://www.thn.org/wp-content/uploads/2019/03/Approved_TX-BoS-CoC-Written-Standards-2018-19.pdf

Prioritization The TX BoS CoC agrees with HUD that people with the greatest needs must receive priority for any type of housing and homeless assistance available in the CoC. Therefore, the CoC Program-funded RRH projects in the TX BoS CoC must prioritize households experiencing homelessness with the following characteristics:

- Households with the highest service needs
- Households sleeping in an unsheltered sleeping location
- Households with the longest history of homelessness
- Households with the earliest enrollment date in HMIS or an HMIS-comparable database

Rapid Re-Housing is matched to households that receive a total score between 4 and 7 on the VI-SPDAT or 4 and 8 on the F-VI-SPDAT. The following outlines the procedure for determining which household a CoC Program-funded RRH project must contact to fill an availability:

1. Using either the Housing Priority List or the project referral functionality in HMIS, identify the households with the highest total score. The higher the total VI-SPDAT or F-VI-SPDAT score, the higher the service need. The total score is obtained upon completion of administering the VI-SPDAT or F-VI-SPDAT.
2. Of the households with the highest total score, identify those households sleeping in an unsheltered location. The unsheltered sleeping location is determined by the response to question 1 of the VI-SPDAT version 2 or question 5 of the F-VI-SPDAT version 2.
3. Of the households with the highest total score and those sleeping in an unsheltered location, identify the households that have experienced homelessness the longest. Length of time homeless is based on question 2 of the VI-SPDAT version 2 or question 6 of the F-VI-SPDAT. Additional homelessness history documented within HMIS through enrollments may also be utilized to document this length of time.
4. Of the households with the highest total score, sleeping in an unsheltered location, and having experienced homelessness the longest, identify the household(s) with the date of first enrollment, or when the household first presented for assistance anywhere in the TX BoS CoC, giving priority to the oldest enrollment.

The project would contact that household with the highest total score, sleeping in an unsheltered location, having experienced homelessness the longest, and with the oldest enrollment to offer their housing and services.

King County, Seattle

https://kingcounty.gov/~media/depts/community-human-services/housing-homelessness-community-development/documents/CEA/Dynamic_Prioritization_One_pager_Final.ashx?la=en

The single adult, young adult and veteran case conference groups are utilizing the Interim Prioritization strategies and have eliminated banding for all forms of housing. This allows all available resources to go the most vulnerable households regardless of scores. The Family Case Conferencing group is projected to move to this strategy in late January, 2019.

Philadelphia

<http://www.philadelphiaofficeofhomelesservices.org/wp-content/uploads/2017/12/signed-approved-coc-written-standards.pdf>

TRANSITIONAL HOUSING, RAPID RE-HOUSING, AND PERMANENT SUPPORTIVE HOUSING

Prioritization Factors for Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing are the following:

- Severity of service need (VI-SPDAT score)
- Verified chronic homeless status
- Length of time homeless
- Currently living in an unsheltered situation

Housing prioritization is implemented using a “Banding Order”, meaning the households’ VI-SPDAT score is associated with the type of housing resource a household is prioritized for.

CEA-BHRS Band	Family VI-SPDAT Score	Singles VI-SPDAT Score	Youth VI-SPDAT Score	Housing Resource
High	9-22	8-17	8-17	Permanent Supportive Housing
				Rapid Re-Housing (for households that are not eligible for PSH and are not part of a TH target population)
				Transitional Housing (for households that are not eligible for PSH and are part of a TH target population)
Medium	4-8	4-7	4-7	Rapid Re-Housing (for households that not part of a TH target population)
				Transitional Housing (for households that are part of a TH target population)
Low	0-3	0-3	0-3	Not prioritized for a housing resource through CEA-BHRS

ORDER OF PRIORITY

Individuals and families are prioritized for housing resources within the associated “band” based on their VI-SPDAT score. When there are multiple individuals or families with the same VI-SPDAT score, the housing unit is then prioritized using the following tie-breakers in the following order: 1. Chronic status, then 2. Length of time homeless, then 3. Current living situation (unsheltered prioritized above sheltered), then 4. Housing Assessment Date (oldest assessment date prioritized first)

For example, if there are two individuals who scored 18, and both are identified as chronically homeless, then the unit is prioritized for the household with the longest cumulative length of time homeless. If both individuals were experiencing homelessness for the same amount of time, then the unit is prioritized for the individual who is currently unsheltered. Lastly, if both are unsheltered, the unit is prioritized for the individual with the oldest assessment date.

The CEA-BHRS Order of Priority is based off of the Order of Priority included in HUD’s Prioritization Notice (Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing). Permanent Supportive Housing beds dedicated or prioritized for occupancy by persons experiencing chronic homelessness will only receive referrals for households who meet HUD’s definition of chronic homelessness. That means if none of the households who scored 18 meet the definition of chronic homelessness, then the highest prioritized household that scored a 17 will be referred.

When there are no chronically homeless individuals or families prioritized for PSH, referrals are made following the prioritization order below for beds not dedicated or prioritized for occupancy by persons experiencing chronic homelessness: 32 Philadelphia CoC Written Standards - November 2017

- First Priority – Individuals and families with a disability who has experienced fewer than four occasions of homelessness but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
- Second Priority – Individuals and families with a disability experiencing homelessness and has been identified as having severe service needs.
- Third Priority – Homeless individuals and families with a disability coming from places not meant for human habitation, safe haven, or emergency shelter without severe service needs
- Fourth Priority – Homeless individuals and families with a disability coming from transitional housing

Survey Results

What should Rapid Rehousing look like in Dane County? Is there a population that should be prioritized? Is there a certain VI-SPDAT range that should be targeted? Once a project has exhausted all of the prioritized RRH referrals, where do they go next? Please include any data you have that backs up your thoughts.

17 Responses

- The prioritize population depends on units available, and whether it is meant for a family or singles. Once a project has exhausted all of the prioritized RRH Referrals, non-chronic homeless individuals with a VI-SPDAT score in the highest 25% should be eligible for RRH, regardless of chronicity.
- I don't think we should expand to the top of the list if the only reason is because we do not have enough of the appropriate intervention available in our community (i.e. PSH). If we expanded RRH to cover higher needs/lengths of homelessness, we should be building in options to transfer to PSH if RRH is not the appropriate intervention. We also need more robust options for folks who most need an ongoing subsidy (losing RRH financial assistance will prevent them from maintaining their housing). RRH is also not an effective model if we do not have landlord engagement to support a larger number of programs. I don't know that there is anything magical about the 4-7 range, and we could decide to expand it to 4-9 or 4-10. My cursory google search did not bring up any compelling results about target population, other than that HUD's guide says RRH is not appropriate for folks who are experiencing chronic homelessness or who require PSH. I guess if the list is exhausted I would say start at the next number up (e.g. 10 on VI-SPDAT if the current range is 4-9), but non-chronic.
- Singles that won't be placed in PSH in the next 90-120 days should be prioritized for RRH, highest score first for people with 6 and above. Chronic veterans who don't qualify for VASH should also be prioritized.
- I would argue that anyone who jumps to "What scores on the SPDAT should be RRH vs. something else is making a mistake. I would argue that, first, consider the values and outcomes the community intends. When our agency first thought about getting into the Rapid Re-Housing business, we were heavily influenced by The Rapid Re-Housing Toolkit of the National Alliance to End Homelessness, people who study this stuff. This is what they had to say about who should get Rapid Re-Housing: RRH can be effective for a wide range of people who experience homelessness. RRH programs should cast a wide net and target most individuals and families experiencing homelessness in a community. No research has yet been able to identify or predict characteristics that are associated with success or failure in an RRH program. Thus, communities should seek to have sufficient resources to offer RRH to anyone who is homeless and cannot otherwise exit homelessness quickly, either on their own or through some other form of permanent housing assistance such as permanent supportive housing. The great majority of RRH clients exit homelessness to permanent housing, and a relatively low number return to homelessness. While further research is needed, communities and programs report similar rates of success across different subpopulations and people with different levels and types of barriers. Nationally and locally, RRH programs such as the Supportive Services for Veteran Families (SSVF) program have demonstrated

that even people with high tenancy barriers and those with zero income can obtain and retain permanent housing with the assistance of RRH. A key to success is individualized and flexible assistance, progressive engagement, and the ability to make program modifications when needed. RRH programs must be attentive and informed about how to address the special needs of individuals and families, as well as those needs that are related to the program's target subpopulations, such as youth, survivors of domestic violence, veterans, or persons who experience chronic homelessness. The RRH program may need to offer deeper subsidies, offer more intensive support, safety planning, or service connections, or find creative approaches to help some subpopulations make the adjustments necessary to stabilize in permanent housing. People with the highest levels of vulnerability, trauma, and/or the least experience living in independent housing may require higher levels of staff support as they stabilize in permanent housing. An RRH program must be alert to evidence that a person needs more than a basic level of support. But it is important not to make assumptions that all members of a subpopulation, even a particularly vulnerable subpopulation, will need longer-term, intensive assistance.

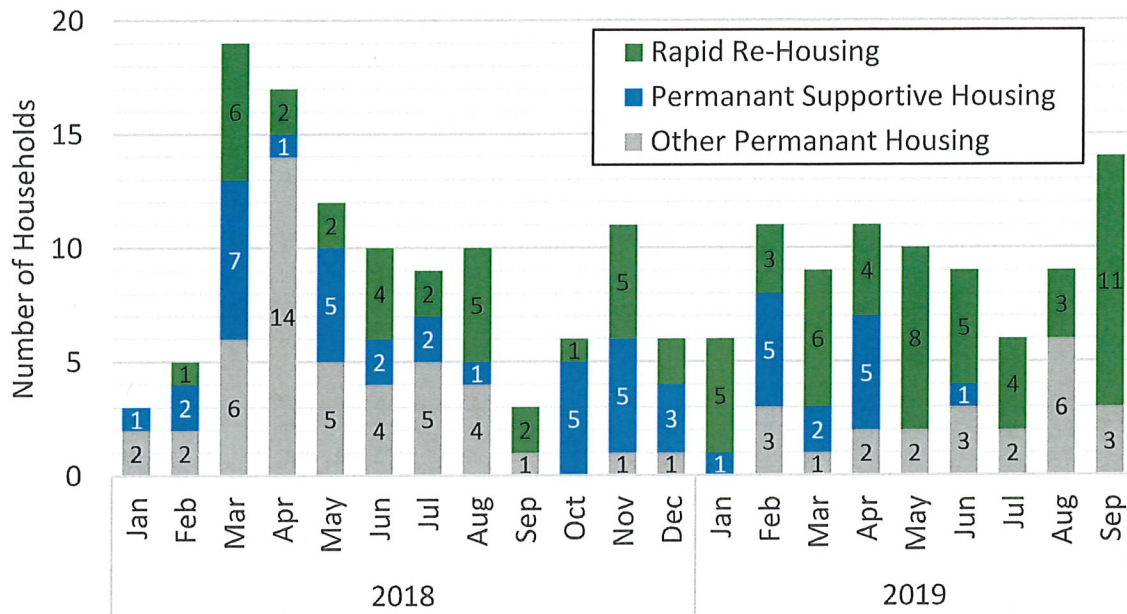
- I think setting a range is a good idea. I have no opinion on what that range should be. I do not think there should be a prioritization within RRH since we have such trouble filling the units we have.
- Families with school aged children
- I feel that the RRH households should continue to be a SPADT range 6 to 10 area. Since landlords require different qualifications for units it would be helpful to match the household with landlord screening criteria.
- increase of short term living with a focus on folks living with Mental Health/ substance challenges
- I do feel that we need to make our rules more strict
- Young adults. Especially now that Briarpatch's TLP will be closing at the end of October, there are virtually no options for young adults. Proving landlords with assurance that there are funds to pay the rent if the client is unable to, helps to encourage landlords to give first time renters a chance.
- Doubled up families
- I feel that RRH should retain its focus on the middle band of VI-SPDAT scores. If the list is exhausted I think it is appropriate to move up one score and work down from there. I do not have numbers on housing retention associated with different scores but if we currently see similar retention rates across each score in the 4-7 band (4-8 for families) that may provide an argument for moving the upper end of the range up one increment but I do not think RRH should switch its focus entirely. I realize this means there is a segment of the priority list that will not be served but this is an argument for increasing PSH supply, not altering RRH targeting. While the short term intervention of RRH would temporarily provide great benefit the more vulnerable participants currently passed over, over the long term neither participants, providers nor the community benefit from providing housing to this population without also ensuring the appropriate supports are in place.
- Rapid Re-Housing should pull from the top of the prioritization list. I do not think there should be any specific range that is targeted, as there is no data I've seen that shows certain people have better luck in Rapid Re-Housing than others. The point of the prioritization list is to get the most vulnerable people into housing first, so RRH should pull from the top of the list in order to follow that mission. I am assuming the projects that have exhausted all RRH referrals are from the families list. If they still have money and no people who need housing, that money should be redirected to single adults who do need RRH assistance.
- Families with young children who are staying hotels/motels or are unsheltered (camping/living out of car) should be prioritized; the evidence of long-term adverse impact of homelessness on young children underscores this.
- I believe we should target folks in the RRH range and then when we have gone through the entire list we should move up the list from the top of the RRH range. For families after the list is gone through we move to 9 and singles move to 8. I believe the RRH model works well with RRH VI-SPDAT scores. If we ultimately chose to move in another direction I would like to see additional evidence or data from other communities that this has worked.

Commented [KMT1]: At this time, HUD-funded projects would not be able to prioritize households who are doubled-up.

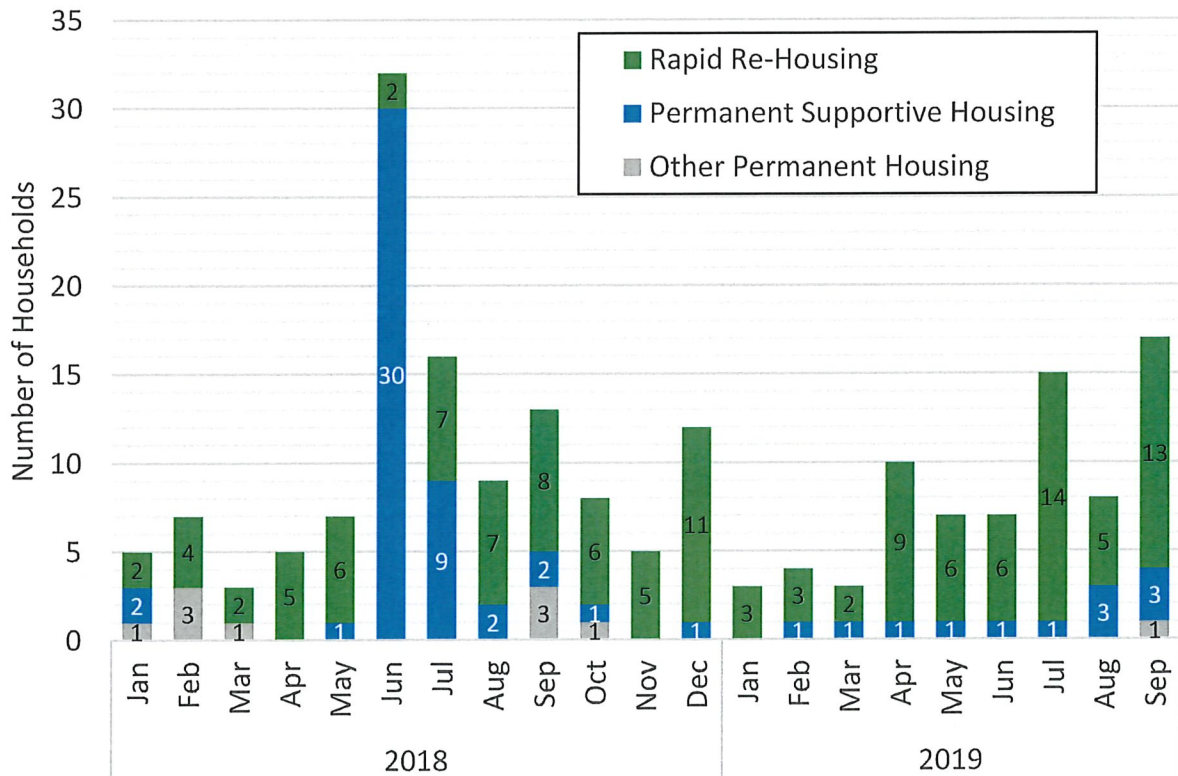
Commented [KMT2]: HUD-funded projects would not be able to prioritize this population unless their stays are paid for by an agency.

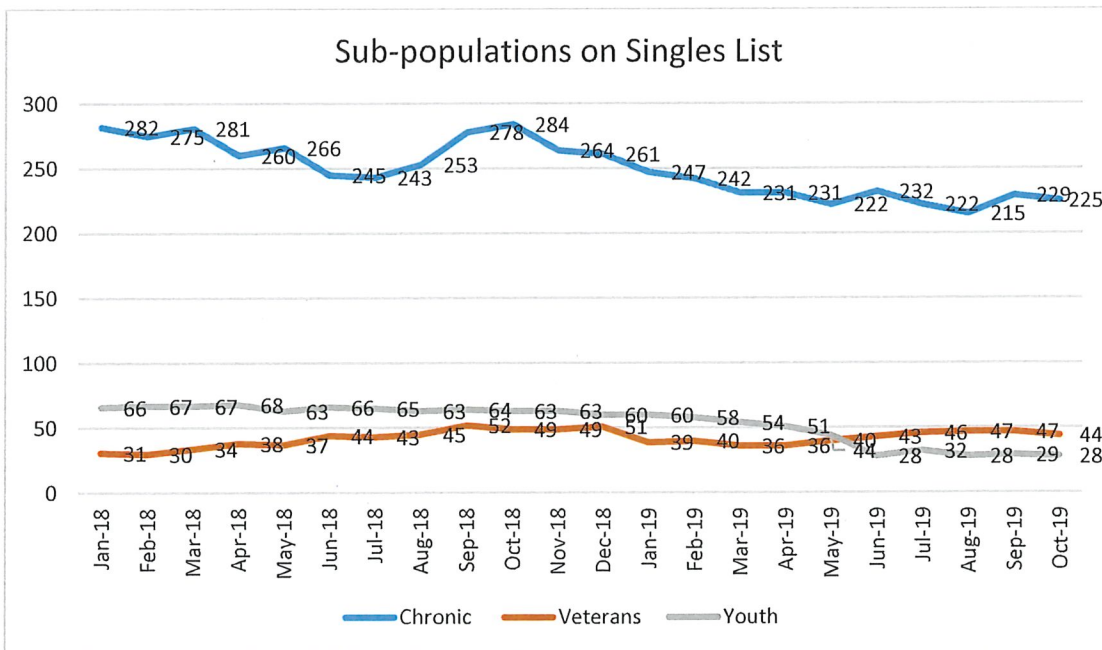
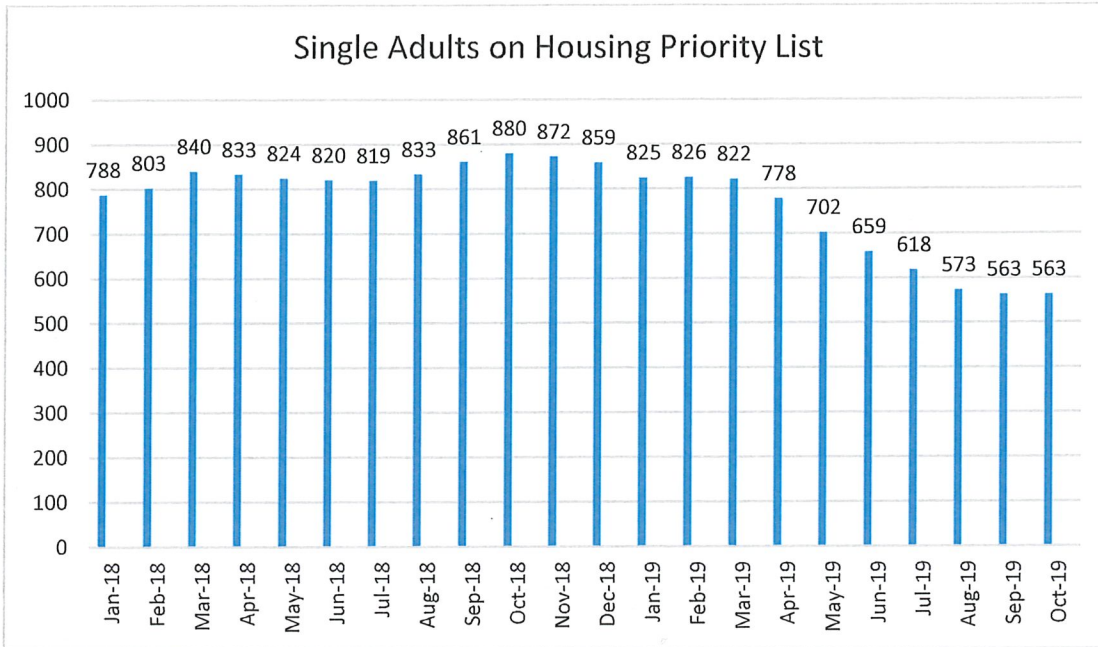
- singles 4-7 and families 4-8. If RRH providers take higher scores they should be documented and PSH providers should take transfers if RRH support isn't enough for the participant
- Random RRH thoughts: I would like to eventually see our community use RRH as a first level of intervention for all households. Data is showing this intervention to be just as effective if not more effective than other interventions. That being said, if we move to everyone doing RRH first or maybe even a couple of times first then, I think we need to have more support in our community for helping folks get their chronic documentation done before entry into the RRH program. My other thought would be if we want to have those that are chronic earmarked for PSH, then RRH could be for anyone else who isn't chronic starting at the top of the list and moving down from there. I don't think vi-SPDAT should be taken into account when trying someone in RRH. Other components that I think need to be explored more if we want to do RRH for everyone is a really robust housing location program and perhaps positions to handle landlord concerns that is a 24 hr line.

Coordinated Entry Housing Placements - Single Adults

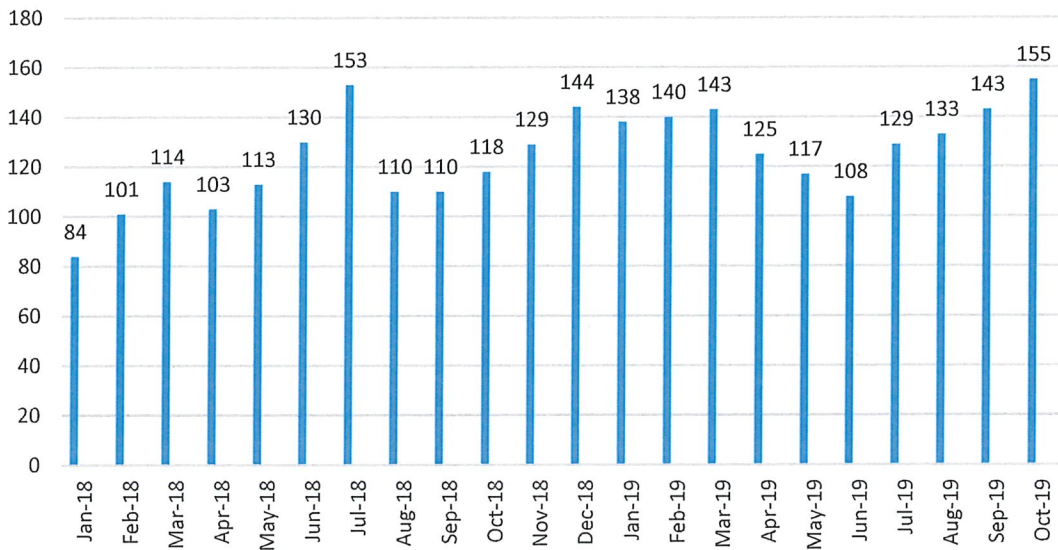


Coordinated Entry Housing Placements - Families

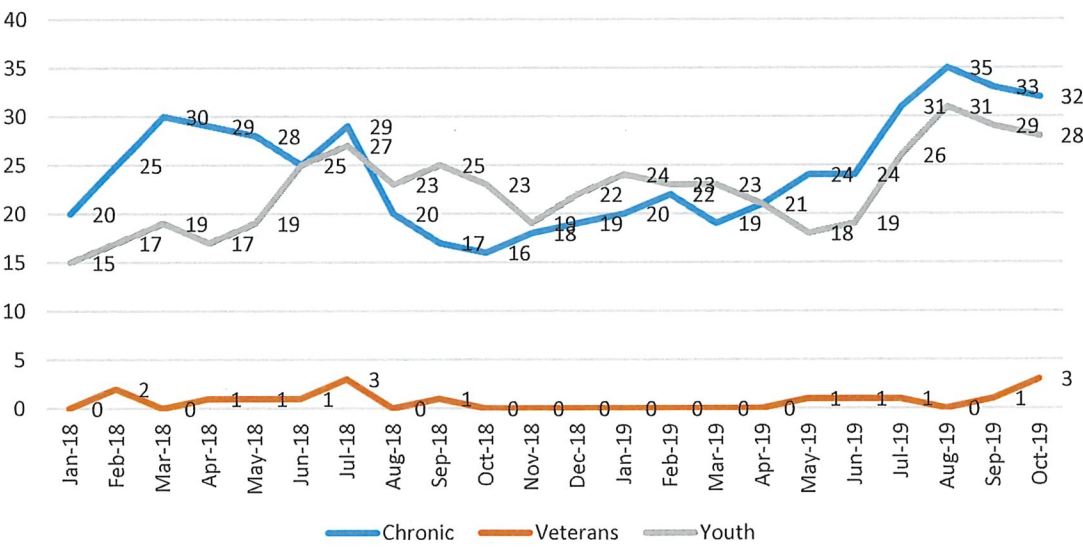




Families on the Housing Priority List



Sub-populations on Family List



**Singles List -
10/4/19**

All Singles

Score	Number of Singles
1	7
2	12
3	35
4	33
5	34
6	37
7	31
8	71
9	60
10	49
11	35
12	25
13	29
14	30
15	32
16	36
17	2
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Total	565 singles

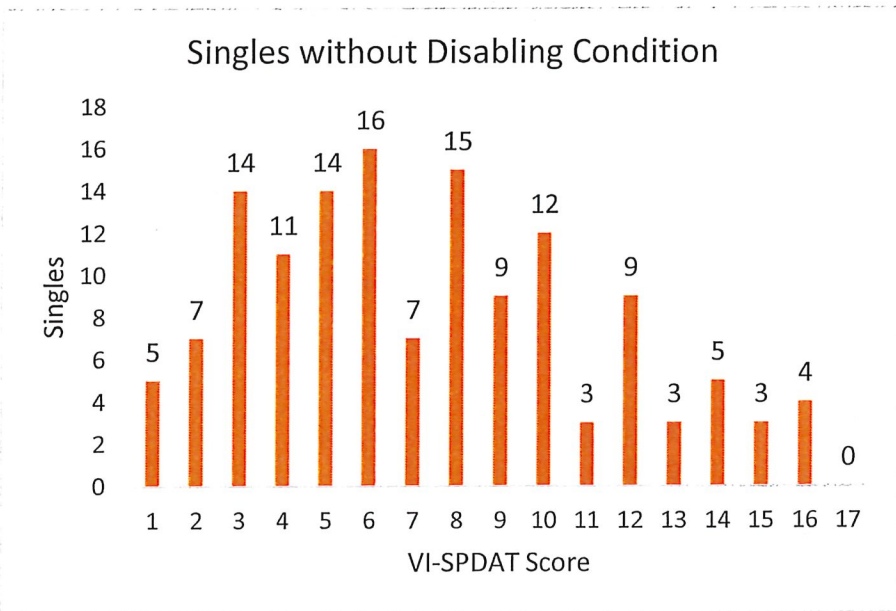
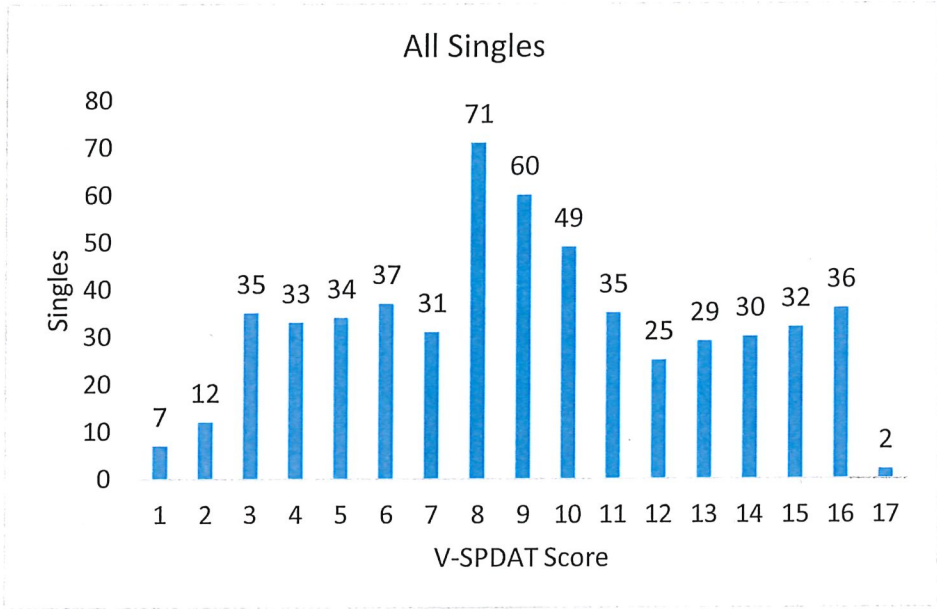
4-7 range	135	24%
8-10 range	180	32%
11-17 range	189	33%

Singles w/o Disabling Condition

Score	Number of Singles
1	5
2	7
3	14
4	11
5	14
6	16
7	7
8	15
9	9
10	12
11	3
12	9
13	3
14	5
15	3
16	4
17	0

Total 137 singles
Percent of All
singles 24.25%

4-7 range	48	35%
8-10 range	36	26%
11-17 range	27	20%



Singles homeless 10 months or less

Score	Number of Singles
1	2
2	2
3	6
4	10
5	12
6	9
7	10
8	13
9	12
10	8
11	2
12	3
13	2
14	1
15	4
16	3
17	0

Singles homeless 10 months or less AND w/o Disabling Condition

Score	Number of Singles
1	1
2	0
3	4
4	4
5	2
6	3
7	1
8	2
9	3
10	1
11	0
12	1
13	1
14	1
15	1
16	0
17	0

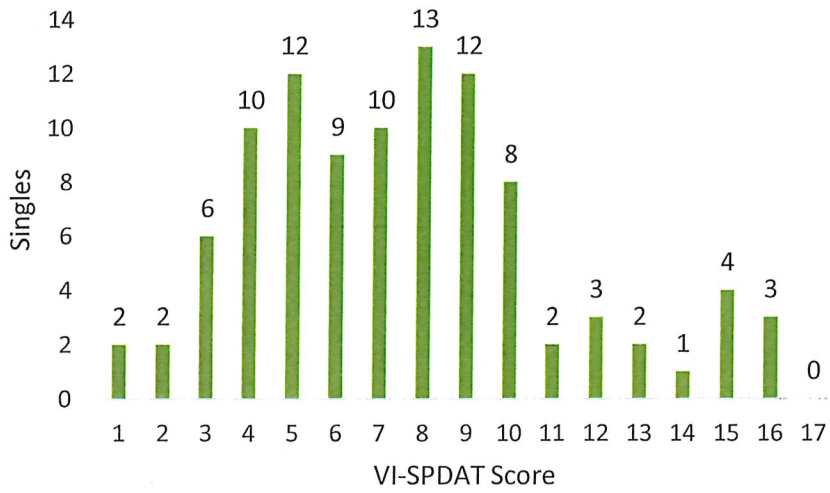
Total 99 singles
Percent of All Singles 17.52%

Total 25 singles
Percent of All Singles 4.42%

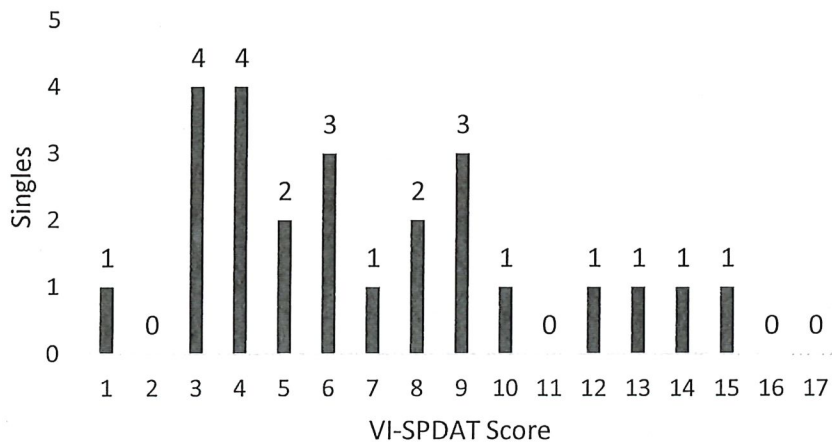
4-7 range 41 41%
8-10 range 33 33%
11-17 range 15 15%

4-7 range 10 40%
8-10 range 6 24%
8-17 range 4 16%

Singles Homeless 10 Months or Less



Singles Homeless 10 Months or Less AND without a Disabling Condition



**Family List -
10/4/19**

All Households

Score	Number of Households
1	1
2	3
3	6
4	11
5	9
6	12
7	12
8	15
9	15
10	18
11	13
12	15
13	9
14	8
15	4
16	3
17	0
18	2

data error 2
Total 158 households

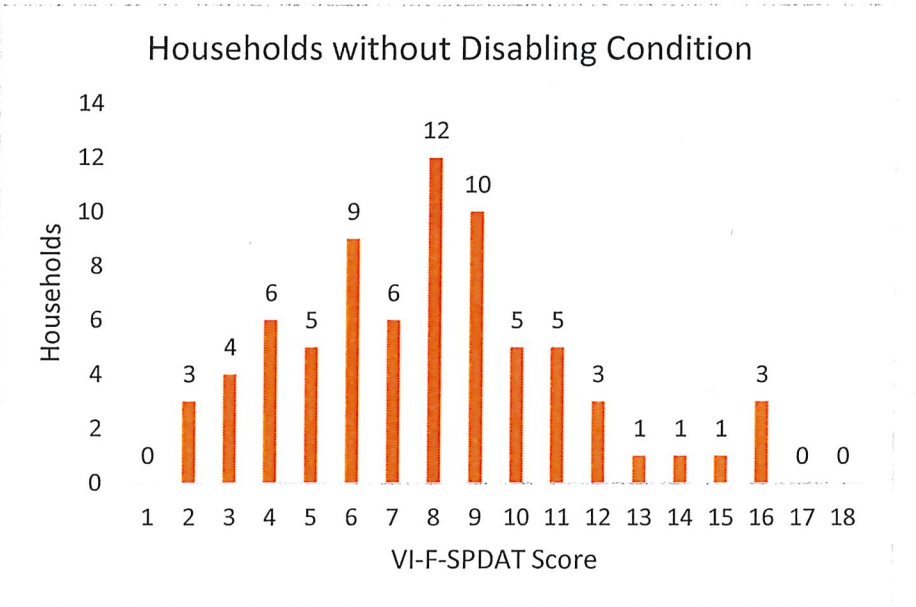
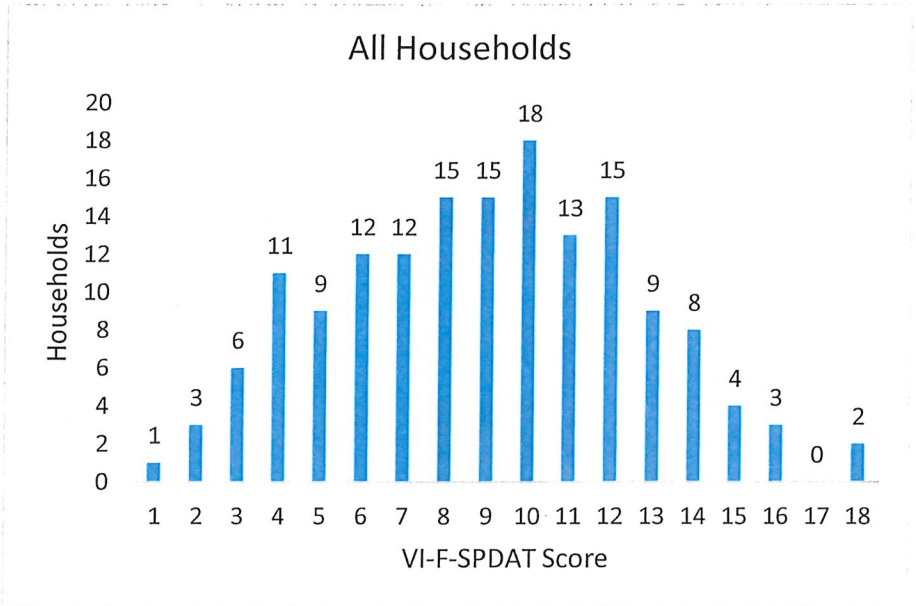
4-8 range 59 37%
9-11 range 46 29%
12-18 range 41 26%

Households w/o Disabling Condition

Score	Number of Households
1	0
2	3
3	4
4	6
5	5
6	9
7	6
8	12
9	10
10	5
11	5
12	3
13	1
14	1
15	1
16	3
17	0
18	0

Total 74 households
Percent of All Households 46.84%

4-8 range 38 51%
9-11 range 20 27%
12-18 range 9 12%



Households homeless 6 months or less

Score Number of Households

1	1
2	0
3	3
4	3
5	6
6	5
7	3
8	4
9	2
10	4
11	3
12	1
13	3
14	0
15	1
16	1
17	0
18	0

Total 40 households
Percent of All Households 25.32%

4-8 range 21 53%
9-11 range 9 23%
12-18 range 6 15%

Households homeless 6 months or less AND w/o Disabling Condition

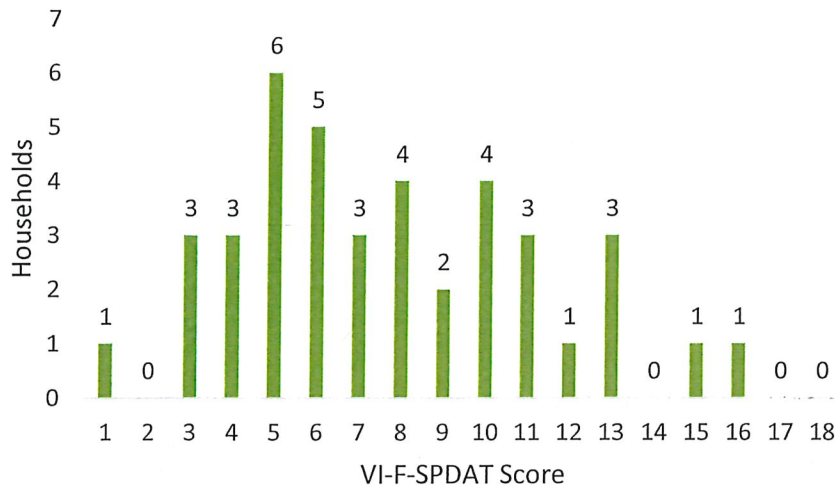
Score Number of Households

1	0
2	0
3	2
4	2
5	3
6	4
7	1
8	4
9	2
10	2
11	1
12	0
13	1
14	0
15	0
16	1
17	0
18	0

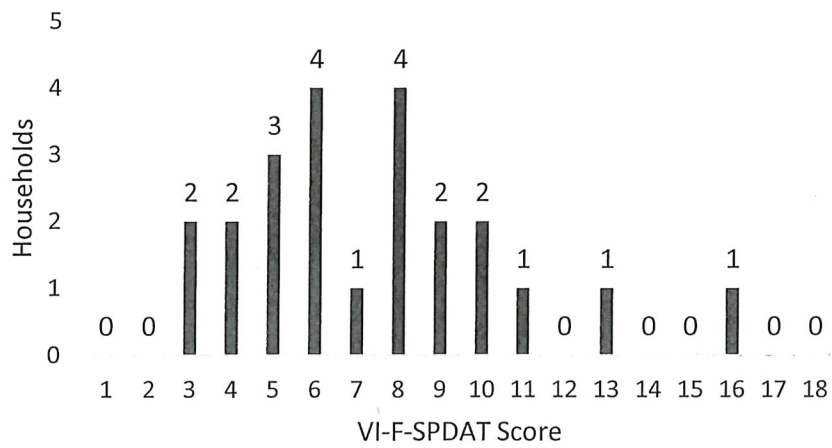
Total 23 households
Percent of All Households 14.56%

4-8 range 14 61%
9-11 range 5 22%
12-18 range 2 9%

Households Homeless 6 Months or Less



Households Homeless 6 Months or Less AND without a Disabling Condition



The Homeless Services Consortium is asking for funds to create and maintain a Landlord Mitigation Fund.

Background

Since 2015, Permanent Supportive Housing (PSH) providers have made significant changes to their programming. Many of these changes were directives from the Department of Housing and Urban Development to use a Coordinated Entry System, fully embrace Housing First practices and prioritize the most vulnerable people in our community. Prior to this, individual housing programs maintained wait lists and screened participants to ensure a good fit for programming. Currently, when a PSH unit is vacant, the provider will house the first eligible household on the community's Housing Priority List. The PSH provider is only screening for minimum requirements of meeting the definition of chronic homelessness (disability status and length of homelessness) and are ensuring the unit available is the right size for the household. There are no income requirements, criminal background checks or willingness to participate in treatment.

The Concern

Since making these changes, programs are serving households with very high needs. This is a great service to the people and to our community. However, some of the folks have not been in housing for quite some time and can be rough on the property. Since 2015, PSH providers have seen a significant increase in expenses related to damages to their units and the units of partner landlords. There has not been an increase in funding to address these concerns.

Provide data to show this

The Solution

The United States Interagency Council on Homelessness¹ indicates that Landlord Mitigation Funds can be an effective way to increase engagement with landlords. Landlord Mitigation Funds are available to landlords who work with households in housing programs and can be used to offset the costs related to ensuring a unit meets habitability standards, damages caused by tenant, and loss of rent while unit is being repaired.

It is believed that this type of fund would help to maintain non-profit owners ability to serve the most vulnerable populations. In addition, this could help providers increase and strengthen partnerships with landlords if there are additional financial resources available. Washington State has a Landlord Mitigation Fund² established that we believe could be implemented in Dane County, City of Madison, State of Wisconsin.

Commented [KMT1]: Depends on who we are advocating to.

¹ <https://www.usich.gov/tools-for-action/engaging-landlords-risk-mitigation-funds-community-profiles/>

² <https://www.commerce.wa.gov/building-infrastructure/housing/landlord-mitigation-program/>