**Long Island Rapid Re-Housing Practice Standards***For CoC and ESG/ESG-CV Program-funded Projects*

*Last Updated: July 2022*

This document represents a compilation of practice standards designed by community stakeholders and providers administering CoC, ESG, and/or ESG-CV-funded Rapid Re-housing (RRH) programs. These standards were developed to further advance and formalize practices and procedures throughout the delivery of RRH activities and services for individuals and families experiencing homelessness in Long Island.

**What are practice standards?**

Practice standards represent a level of quality attainment, a norm, a model, or an approach that programs work to meet. A simple example is a practice standard that all staff will be trained in Housing First approaches.

**Why establish practice standards?**

Providers, consumers, and system planners benefit from the establishment of practice standards to govern how a housing intervention functions within a crisis response system.

* + **For Providers:** Standards create mutual understanding within and between agencies working together to end homelessness
  + **For Consumers:** Standardsincrease predictability, quality and consistency of consumer experience
  + **For the System:** Standards align providers’ practice with funders’ expectations to continually improve the system’s performance

**How can these practice standards be used in our day-to-day work?**

Staff of any CoC, ESG, or ESG-CV-funded RRH program should follow these standards as a guide to how to perform various elements of their RRH program. These standards can also be used to train staff, build programmatic systems of monitoring program performance, and create collaborations to optimize a program’s ability to move people experiencing homelessness into permanent supportive housing and assist households to maintain that housing.

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Eligibility, CES Referral, Outreach, Program Enrollment & Program Denial

Rapid Re-Housing (RRH) assists those who are experiencing homelessness to be quickly and permanently housed. RRH projects provide housing relocation and stabilization services and short or medium term rental assistance as needed to help a homeless individual or family move as quickly as possible to permanent housing and achieve stability in that housing.

## Eligibility Criteria

* ***For CoC RRH only:*** Households must meet the definition of homeless as found in the [Homeless Definition Final Rule](https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/). [[1]](#footnote-1) Due to the CoC’s prioritization standards, in general, households who are prioritized and referred generally meet Category 1[[2]](#footnote-2) or Category 4 of HUD’s definition of homelessness (see Appendix A for Definitions).
* ***For ESG/ESG-CV only:*** Households must meet the definition of literally homeless (referred to as Category 1 in the Homeless Definition Final Rule). RRH assistance is also available to people fleeing or attempting to flee domestic violence if they are also literally homeless (24 CFR part 576.104).
* Households Must meet any grant specific target population outlined in the grant agreement, if applicable (e.g. your grant agreement specifies this- ex. Youth between 18-24 years old).
* Households must be referred by Coordinated Entry Using the CoC-wide Prioritization Order (Length of Time homeless/Service Need Score).
* Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.
* Must follow Housing First principles. Potential participants cannot be screened out due to having too little or no income, an active or history of substance use disorder, a history of domestic violence, a criminal record (w/the exception of state restrictions) or belonging to any groups protected in the non-discrimination policy outlined in the CES Manual.
* Declining participant’s admission into program should be rare and occur only in limited situations described further in the Program Denials section.

## CES Referral, Outreach, & Enrollment

HUD emphasizes that CE systems and its participating providers should create systems/policies to ensure referrals from CE are enrolled into housing programs and housed as quickly as possible. All RRH providers must follow the timeframes and protocols established below to ensure this standard is met.

* When a RRH vacancy becomes available, the RRH provider will notify the CES Coordinator of the intent to pull the next prioritized household from the CES waitlist.
* CES staff will notify the client that intake staff from the RRH program will attempt to make meaningful contact with them to set-up an intake appointment.
* RRH providers have **10 business days** from the date the household is selected from the CES waitlist to schedule an intake appointment with the client.
* Over the course of the 10 business days, the RRH provider must attempt to make meaningful contact with the referred client on at **least 3 separate occasions** to set-up the intake appointment.

Meaningful contact from RRH intake staff is defined as completing and documenting three separate engagement activities, which could include:

* Phone call to client
* Attempting face-to-face visit to the last known address, when possible;
* Phone contact with care coordination and service providers;
* Contacting collaterals, emergency contacts and supports to include parent, guardian or legally authorized representative, family, etc.;
* Others, appropriate to the client and to support search efforts.
* All attempts at meaningful contact must be documented in the file using the Pre-Enrollment Outreach Form (See Appendix B).
* Once meaningful contact is established, RRH providers have **5 additional business days** to complete the intake appointment and enroll the participant.
* Outreach and Enrollment activities should be completed within a total of **15 business days** from the time of CES referral.
* If the RRH provider is unable to complete the outreach and enrollment within the 15 business days due to extenuating circumstances (e.g. client is hospitalized), the RRH provider can use their discretion to determine whether it is appropriate to allow additional time to complete the intake or whether to move-on to the next prioritized household. If the intake will take longer than the 15 days due to extenuating circumstances, the provider must document the reasons in the file.

RRH Minimum Documentation to Enroll Participants

* The following list outlines the minimum documentation necessary to access and enroll into rapid re-housing:

1. Proof of homeless status
2. Proof of referral from CES
3. Proof of specific population status (if your grant agreement specifies this- ex. Youth between 18-24 years old)

* Providers may request the HMIS record from CES staff to document homeless status.
* Proof of referral from CES can include a case note in the file or selection of CES as the referral source in HMIS.
* Any other documentation needed to provide ongoing assistance or services can be obtained post-enrollment and collection of any other documentation beyond what’s noted above should not interfere with program enrollment.
* Providers may request copies of a participant’s completed VI-SPDAT from CES staff once the participant is enrolled in the program.

## Program Denials

Program denials may only happen in very limited situations for the reasons outlined below. For any program denial, proper documentation must be obtained to demonstrate the basis for the denial.

Reasons for Denial:

a)   *Household did not respond after multiple attempts at meaningful contact* – The provider must document attempts at meaningful contact on at least 3 separate occasions (see outreach standards above).

b) *Ineligible for Housing Program* – a referral was made based on the household’s apparent eligibility, but due to overlooked or undisclosed information, the household is not eligible for the program.

c)   *Client refused offer*- a household refused the available resources after speaking with the housing provider and learning more about the program.

d) *Self-resolved*- household has found permanent housing outside of Coordinated Entry.

e) *Falsification of documents-* The household presented falsified documentation to the project or CES staff including households misrepresenting their current housing situation making them ineligible for the program based on the minimum eligible criteria. If information becomes available post-enrollment that impacts eligibility, the provider should follow the termination policies and procedures set forth in this document.

f)   *Health and Safety Reasons*:  Based on a household’s exhibited behavior, enrollment in the project would result in a significant health and safety risk. This means a participant may not be denied solely on information derived from background checks. A denial of this nature is only applicable when a participant has displayed behavior to the project, housing navigator, or other provider staff that warrants a legitimate health or safety concern for the project. Prior to denying a referral based on health or safety reasons, the provider must follow a two-step process noted here.

*Two Step Process for denials related to exhibited behaviors causing health or safety concerns*

 i. *Attempt to Resolve Concern with Applicant:* Request documentation from the household and/or meet with the household to discuss the circumstance and any changes that have occurred to improve the health or safety risk. Documentation requested must be as low-threshold as possible for the household to retrieve quickly; Providers are required to accept and review self-certifying statements as a potential source of documentation to explain the risk. Additionally, households cannot be required to enter into service contracts or provide proof of service or treatment participation as a condition of acceptance into the unit. If the meeting satisfies the provider’s concerns, they do not need to proceed to the next step and may accept the household immediately.

ii. *Schedule a Case Conference:* If a household’s explanation does not satisfy the provider, prior to issuing a denial, the provider must first set up a case conference, facilitated by LICH, with the provider staff. Representatives from the household’s housing navigation team (the navigator and supervisor) must also be present. The goal of the case conference is to leverage system partners to find solutions or other possible housing pathways for the household, with the goal of either reversing the denial or finding another possible housing placement. Leadership Team or Work Group members will need to be available on an ad hoc basis to ensure efficiency.

The provider may deny a referral based on health or safety concerns if an alternative housing pathway or solution cannot be found through the above case conferencing. No rejection is ever permanent- the participant will remain on the CES queue for future housing openings, including openings that originate with the denying project. The original provider who denied the referral will be asked to reconsider any changes in the applicant’s exhibited behavior if the applicant is re-referred to a new opening the project administers.

Please note that the health and safety reason for denial should be used in the rarest of cases; it is expected that approximately **five case conferences** of this nature will happen per year across all of the RRH providers.

* If a household is declined for admission into the program for any of the permissible reasons above with the exception of f. health and safety reasons, LICH coordinated entry staff will confirm the appropriateness of the declination within **two (2) business days.** All decline forms must include Instructions for how to appeal a rejection decision, including all relevant contact information and applicable time frames.

## RRH Housing Stability Practices & Financial Assistance

RRH Housing Stability (Case Management) Practices

* All RRH providers must **offer** the following stabilization services to RRH participants in their program:
  + Money management, budgeting
  + Income maximization (both employment and benefits)
  + Teaching- How to pay rent (i.e. how to get a money order, etc.)
  + Teaching- How/when to report repairs/issues with unit
  + Teaching- How to be a good tenant and build a good relationship with your landlord
  + Home-based case management
* RRH providers are encouraged to provide peer support services and develop this service if not currently available.
* Any service offered to RRH participants must be on a voluntary basis and RRH participants cannot be required to participate in any service.
* RRH providers must provide linkages to other needed services including behavioral health services.
* During the first three months of the participant’s tenancy (i.e. new tenancy phase), the RRH provider must provide ongoing engagement efforts with a minimum standard engagement as follows:
  + Weekly contact with participant through email, phone, or other means
  + Monthly home visits
* RRH providers should provide written materials to RRH participants outlining how to maintain their home, how to be a good tenant, where to access community services and amenities. An example of this written package is included in Appendix C.

RRH Financial Assistance

* All RRH providers must administer their RRH programs using a progressive manner approach, where assistance is increased or decreased based on a participant’s tailored level of need.
* RRH providers cannot impose a standard assistance package on all participants
* Participants should initially be offered the least amount of assistance (financial and service) needed to end their homelessness and then support can be scaled up, or down, based on the individual household needs.
* RRH providers must work with participants to understand budget needs and determine if certain expenses can be reduced.
* RRH providers should continually assess changes to household’s situation (e.g. new employment, access to medical insurance) to determine whether financial assistance can be ramped down.

## RRH Housing Stability Practices & Financial Assistance (continued)

Defining Housing Stability in RRH

* There is not set definition for housing stability but RRH providers should create a definition for housing stability within their program and apply that definition consistently to determine if a household continue to need assistance or if the household can be exited from the program.
* Examples of indicators used to determine housing stability are noted below:

1. **Ratio of rent to income**. Income may include wages, benefits, non-cash benefits and informal income. Example: RRH provider sets policy that once a household is paying no more than 65% of income towards rent, they’ve achieved housing stability.
2. **Housing is in good standing**. May do this through landlord checks.
   1. Is the rent paid?
   2. Is the household following lease conditions?
3. **Connections to community supports identified in the housing plan**
   1. Have the connections been tested and are they working? (Critical Time Intervention model)
   2. Applied for all benefits/entitlements to increase income or reduce expenses
   3. Applied for all subsidized housing in area if interested
   4. Connected to income maximization services (SOAR, training, employment) have been

* RRH providers should create a structured process to determine whether a household has achieved housing stability. Example: Supervisor and/or team case conference to determine above housing stability threshold is met

RRH Housing Stability Plans

* RRH providers should work with RRH participants to establish housing stability plans. The plans should set realistic goals that are attainable in 90 days or less to achieve housing stability (defined above).
  + Participant may have longer-term goals; those may be addressed by connecting the participant to long-term, community-based supports.
* Each housing plan should contain a budgeting element as budget and housing stability plan goals are tightly linked. Examples to include in a housing stability plan:
  + Strategies to increase income by $300/month to meet a 65% rent burden rate
  + Relocation plan to less costly arrangement if participant cannot maintain rent
* RRH providers must establish a specific frequency for how often housing stability plans should be reviewed and updated to ensure goals and strategies are adjusted as needed.

## Housing Identification Practices- Landlord Service Standards

Below is an outline of the service standards RRH programs in some communities are committed to upholding as a system-wide team. Organizations utilizing landlord partnerships to house people experiencing homelessness will strive to meet these standards in recognition of the importance of landlord involvement in ending homelessness.

|  |  |
| --- | --- |
| **Service** | **Standard** |
| Response to vacancy offered by a landlord | 1-2 business days |
| Complete viewing of vacancy | Within 5-9 business days. Programs will make best effort to view units quickly if clients are not available by sending available staff to view and take pictures of the unit. |
| Issue payment for move-in costs | * Promissory Note or Agreement to Pay within 2 business days * Actual check within 2 weeks * Informed of any delays in expected time-frame |
| Assistance with inspection requirements | * Provide quick list of most common reasons for failed inspections |
| Designated contact person to respond to tenancy issues or questions | 1-2 business days |
| Pro-active check-ins from program staff | Check-in during first month of tenancy and then quarterly until program enrollment ends.   * During these check-ins programs should ask for a rent roll to ensure both the program and client have paid their portions of rent |
| Benefits from stabilization services offered to tenants | * Home visits * Income maximization * Budgeting skills * Mediation |

## RRH Termination Policy

As a reminder, participants must be informed of a program’s termination policy at enrollment.

Possible Reasons Participants May Be Terminated from the Rapid Re-Housing Program

1. Participant Choice- you decide to voluntary leave the program, or you are no longer interested in the services the Rapid Re-Housing program can provide.
2. Housing Stability- You have completed the program, reached housing stability or no longer have an ongoing need for the services. *Programs should include their definition of housing stability.*
3. Monthly Case Management- All participants in the Rapid Re-Housing program are required to engage in monthly case management meetings- these meetings may be flexible in nature, and fit the needs of each participant. If you are not able to consistently engage in these meetings, program participation may be terminated. Our program will try to reach you with multiple attempts, including certified mail to try to prevent a termination.
4. Inappropriate or Threatening Behavior- Behavior that is inappropriate, or threatens the health and safety of program staff or other participants may result in program termination.

## TH-RRH Best Practices and Considerations- Special Populations

1. Participant Choice- CE/DV CE will ensure that each household referred to a TH-RRH project has the right to determine which program component can best meet their needs and preferences (households call either enter the TH component or the project or the RRH component of the project). Programs should be designed in a way that has adequate TH and RRH capacity for the projected needs and preferences of the population being served.
2. Permanent Housing Opportunities- all clients served in a TH-RRH must have access to RRH resources at a time that they determine that they no longer need/want to reside in TH as crisis housing. In most cases, it should be expected that there are at least double the amount of RRH units versus TH units funded under the program, and/or more than double the amount of program funds are to be budgeted for PH versus TH. Any exceptions to this should clearly be explained within the local CoC application, specific to the needs of the population(s) targeted to be served and why the unique/special needs of that population require a different program design/balance of beds/units/funds.
3. Housing Stability- to best ensure permanent housing stability, households should be regularly offered RRH services throughout their entire program enrollment, and in most cases, the programs should understand that the longer a household remains in TH, the shorter period (months) that RRH will be able to provide rental assistance.
4. TH as Crisis Housing- The TH component of a TH-RRH model is not intended to operate in the same way as traditional TH, with TH stays of two years. The TH component should offer immediate crisis housing for vulnerable populations such as households residing on the street with no shelter access or those at the greatest risks of violence/victimization.
5. TH-RRH for Specialized Vulnerable Populations- TH-RRH projects are specifically funded to serve victims of domestic violence, youth, and/or households living unsheltered (Supplemental NOFO). Program design should consider and be tailored to the specific service needs of these sub-populations, and also consider the feedback of persons with lived experience (ie Youth Advisory Board, PLE Advisory Group, DV focus groups, etc.)

Program Efforts to Maintain Enrollment

The Rapid Re-Housing program will only terminate participants in the most severe cases. This means that the program will make its best efforts to continue working with participants in the following situations:

* Shelter/Day Shelter Bars- You are not automatically terminated from the Rapid Re-Housing program due to a shelter bar/program bar. Efforts will be made to continue services outside of the barred setting.
* Landlord Evictions- If you are evicted by your landlord, and you have not used up the maximum amounts of service allowed by the rapid re-housing program, the program can continue to provide services to help you prevent a return to homelessness.

Program Efforts to Ensure Client Safety

The Rapid Re-Housing program will seek to ensure that households have a safe and stable living environment that minimizes any threats or acts of harm, violence, harassment, or other forms of abuse.

RRH programs are expected to have safety planning policies and procedures in place to ensure an immediate, appropriate, and consistent response to any reported risk of violence or harm to a client.

RRH programs are expected to meet with clients in a local and at times that where and when each client feels safe and comfortable.

RRH programs are expected to utilize the CoC’s DV transfer policy in all applicable situations. DV transfer requests also connect each household to DV CE for additional safety planning support.

All RRH program participants should be informed how to report a risk of violence, both to the RRH provider, CE, and other local crisis response resources in the community.

Whether domestic violence is known or reported by clients, all clients should receive updated DV and crisis resources.

Program Efforts to Ensure Access to Health Resources and Information

The Rapid Re-Housing program will seek to ensure that households receive and maintain health coverage, health benefits and are able to access appropriate and adequate health services, including but not limited to physical health, mental health, crisis response and other resources. RRH programs should additionally regularly share health guidance and information disseminated by the CoC and/or local public health entities.

When necessary, medical supplies such as PPE should be distributed to all program participants.

Program Efforts to Ensure Access to Education and Ensuring Family Stability

Rapid Re-Housing projects will seek to ensure minimal disruptions to student education by making streamlined connections to school districts/McKinney-Vento Liaisons, Head Start and other early intervention programs, and other local educational programs and supports.

A RRH project should be making all efforts necessary to identify housing in areas most needed, preferred and desired by each household, including considerations for proximity and/or access to school and other educational supports.

All CoC and ESG-funded projects are strongly encouraged to maintain written agreements and partnerships with various entities such as school districts, LEAs, Head Start and other early intervention agencies.

Other key partners involved in coordination will include the local CE/DV CE, as well as local DSS. Local CE/DV CE will share documents related to school district enrollment and participation and/or need/desire to enroll in various educational programs and relevant contact persons/information, as well as housing location preferences. All households placed in shelter through local DSS are automatically enrolled in all education and benefits programs available. Housing providers should be in regular contact with local DSS to ensure seamless transitions into housing that maintain or enhance connections to educational opportunities and supports.

## Training & Supervision

Practice Standard: Training

RRH programs will **require** their staff to be trained in the following areas:

* Trauma-informed care
* Motivational Interviewing
* Harm Reduction
* DSS & Benefits Programs (Medicaid, SNAP, etc.)
* Domestic Violence / Safety Planning
* DEI
* Implicit Bias
* Cultural Competency
* McKinney-Vento Act
* Housing Discrimination/Fair Housing/ERA
* Anti-Discrimination Policies and Practices
* LBGT / Gender Identity
* National Alliance to End Homelessness [RRH Toolkit](https://endhomelessness.org/resource/rapid-re-housing-toolkit/) & [Program Performance and Benchmarks Standards](https://endhomelessness.org/resource/rapid-re-housing-performance-benchmarks-and-program-standards/)

RRH programs will aspire to provide their staff with the following trainings:

* Critical Time Intervention (CTI)
* CPS Intervention
* Mental Health First Aid
* SOAR Training
* Relias Homelessness Overview Modules
* Mediation Skills

Trainings directly offered by the CoC (2021-2022):

* Progressive Engagement
* Housing Focused Case Management
* Motivational Interviewing + Engagement Strategies
* DEI Training Series
* Power sharing, power analysis and decision-making
* Facilitating the creation of a racial equity statement
* Setting the CoC’s goals mission, goals and values for racial equity
* Action planning using the Theory of Change framework
* Centering people with lived experience within the governance structure and creating inclusive, empowering environments to promote retention and growth of members.
* EAR/Housing Discrimination
* Anti-Discrimination / LBGT / Gender Identity

Supervision

RRH programs will ensure that new staff receive one-on-one supervision weekly (at a minimum) to ensure staff are adequately trained and oriented to the RRH model.

RRH programs will aim to have (at a minimum) one team meeting a month to give staff a chance to case conference challenging cases, share resources, or discuss RRH strategies.

## Promoting Diversity, Equity and Inclusion and Including Person’s With Lived Experience

All CoC and ESG-funded projects are expected to promote equity in access to resources and outcomes for all households.

CoC and ESG-funded projects, specifically, must demonstrate how persons with lived experience (PLE) are represented within all levels of power with an organization and their outreach, recruitment and hiring practices lead to increased diversity and inclusive representation of those most directly impacted by homelessness and/or align with the populations being served in each project. Projects are furthermore expected to include PLEs in program design, feedback and training. All CoC partners are expected to assist with outreach, recruitment and retention of PLEs on CoC PLE Advisory Committees, CoC Governance, CoC Ranking, CE Steering Committee and all other committees and working groups within the CoC.

All CoC and ESG-funded projects must participate in DEI trainings, at minimum, once annually. The CoC offers DEI training annually to all members and promotes other DEI trainings available to local partners. Projects are additionally encouraged to create/enhance DEI committees within their organization.

The CoC awards local competitive ranking points to organizations that demonstrates efforts and outcomes in the areas described directly above. The CoC also monitors all programs, which can include a review of efforts, strategies and outcomes related to DEI and PLE involvement, including focus groups and case reviews with project participants.

1. The [CoC Program interim rule](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/) states that to be eligible for a CoC Program-funded project, the household must be a homeless individual or family (see section [578.37(a)(1)(ii)](https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/)for more information). Additional eligibility criteria may be established in the annual Fiscal Year NOFA under which the project was most recently awarded and is applicable to the project’s current grant agreement. In the FY 2019 CoC Program NOFA for example, CoC RRH projects could serve households who met Category 1, Category 2, or Category 2 of the homeless definition, so long as they were prioritized and referred through coordinated entry. [↑](#footnote-ref-1)
2. An individual or family is defined as “literally homeless” if (1) living in a public or private place not meant for human habitation, (2) living in temporary shelter, which includes congregate shelters and transitional housing, or (3) exiting an institution where the individual or family has resided for 90 or fewer days and was living in shelter or in a place not meant for habitation before entering the institution. [↑](#footnote-ref-2)