**Long Island CoC PSH Practice Standards**

This document represents a compilation of practice standards designed by community stakeholders and providers administering CoC-funded Permanent Supportive Housing (PSH) programs. These were developed to further advance and formalize practices and procedures throughout the delivery of PSH 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-funded PSH program should follow these standards as a guide to how to perform various elements of their PSH 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.

Practice Standard: Eligibility, CES Referral, Program Enrollment & Program Denial

Permanent Supportive Housing (PSH) for persons with disabilities 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.

## Eligibility Criteria

* Households must meet Category 1 or Category 4 of HUD’s definition of homelessness.
* One adult or child member of the household must have a disability.
* Must follow any additional eligibility criteria set forth in the NOFA through which a project was funded (e.g. Projects funded under the Permanent Supportive Housing Bonus must continue to serve the homeless population outlined in the NOFA under which the project was originally awarded).
* Must meet any grant specific target population outlined in the grant agreement (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 Declinations section.

## CES Referral & Program 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 PSH providers must follow the timeframes and protocols established below to ensure this standard is met.

CES Referral Processes & Timeframe

* CES staff will send a referral package to the PSH provider to initiate the applicant interview and enrollment process. The referral package will include all minimum eligibility documentation required. It is expected that CES Staff has already conducted outreach to household to determine interest prior to sending referral.
* Once PSH Provider receives referral package from CES Staff, the provider should review the package and contact the household to set-up interview.
* The provider will perform an interview with the applicant within **10 business days of referral.**
* The provider should document attempts to schedule the interview and engage CES staff to assist with scheduling and transportation where appropriate. The provider must document a **minimum of 3 separate attempts** over the course of **5 business days** to set-up the interview.
* The provider must determine whether to accept a referral within **2 business days of the interview** unless there is an overnight stay arranged. If an overnight stay is arranged, the provider must determine whether to accept a referral within **2 business of the overnight stay**.
* Once the referral is accepted, the provider must immediately move forward to enroll the household into the program and then make appropriate staff assignments to quickly move the household into housing. This includes assigning staff to conduct a housing search where necessary, assisting the household to understand and execute the lease, assisting with move-in costs and obtaining furniture.
* In facility-based housing, there should be no provider delays in moving a household directly into the housing unit. Any decisions to delay a move-in should be participant-driven and based on their preferences.
* CES staff will continue to provide after-care services to participants post-enrollment for up to **90 days**. These services are not meant to duplicate the case management services offered by the PSH provider. The PSH provider should work with CES staff to ensure coordinated efforts of service provision during the initial period after move-in.
* All providers must establish a primary and alternate contact for CES referrals to ensure that referrals continue to be processed in a timely manner while staff may be out due to vacation or other unforeseen circumstances. Providers should confirm contact information to CES staff at least annually and provide updates anytime staff changes.

PSH Minimum Documentation to Enroll Participants

* The following list outlines the minimum documentation necessary to access and enroll into permanent supportive housing:

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

* 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 initial acceptance of match* – The provider must document a **minimum of 3 separate attempts over the course of 5 business days** where they attempted to reach the applicant or shelter contact via email and phone with no response.

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 and unit.

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)    *Additional screening criteria imposed by third parties*: The unit is in a facility-based program that is subject to a third party’s screening criteria (ex. a project-based site that made a commitment during development to establish additional screening criteria, or a sponsor-based site where a third party landlord has additional screening criteria).  This may also apply to facility-based program serving families with at least one child under the age of 18, and the applicant household includes a member who identifies as a set offender. Projects are required to present documentation of these additional third party screening criteria so CES can effectively match participants to units.

g)   *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 per type of housing, across all of the PSH providers.

* If a household is declined for admission into the program for any of the permissible reasons above with the exception of g. 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.

## PSH Case Management and Supportive Service Practices

PSH has been shown to be an effective intervention for people who have multiple barriers to finding and maintaining stable housing. Services provided in PSH may vary from on-site or off-site case coordination or management that ensures tenants’ access to a wide variety of services or may include on-site location of those services.  These services are available on a flexible and voluntary basis and may change over time as tenants’ needs change. Services typically address the following: mental health, substance and alcohol use, health, independent living skills, employment, peer support, and community involvement and support. The following standards described below are the minimum requirements that all PSH providers must follow in the delivery of case management and supportive services

Minimum Standards related to Overall Service Delivery

* Supportive services designed to meet the needs of the project participants must be made available to the project participants throughout the duration of stay in PSH.
* Tenants have choices in the support services that they receive. PSH programs will make best efforts possible to connect participants either directly or indirectly to any needed service.
* Participation in services is voluntary and participants cannot be evicted or terminated for rejecting services.
* PSH providers must conduct an ongoing assessment of the supportive services needed by the residents of the project, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments as needed.
* House Rules, if any, are similar to those found in other non-PSH settings and do not restrict visitors or otherwise interfere with life in the community.
* Health & Safety checks/drills in facility-based housing are not considered service-related activities and can be required of participants.

Housing Stability (Case Management) Practices

All PSH providers are required to offer the following services:

* + - 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
* Where possible, all providers will work to provide peer support specialists within their program.
* Providers should offer outside linkages to behavioral healthcare and other services a participant needs.

## Program Terminations & Grievance Procedures

CoC Program recipients and subrecipients should terminate assistance to a program participant only in the most severe cases. In this case, termination of assistance is different from eviction. A participant may be evicted from living in a property for violating a lease without having all assistance terminated. This is particularly true when providing permanent supportive housing for hard-to-house populations of homeless.

Recipients and subrecipients must exercise judgment and examine all extenuating circumstances when determining if violations warrant termination so that a program participant's assistance is terminated only in the most severe cases.HUD has not provided specific guidance on what situations are considered “most severe” but examples may include inappropriate/threatening behavior or repeated serious violations of a lease or program requirements.

Written Termination Policy

* Providers must have a written termination policy outlining program rules and termination processes including a formal due process.This process, at a minimum, must consist of:
  + Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
  + Written notice to the program participant containing a clear statement of the reasons for termination;
  + A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
  + Prompt written notice of the final decision to the program participant.
* Providers should provide ongoing education of the rules of participation with participants. At a minimum, this should include reviewing program rules and termination policies at key intervals during a tenancy and including a participant signature line in the program rules document. Key interval during a tenancy include:
  + Intake
  + Lease-up
  + 1 month post lease-up
  + 2 months post lease-up
  + Annual Recertification
* Providers should ensure program rules and termination policies are outlined in simple language that is clear and easily understood.

Due Diligence Required Prior to Formal Termination Process

* Prior to initiating formal termination procedures, PSH providers must make every reasonableeffort to provide the necessary services and support to the participant to avoid program termination if possible.
* Documentation of efforts must be kept on file and show reasonable, ongoing attempts to assist the participant from being terminated through effective engagement and service delivery. These efforts may include the following:
  + - Services provided to address underlying issues leading to difficulties with lease compliance such as money management, budgeting, independent living skills, and education on tenancy rights/responsibilities
    - Ensuring connections with primary health care providers, mental health care providers and substance abuse treatment providers to promote housing stability
    - Providing reasonable flexibility in participants paying tenant rent share on time and offering special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management (including representative payee services) whenever possible
    - Locating and offering alternative suitable housing opportunities to initiate a program transfer

## Training Requirements

PSH Staff can benefit from a range of training to develop competency around techniques like housing first, harm reduction approaches, motivational interviewing, and trauma-informed care.

* Proper training should be provided to all staff at initial hire and ongoing training should occur to ensure staff have the knowledge and skills to carry out their roles. If possible, staff should have opportunities to attend conferences and training workshops so they can remain current about advances in techniques and services.
* To be most effective, supportive service staff should receive training as needed in the following areas:
  + Housing First
  + Harm Reduction
  + Motivational Interviewing
  + Trauma-Informed Care
  + DV / Safety Planning
  + Crisis intervention skills and strategies
  + First Aid including Narcan
  + SSI/SSDI Outreach, Access, and Recovery (SOAR)
  + McKinney-Vento Act
  + DEI
  + Implicit Bias
  + Cultural Competency
  + Housing Discrimination/Fair Housing/ERA
  + Anti-Discrimination Policies and Practices
  + LBGT / Gender Identity

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 & Staffing

* Supervisors should have systems in place to check on clients who are not moving to housing or who might be struggling with housing stability. Supervision should include:
  + Biweekly one-on-one meetings with direct staff. If possible, meeting weekly with staff is ideal.
  + Monthly team case conferencing meetings to discuss challenging cases and troubleshoot
  + Ongoing review of caseload assignments to ensure caseload ratios are reasonable (e.g. 1 staff per 20 cases).
  + Review of file case notes to ensure appropriate service provision and follow-up are being provided
  + Review of client satisfaction surveys
  + Director-level quarterly review of random file sampling

## Other General Requirements (CoC Program Interim Rule)

* **Length of Assistance**: There can be no predetermined length of stay for a PSH project.
* **Lease Agreements:** Project participants in PSH must enter into a lease (or sublease) agreement for an initial term of at least one year that is renewable and is terminable only for cause. Leases (or subleases) must be renewable for a minimum term of one month.
* **Housing Quality Standards:** All PSH projects funded with leasing or rental assistance must meet the applicable housing quality standards (HQS) under 24 CFR 982.401.All units must be physically inspected by the recipient OR subrecipient prior to assistance being provided on behalf of a program participant and at least annually during the grant period to ensure that the units continue to meet HQS.
* **Occupancy standards:**The PSH provider must ensure that the unit meets all occupancy standards and local and state codes.  Occupancy Standards are based on the chart below and must consider the additional occupancy criteria noted below including using a living room as a bedroom (see #3).

|  |  |  |
| --- | --- | --- |
| **Number of Bedrooms** | **Min Persons/Unit** | **Max Persons/Unit** |
| Studio | 1 | 2 |
| 1 BR | 1 | 2 |
| 2 BR | 2 | 4 |
| 3 BR | 3 | 6 |
| 4 BR | 4 | 8 |
| 5 BR | 5 | 10 |

**Additional Occupancy Criteria**

* 1. All dwelling units must have at least one bedroom or living/sleeping room for each two persons.
  2. A single parent may share a room with their small child.
  3. A living room may be used as sleeping (bedroom) space, but no more than two persons may occupy the space. In this situation, if a household agrees to use the living room as a sleeping space, the number of bedrooms increases for purposes of determining whether the occupancy standards are met. For example, if a 1-bedroom unit with a living room is available, then this could be considered a 2-bedroom unit (for occupancy standards only) and a 4-person household could reside there if they are willing to use the living room as a bedroom.
  4. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.
* **Appropriateness of housing and services.** The PSH provider must ensure that the cost and size of the unit is reasonable and appropriate.
* **Rent or Occupancy Charges.**Where rent or occupancy charges are charged to program participants, income must be calculated according to section 578.77 of the CoC Program interim rule and all members of the household must be considered.

## Program Efforts to Ensure Client Safety

* The Permanent Supportive 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.
* PSH 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.
* PSH programs are expected to meet with clients in a local and at times that where and when each client feels safe and comfortable.
* PSH 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 PSH 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 Permanent Supportive 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. PSH 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

Permanent Supportive 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 PSH 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.

## 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.