



CONTINUUM OF CARE WRITTEN STANDARDS REVISED DECEMBER 2022

INTRODUCTION

The Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic coverage area of MS Balance of State ([see link for coverage map](#)). Both the Emergency Solutions Grant (ESG) Rules and Regulations and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules section 578.7(a)(9) state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and subrecipient performance.

The “Emergency Solutions Grant Monitoring” section outlines the MSBOS CoC’s minimum procedures for monitoring the performance of ESG recipients, as required under Continuum of Care Program Interim Rule section 578.7(c)(5).

All programs that receive ESG or CoC funding are required to abide by these Written Standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these Written Standards.

The Written Standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC coverage area will be given similar information and support to access and maintain permanent housing.

The majority of these standards are based on COC, ESG, and/or the HEARTH Interim Rules. There are some additional standards that have been established by the CoC that will assist programs in meeting and exceeding performance outcomes that will help the CoC reach the goal of ending homelessness.

The Continuum of Care Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system
- Assist in assessing individuals and families consistently to determine program eligibility and priority
- Assist in administering programs fairly and methodically
- Establish common performance measurements for all CoC components
- Provide the basis for the monitoring of all CoC and ESG funded projects

The CoC's agenda was to do as follows:

- Review the standards required by regulation
- Determine entry criteria based on the level of support services provided by each component
- Set common or local performance measures in addition to HUD benchmarks already determined

MSBOS CoC Written Standards are approved by the CoC Governing Council. The Written Standards will be reviewed and revised as needed at a minimum of once per year. Revisions that would affect the Coordinated Entry process would be made as soon as possible. Agreement to abide by the Written Standards will be a condition of being moved forward for CoC or ESG funding.

PROGRAM REQUIREMENTS FOR ALL PROGRAMS

- Programs must coordinate with other targeted homeless services within the CoC.
- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education, and youth programs for which participants may be eligible.
- Programs must have written policies and procedures and must consistently apply them to all participants.
- Programs that serve households with children:
 - A staff person must be designated as the educational liaison that will ensure that children are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
 - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children.
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System); however, all homeless programs are strongly encouraged to participate in HMIS.
- Programs must meet minimum HMIS data quality standards.
- Programs providing domestic violence or legal services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.
- Non-Domestic violence programs providing services to clients fleeing domestic violence or have a history for domestic violence must utilize HMIS to collect HUD required data elements and documentation. Comparable databases are only required for DV or VSP specific programs.
- Programs must participate in conducting an initial evaluation to determine eligibility and the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
- Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination.
- Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
- Termination does not necessarily preclude assistance at a future date.
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS

General Recordkeeping

- Executed Grant Agreement
- Documentation of Grant Amendment (if requested and approved)
- Executed Grant Agreement with subrecipient (if applicable)
- Documentation subrecipient is not debarred (if applicable)
- Documentation of annual monitoring of subrecipient (if applicable)
- Executed Memorandum of Understanding with service providers
- Project Application should be maintained - ensure costs charged against the grant are consistent with the approved budget item identified in the application
- Documentation that Annual Performance Report (APR) was submitted timely. APRs are due to HUD within 90 days of the end of grant term.
- Written CoC Policies and Procedures
 - Intake/screening procedures
 - Personnel Policies and Procedures
 - Termination Policy
 - Grievance Policy
 - Privacy Policy/Confidentiality Policy
 - Drug-Free Workplace Policy
 - Policy identifying the involvement of homeless/formerly homeless individuals
 - Domestic Violence Policy
 - Housing First Policy
- Documentation of participation of homeless/formerly homeless individuals in policy making
- Documentation of compliance with environmental review requirements
- Documentation of compliance with fair housing requirements
- Documentation of other federal requirements

Financial Files

- Written Financial Policies
- Written Procurement Procedures
 - Written Conflict of Interest Policy

- Retain copies of all procurement contracts as applicable
- Documentation of amount, source, and use of resources for each match contribution
- Documentation of Grant Expenditures
- Documentation that funds were spent on allowable costs
- Documentation of Indirect Cost Rate Proposal (if applicable)
- Documentation showing compliance with the Single Audit Act
- Documentation showing quarterly draw requests, expenditure limits, and deadlines
- Documentation showing program income was expended prior to HUD draw requests (if applicable)

Participant Recordkeeping Requirements for all programs include:

Documentation will be utilized during monitoring visits by the funding agency, CoC, and HUD. Digital and hard copies of each document need to be on file. Digital copies need to be uploaded to HMIS.

Initial Intake and Assessment

- HMIS Client Consent - Release of Information Form
- HMIS Data Sharing Form
- VI-SPDAT
- Participation Agreement
- Individual Request for Assistance
- But For/Self Declaration of Impact

Certification and Eligibility

- Applicant Initial Eligibility Checklist
- Homeless Certification
- Self-Declaration of Homelessness (if applicable)
- Documentation of Disability and Length of Time in Homelessness (for PSH)
- Verification of Income (Update every 3 months)
 - Income Eligibility Worksheet
 - Income documentation
 - Sources:
 - Earned Income
 - Self Employment/Business Income
 - Interest & Dividend Income
 - Pension/Retirement Income
 - Unemployment & Disability Income
 - TANF/Public Assistance
 - Alimony, Child Support, and Foster Care Income
 - Armed Forces Income
- Asset Verification (Update every 3 months)
 - Sources
 - Amounts in checking and saving bank accounts
 - Stocks, bonds, savings certificates, money market funds, and other investment accounts

- The cash value of trusts that may be withdrawn by the household
 - IRA, Keogh and similar retirement savings accounts, even when early withdrawal will result in a penalty
 - Lump sum receipts of cash received and accessible by the household, such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims
 - Household assets generally are not counted as income, with the exception of interest and dividend income. However, household assets should be taken into consideration when determining whether a household has other financial resources sufficient to obtain or maintain housing.
- Staff Certification of Eligibility for Assistance
 - Update every 3 months based on income and asset verifications.
 - At a minimum, each re-evaluation must establish that (a) the program participant does not have an annual income that exceeds thirty percent (30%) of the median family income for the area, as determined by HUD and (b) the program participant lacks sufficient resources and support networks necessary to retain housing without assistance.

Case Management

- Contact Logs
 - Per HUD regulations at least 1 face-to-face contact per month is required,
 - Case managers will offer case management contact with clients at least four (4) times per month including the required face-to-face.
 - All client contacts (in-person, email, call, text, etc...) must be documented in HMIS via a Contacts Log.
- Service Plans
- HMIS Consent Form
- Substance Use and Disruptive Behavior Policy
- Incident Report
- Documentation of Supportive Services

Housing Documentation

- Lease Agreement
 - This document must clearly list **all of the parties to the lease; must provide terms and conditions; must have a beginning and ending date and must be signed by all involved parties (landlord and tenant)**. The lease must renew automatically upon expiration on a month-to-month basis and be terminable only for cause.
- Sublease Agreement (PSH and TH)
- Landlord W-9
- Rent Reasonableness Checklist and Certification
- Fair Market Rent (FMR)/Utility Allowance
- Housing Quality Standards for CoC Programs
- Habitability Standards for ESG Programs
- Lead Screening Worksheet
- Lead Disclosure
- Proof of Rent and Utility Deposit Payments

- Proof of Rental Assistance Payments

Termination and Discharge

- Discharge Form
- Program Exit Checklist
- Termination of Assistance Form

All records containing personally identifying information (PII) must be kept secure and confidential.

- Digital records must be kept in HMIS, which is HIPAA compliant.
- Paper files must be kept in a filing cabinet that remains locked at all times. As files grow larger, you may move older paper records stored in your active files to a secure cabinet in an off-site location. However, note that you must make these files available for review when requested by HUD or a quality assurance professional.
- Client PII should not be shared in non-secure communications such as an email, text, or app. Client PII should only be shared via HMIS messaging.

Programs must have written confidentiality/privacy notices, a copy of which should be made available to participants if requested.

Records must be retained for the appropriate amount of time as prescribed by HUD.

- **CFR 578.103 (b)(c): Period of record retention.** All records pertaining to Continuum of Care funds must be retained for the greater of 5 years or the period specified below.
 - (1) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served; and
 - (2) Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by program participants

OCCUPANCY STANDARDS FOR ALL PROGRAMS

All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards:

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents.
- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable.
- Must provide an acceptable place to sleep and adequate space and security

for themselves and their belongings.

- Each room must have a natural or mechanical means of ventilation.
- Must provide access to sanitary facilities that are in operating condition, private and clean.
- Water supply must be free of contamination.
- Heating/cooling equipment must be in working condition.
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances.
- Food preparation areas must have suitable space and equipment to store, prepare and serve food in a safe and sanitary manner.
- Buildings must be maintained in a sanitary condition.
- Must be at least one smoke detector in each occupied unit of the program and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.
- ESG funded units must pass a Habitability Standards Inspection.
- COC funded units must pass a Housing Quality Standards Inspection.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide. Below are the minimum standards that apply to each specific component of the homeless system in addition to the above.

PERMANENT SUPPORTIVE HOUSING (PSH)

The following standards will govern the CoC-funded PSH projects in the Mississippi Balance of State CoC. Each program may focus or operate a little differently but will align with the overall standards.

The Mississippi Balance of State CoC adopts HUD's Notice CPD-14-012, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, issued on July 28, 2014, in that those experiencing chronic homelessness should be given priority for non-dedicated PSH beds as vacancies become available through turnover. PSH renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance abuse issues) must continue to serve those groups, as required in the current grant agreement. However, the chronically homeless within the specified subpopulation should be prioritized for entry as described below. The full notice, which includes related recordkeeping requirements can be found at: <https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>

The overarching goal of adopting this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the Balance of State CoC's goal of ending chronic homelessness. This will also guide programs in ensuring that all CoC Program-funded PSH beds are used most effectively.

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the Balance of State CoC's Written Standards while also considering the goals and any identified target populations served by the

project, in a manner consistent with their current grant agreement.

Due diligence must be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the Balance of State CoC. HUD and the Balance of State CoC recognize that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing. Recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach and housing providers should continue to make attempts to engage those persons using a Housing First approach to place as few conditions on a person's housing as possible.

Permanent Supportive Housing Programs will be required to utilize the Coordinated Entry Process as implemented.

I. Target Population and Prioritization for MSBOS Continuum of Care Permanent Supportive Housing Assistance

MSBOS CoC-funded PSH programs will target and prioritize the following populations:

- A. Order of priority in CoC program-funded PSH beds dedicated and prioritized to Chronic Homelessness
 - 1. Chronically Homeless individuals and families with the longest history of Homelessness and with the most severe service needs
 - 2. Chronically Homeless individuals and families with the longest history of Homelessness
 - 3. Chronically Homeless individuals and families with the most severe Service needs.
 - 4. All other Chronically Homeless individuals and families.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in the section below (B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness) may be followed.

- B. Order of priority in CoC program-funded PSH beds not dedicated or prioritized for persons experiencing Chronic Homelessness
 - 1. Homeless individuals and families with a disability with the most severe service needs.
 - 2. Homeless individuals and families with a disability with a long period of continuous or episodic homelessness.
 - 3. Homeless individuals and families with a disability coming from places not meant for human habitation, safe havens, or emergency shelters.
 - 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 coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

II. Structure of Permanent Supportive Housing Assistance

PSH is community-based permanent housing with intensive case management and is the most intensive housing intervention available under the CoC Program.

1. Goals of Assistance:

- After entering the PSH program, the household remains stably housed, either remaining in PSH or exiting to another permanent housing location.
- Some participants in PSH may choose to move into other subsidized housing, with a lower level of supportive services. While clients will be supported to move to other subsidized housing when appropriate, this will not be a goal for every PSH client.

2. Duration, Subsidy Amount, and Client Contributions:

- There can be no predetermined length of stay in a PSH program.
- CoC-Funded Programs: Total rent shall equal the sum of the monthly rent for the unit per the lease agreement plus, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority in the area in which the housing is located.
- CoC-Funded Programs: CoC-funded PSH programs must comply with CoC Program requirements regarding client portion of rent, FMR, and rent reasonableness.
- CoC-Funded Programs: Each participant in CoC-funded PSH programs must enter into a lease for an initial term of at least one year. The lease must renew automatically upon expiration on a month-to-month basis and be terminable only for cause.

- Cause for Lease Termination in Mississippi

1. Early Termination Clause
2. Active Military Duty
3. Unit is Uninhabitable

According to Mississippi state law ([Miss. Code § 89-8-23](#)), landlord duties to provide habitable premises include the following:

- Maintenance. Maintain the dwelling unit including the plumbing, and heating and cooling system. They should be in the same condition as at the inception of the lease, unless the plumbing, heating and/or cooling system is damaged as a result of the deliberate or negligent actions of the tenant.
- Comply with Laws. Comply with the requirements of applicable building and housing codes materially affecting health and safety.

4. Landlord Harassment or Privacy Violation

- Landlord Entry. In Mississippi, there is no statute for how much notice a landlord should provide their tenant. The right of entry must be stated in the lease.
- Changing the Locks. In Mississippi, self-help evictions are allowed, which means that after the expiration of a lease, the landlord can recover possession of the unit, cause the tenant to quit the dwelling unit involuntarily, demand an increase in rent or decrease services to the tenant. These actions cannot be retaliation against the tenant for exercising their rights under the state rental law.

5. Other Reasons: the following reasons may permit a tenant to terminate the lease early, but are not always automatic and must be determined by a court:

- Violation of the Lease Agreement. If a landlord violates the terms of the lease agreement, it may be enough justification to break the lease and relieve the tenant from their own obligations (i.e. illegally raising the rent during the fixed period).
- Illegal or Unenforceable Contract. In some scenarios, a lease agreement may be deemed illegal and as a result, is generally not enforceable. (i.e. contracting with a minor)
- Senior Citizen or Health Issue. If a tenant has a qualified disability the tenant may request early termination as a reasonable accommodation under the Fair Housing Act or the Americans with Disabilities Act.
- Domestic Violence. Many states protect tenants who are victims of domestic violence such as early termination rights. If a client is experiencing a domestic violence situation and wants to move, check with local law enforcement regarding laws that may apply in domestic violence situations.

III. Eligibility Requirements: In order to qualify for PSH, households must satisfy the following criteria:

- A. Be the highest priority household available within the target population served by the program, as identified through Coordinated Assessment
- B. Other eligibility criteria created at the program level
 - a. Includes subpopulation requirements such as DV, Family, and Chronic specific programming
- C. CoC-Funded Programs: For CoC-funded PSH programs, participants must meet the following eligibility requirements:
 1. The individual or household must meet the definition of homeless in the CoC Program Interim Rule, under Category 1 or Category 4.
 2. Participants who are homeless under Category 1 and are entering transitional housing must have entered the transitional housing program from an emergency shelter or a place not meant for human habitation.
 3. The individual or at least one member of the household must have a disability of long duration, verified either by Social Security or a licensed professional that meets the state criteria for diagnosing and treating that condition.

All PSH programs are encouraged to dedicate some or all of their beds that become available through turnover to persons who meet the HUD definition of Chronically Homeless.

PSH programs will adopt a housing first approach and take all reasonable steps to reduce barriers to housing, including working with landlords to limit the criteria used to exclude applicants or evict participants.

Unless required by law or as a condition of a particular source of funding, programs will not screen out or exclude participants based on any of the following:

- Failure to participate in supportive services or make progress on a service plan
- Having too little or no income
- Refusal to participate in drug tests
- Active or history of substance abuse
- Experience of domestic violence (e.g. lack of a protective order, period of separation, etc.)
- Credit or eviction history
- Failure to participate in a probation or parole program

IV. Documentation Requirements CoC-Funded Programs:

For participants in CoC-funded PSH programs, documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows. **For more detailed guidance, please consult the Documentation Checklist:**

Homelessness Verification.

Category 1: Literally Homeless (in order of preference)

1. Third Party Verification (written referral/certification by another housing or service provider); or
2. Third Party Verification via written observation by an outreach worker; or
3. Certification by the intake worker whose only encounter with the program applicant is at the current point at which they are seeking assistance; or
4. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter. If the provider is using anything other than Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

Category 4: Fleeing/Attempting to Flee DV

1. For victim service providers:
 - a. 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.
2. For non-victim service providers:
 - a. 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 by an individual or organization from which the individual or head of household has sought assistance; and
 - b. Certification by the individual or head of household that no subsequent residence has been identified; and
 - c. Self-certification or other written documentation, that the individual or

family lacks the financial resources and support networks to obtain other permanent housing.

V. Housing Requirements for Permanent Supportive Housing

- A. All housing supported by CoC-funded PSH resources must meet all HUD requirements, including, but not limited to, Housing Quality Standards, rent reasonableness standards, FMR (as relevant), as well as other requirements including local regulations and community standards regarding occupancy limits based on unit size.
- B. PSH programs will endeavor to offer as much client choice as possible regarding type and location of housing.
- C. PSH programs will provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence.
- D. Where possible, PSH services will be provided in community settings that are readily accessible by public transportation and convenient to shopping and other community services.

VI. Service Requirements for Permanent Supportive Housing

- A. Case managers will provide intensive case management services throughout each participant's stay in PSH to assist households to maintain housing stability. Services may be provided at the program offices, and case managers will conduct home visits when appropriate.
 - a. Per HUD regulations at least 1 face-to-face contact per month is required,
 - b. Case managers will offer case management contact with clients at least four (4) times per month including the required face-to-face.
 - c. All client contacts (in-person, email, call, text, etc...) must be documented in HMIS as a Contacts Log.
- B. PSH programs, through collaborative arrangement or by referral, must offer services to all clients that are tailored to each client's needs. The level and type of services offered should fully meet each client's identified needs, including, but not limited to, any of the following:
 - a. Housing Support
 - i. Intake and assessment
 - ii. Rental assistance
 - iii. Legal assistance
 - iv. Assistance with housing applications
 - v. Information and training regarding tenants' rights and responsibilities
 - vi. Education and assistance around landlord-tenants' rights and responsibilities
 - vii. Mediation and negotiation with landlords
 - b. Socialization & Daily Functions
 - i. Daily living skills training
 - ii. Budgeting and money management skills and training
 - iii. Skills and training in maintaining a household
 - iv. Eligibility screening for and assistance applying for and retaining mainstream resources (SSI, SNAP, veterans benefits, etc.)
 - v. Vocational and employment assistance or training and referral
 - vi. Supportive employment and referral for employment
 - vii. Interpersonal communication skills

- viii. Transportation, including accompaniment to appointments, home visits
 - ix. Parenting information and education
 - x. Conflict resolution and crisis intervention
 - xi. Helping clients connect to meaningful daily activities
 - xii. Social, cultural, or recreational activities
 - xiii. Opportunities for peer-to-peer education and support
 - xiv. Support groups and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning
- c. Wellness
 - i. Service coordination
 - ii. Mental health counseling and education
 - iii. Substance abuse education and counseling
 - iv. Effective use of health care (medical/dental/mental health/psychiatric)
 - v. Preventive health services
 - d. General
 - i. Verification of progress towards achievement of short and long-term client objectives
- C. Case managers will offer case management contact with clients at least four (4) times per month.
- D. PSH programs are encouraged to maintain a client-to-case manager ratio at or below twenty clients to one Full-time case manager.

VII. Procedures for Transfer Between Permanent Supportive Housing Programs

- A. Transfers Within the Continuum of Care and Across Continuum of Care Geographical Borders
 - a. Requests for transfer between Permanent Supportive Housing (PSH) programs will be reviewed by the MSBOS Coordinated Entry System Director staff responsible for facilitating matches to housing opportunities within the Coordinated Assessment system.
 - b. CoC-Funded Programs: An individual or household is eligible for transfer between CoC funded PSH programs only if they meet all eligibility requirements of the destination PSH program, prior to entry into the transferring PSH program.
- B. Transfers Related to Domestic or Intimate Partner Violence or Stalking
 - a. When a resident of Permanent Supportive Housing requests a transfer related to domestic or intimate partner violence or stalking, MSBOS CES staff will prioritize that transfer.
 - b. Program staff of the transferring program will ensure that the person who experienced domestic or intimate partner violence has access to appropriate services.

RAPID RE-HOUSING (RRH)

Rapid Re-Housing (RRH) The following standards will govern the CoC- and ESG- funded RRH projects in the Mississippi Balance of State CoC. Each program may focus or operate a little differently but will align with the overall standards.

Rapid Re-Housing Programs will be required to utilize the Coordinated Entry Process as implemented.

I. Target Populations for RRH Assistance

MSBOS CoC- and ESG- funded RRH programs will target the following populations:

1. Chronically Homeless
2. Veterans
3. Youth and families with children
4. Individuals and families fleeing domestic violence
5. Non-Chronically Homeless individuals

II. Structure of Rapid Re-Housing Assistance

The structure of rapid re-housing assistance is guided by a philosophy that encourages providers to provide the least amount of assistance to individuals and families to ensure their housing stability. Providers, together with the client, determine how long or often to provide a subsidy (unless determined by specific grant requirements, regulations, etc.) while at the same time ensuring that program resources are used as efficiently as possible.

1. Goals of Assistance:
 - a. After receipt of assistance, the household is able to remain stably housed.
 - b. At the conclusion of assistance, providers are encouraged to follow-up with the household for up to 6 months to monitor and/or evaluate whether the household has remained stably housed.
2. Duration, Subsidy Amount, and Client Contributions:
 - a. Rental subsidies are provided for a maximum of 24 months and decline in steps based upon a fixed timeline, determined by the program. Providers may revise the fixed timeline as needed to accommodate the client's circumstances.
 - b. Initial assistance can be as much as 100% of rent. Clients may pay a percentage of their rent based on the program's assessment of the client's financial and family situation, with rental assistance decreasing monthly over time (schedule to be determined by program).
 - c. CoC-Funded Programs: Total rent shall equal the sum of the monthly rent for the unit per the lease agreement plus, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority in the area in which the housing is located.
 - d. CoC-Funded Programs: CoC-funded RRH programs must comply with CoC Program requirements regarding FMR and rent reasonableness.
 - e. CoC-Funded Programs: Each participant in CoC-funded RRH programs must enter into a lease for an initial term of at least one year. The lease must continue automatically upon expiration on a month-to-month basis and may be terminable only for cause.
 - f. The goal is for households to "graduate" from the program once they no longer meet the eligibility requirements of the program's funding source and/or a case manager determines assistance can be terminated, whichever comes first.
 - g. A recertification tool is used to determine the need for ongoing assistance every 90 days. Additionally, CoC-funded RRH programs must re-evaluate, not less than once annually, that a program participant lacks sufficient resources and support networks necessary to retain housing without CoC assistance and that the participant is receiving the types and amounts of assistance that they need to

retain housing.

h. If the household does not attain any of these goals, assistance ends at 24 months (or earlier time as set by the program).

3. Move-In Assistance:

- a. Move-In Assistance will be targeted to households who are assessed as able to maintain their unit after the assistance. The amount of move-in assistance is determined by the program, within the limits set by the program's funding source.
- b. Move-In Assistance may be provided as one-time assistance or in tandem with Rental Assistance/Rental Subsidies.
- c. Grant funds may be used for security deposits in an amount not to exceed 2 months of rent. An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of the first month's rent.
- d. Move-In Assistance only households must show proof of tenancy (e.g., named on the lease agreement or have a verifiable, valid sublease agreement, letters of verification).

III. Eligibility and Prioritization Requirements: In order to qualify for RRH, households must satisfy the following criteria:

- A. Be the highest priority household available within the target population served by the program, as identified through Coordinated Entry System
- B. Other eligibility criteria created at the program level
- C. CoC-Funded Programs: For CoC-funded RRH programs, the individual or household must meet the definition of homeless in the CoC Program Interim Rule, under Category 1 or Category 4, consistent with the program's grant agreement with HUD. Additionally, the individual or household assisted in a CoC-funded RRH program must meet eligibility requirements identified in the Notice of Funding Opportunity (NOFO/NOFA) for the grant year in which the program is funded.

It should be noted that if a client has entered multiple rapid re-housing programs and not found success with this service model, the provider is encouraged to assess and identify whether rapid rehousing is the best approach.

RRH programs will adopt a housing first approach and take all reasonable steps to reduce barriers to housing, including working with landlords to limit the criteria used to exclude applicants or evict participants.

Unless required by law or as a condition of a particular source of funding, programs will not screen out or exclude participants based on any of the following:

- A. Failure to participate in supportive services or make progress on a service plan
- B. Having too little or no income
- C. Refusal to participate in drug tests
- D. Active or history of substance abuse
- E. Experience of domestic violence (e.g. lack of a protective order, period of separation, etc.)
- F. Credit or eviction history

Regarding Income

Households must demonstrate at point of program enrollment their ability and/or willingness to increase their income and/or decrease expenses and transition off the subsidy within the specified timeframe.

Regarding Rent to Income Ratio

Taking into account a household's total income and expenses, all Move-In Assistance only households should be able to demonstrate their permanent housing unit will be sustainable going forward.

Regarding Other Eligibility Requirements

Rapid re-housing targeted toward families with children may assist qualifying CoC applicant families who do not currently have physical custody of their child(ren). If documentation from CPS verifies that housing and/or other services is the only remaining barrier to reunification and if the funding source allows for it, that reunification will occur after housing is obtained, and the household demonstrates compliance with CPS, court orders, etc.

IV. Documentation Requirements CoC-Funded Programs:

For participants in CoC-funded rapid re-housing programs, documentation must be included in the case file and/or scanned into the HMIS client record that demonstrates eligibility as follows.

For more detailed guidance, please consult the Documentation Checklist:

Homelessness Verification

- A. Category 1: Literally Homeless (in order of preference)
 - a. Third Party Verification (written referral/certification by another housing or service provider); or
 - b. Third Party Verification via written observation by an outreach worker; or
 - c. Certification by the intake worker whose only encounter with the program applicant is at the current point at which they are seeking assistance; or
 - d. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter. If the provider is using anything other than Third Party Verification, the case file must include documentation of due diligence to obtain third party verification

- B. Category 4: Fleeing/Attempting to Flee DV
 - a. For victim service providers:
 - i. 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.
 - b. For non-victim service providers:
 - i. 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 by an individual or

- organization from which the individual or head of household has sought assistance; and
- ii. Certification by the individual or head of household that no subsequent residence has been identified; and
- iii. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

V. Housing Requirements for Rapid Re-Housing

- A. All housing supported by CoC-funded RRH resources must meet all HUD requirements, including, but not limited to, Housing Quality Standards, rent reasonableness standards, FMR (as relevant), as well as other requirements including local regulations and community standards regarding occupancy limits based on unit size.
- B. RRH programs will endeavor to offer as much client choice as possible regarding type and location of housing.
- C. RRH programs will provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence.

VI. Best Practices for Rapid Re-Housing

In addition to the requirements related to receiving RRH resources, the CoC encourages providers to implement best practices when locating and securing housing for applicant families.

Best practices include:

- A. Overall Best Practices
 - i. Set Goals – From the start, identify and set goals with the household to determine what they want.
 - ii. Set Expectations – Review the various rules and regulations related to housing – from noise levels to cleanliness to respect for neighbors. Stress the benefits. Differentiate between the household's wants versus their needs (e.g. studio serves the purpose rather than a one-bedroom).
 - iii. Set Up Support – Have in place counseling and case management during the housing process to assist with necessary changes as household transitions into housing (e.g. modifying behaviors that may be viewed negatively in residential settings).
 - iv. Listen to Household – Meet regularly, view apartments together, recognize household's ability to decide where they want to live. Have household take an active role in the search.
 - v. Recognize What Landlords Want – Know what landlords are looking for in prospective tenants (tenants who pay on time, maintain property, get along with others).
 - vi. Address Credit and Criminal History Issues – Educate household on their credit report. Obtain it and review it with household, encourage payment arrangements on utilities to correct discrepancies. Same with criminal history – obtain police records to ensure information is accurate. Identify resources to assist household with cleaning up their criminal record.

- vii. Work with Landlords – Work closely with landlord to provide simple, straightforward explanations of a household's credit/criminal history (face-to-face is best). Once household accepted, have landlord and household meet. Prepare household for this first impression (e.g. specific questions the landlord may ask). If household not accepted maintain, positive attitude and motivation for possible future opportunity.
- viii. Understand the Purpose of the Security Deposit – Educate the household that the security deposit is a guarantee against damage, not unpaid rent. Meet with the landlord and the client to do an inspection and document/photograph any existing damage and include in household's file.
- ix. Review the Lease – Review the lease with the household. Emphasize sections on rent, alteration of the apartment, lease violation, rules relating to guests and pets. Identify who is responsible for paying the utilities and any additional charges. Encourage the household to ask questions. Ensure that initial leases are for a term of at least one year, automatically renewable on a month-to-month basis, and terminable only for cause.
- x. Anticipate Challenges – Provide and identify support for household who may be experiencing a major transition and adjustments in routines now that they are housed.

B. Financial Assistance Best Practices

- i. Service Providers should not issue rental checks to anyone other than a property owner or property management company.
- ii. A check or payment should not be made to the household or another party unless a utility reimbursement is to be paid. In this case, the following must be followed:
 - 1. Direct payment to the program participant; or
 - 2. Payment to the utility company on behalf of the participant so long as:
 - Written permission is obtained from the program participant
 - a. Written notification to the participant of the amount paid to the utility company
- iii. Service Providers should verify property ownership by calling the local county tax assessor. Provide the Assessor with the address of the unit the provider is interested in renting and verify the name of the property owner.
- iv. Service Providers should call the landlord to verify the rental agreement.
- v. Service Providers should mail payment to the property owner and/or property management company. Should the landlord, property owner and/or property management company need the check immediately they may pick it up from the service provider. The household should not pick up or deliver the payment to the property owner and/or property management company. Service Providers should consider requiring two signatures for amounts over an identified threshold. All other standard financial procedures should apply including review of canceled checks and review of stale checks that have not been cashed.

VII. Service Requirements/Components for Rapid Rehousing

- A. Case Managers will provide intensive case management services throughout each participant's stay in RRH to assist households to successfully retain housing and move off the subsidy and into self-sufficiency. Services may be provided at the program offices

and through home visits. Services may include, but are not limited to:

- a. Housing Support
 - i. Intake and assessment
 - ii. Rental assistance
 - iii. Assistance with housing applications
 - iv. Information and training regarding tenants' rights and responsibilities
 - v. Education and assistance around landlord-tenants' rights and responsibilities
 - vi. Mediation and negotiation with landlords
 - vii. A minimum of one monthly face-to-face case management meeting
 - viii. A minimum of one quarterly home visit
 - ix. Per HUD regulations at least 1 face-to-face contact per month is required,
 - x. All client contacts (in-person, email, call, text, etc...) need to be documented in HMIS.
 - b. Socialization & Daily Functions
 - i. Daily living skills training
 - ii. Budgeting and money management skills and training
 - iii. Skills and training in maintaining a household
 - iv. Eligibility screening for and assistance applying for and retaining mainstream resources (SSI,SNAP, veterans' benefits, etc.)
 - v. Vocational and employment assistance or training and referral
 - vi. Supportive employment and referral for employment
 - vii. Interpersonal communication skills
 - viii. Transportation, including accompaniment to appointments, home visits
 - ix. Parenting information and education
 - x. Conflict resolution and crisis intervention
 - xi. Helping clients connect to meaningful daily activities
 - xii. Social, cultural, or recreational activities
 - xiii. Opportunities for peer-to-peer education and support
 - xiv. Support groups and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning
 - c. Wellness
 - i. Service coordination
 - ii. Mental health counseling and education
 - iii. Substance abuse education and counseling
 - iv. Effective use of health care (medical/dental/mental health/psychiatric)
 - v. Preventive health services
 - d. General
 - i. Verification of progress towards achievement of short and long-term client objectives
- B. During the clients' participation in the program, client must meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability.
- C. All clients may receive follow-up services for up to 6 months to ensure stability and assess the effectiveness of RRH programs.

TRANSITIONAL HOUSING (TH)

Transitional Housing Programs will be required to utilize the Coordinated Entry Process

as implemented.

I. Target Populations for Assistance: MSBOS Continuum of Care transitional housing (TH) programs serve a range of populations, including single adults, youth, and families with children. Regardless of target population, program design and services should further the goal of transitioning participants to permanent housing.

In alignment with national priorities and evidence-based practices, the Continuum of Care encourages TH programs to prioritize and target the following populations:

- A. Transitional age youth, including single youth, pregnant youth, and/or youth-led households
- B. Persons with experience of domestic violence or other forms of severe trauma
- C. Individuals and heads of household struggling with substance abuse or early in recovery from substance abuse

II. Structure of Transitional Housing Assistance

- A. Goals of Assistance
 - 1. Upon exit from the program, participants move into a permanent housing situation and are able to maintain housing stability.
 - 2. Transitional housing may serve as a bridge to permanent housing for households that have been accepted into a permanent housing program but do not yet have a unit.
- B. Subsidy Amount/Length of Time/Calculation:
 - a. Transitional housing facilitates the movement of homeless individuals and families to PH within 24 months of entering transitional housing.
 - b. CoC-funded TH programs must comply with CoC Program requirements regarding client portion of rent, occupancy charges, FMR, and rent reasonableness.
 - c. Rents collected from residents of TH may be reserved in whole or in part to assist the residents to move to permanent housing.
 - d. All participants in CoC-funded TH programs must enter into a lease or occupancy agreement, so that participants retain full tenants' rights during their residency in the program.

III. Eligibility Requirements

In order to qualify for transitional housing, households must satisfy the following criteria:

- A. For CoC-funded programs and others participating in the Coordinated Assessment System, be the highest priority household available within the target population served by the program, as identified through Coordinated Assessment.
- B. For Veterans Affairs (VA) Grant Per Diem (GPD) programs, be among the highest priority households that are within the target population served by the program and approved by the VA, if applicable.
- C. Other eligibility criteria created at the program level.
- D. For CoC-funded programs, meet the HUD definition of homeless in the CoC Program Interim Rule under Category 1, Category 2, or Category 4.

IV. Documentation Requirements CoC-Funded Programs:

For participants in CoC-funded transitional housing programs, documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

- A. Category 1: Literally Homeless (in order of preference)
 - 1. Third party verification (written referral/certification by another housing or service provider); or
 - 2. Written observation by an outreach worker dated; or
 - 3. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter. If the provider is using anything other than a Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

- B. Category 2: Imminent Risk of Homelessness
 - 1. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
 - 2. For individuals and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
 - 3. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and
 - a. Certification that no subsequent residence has been identified; and
 - b. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

- C. Category 4: Fleeing/Attempting to Flee DV

For victim service providers:

- 1. 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.

For non-victim service providers:

- 1. 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; and
- 2. Certification by the individual or head of household that no subsequent residence has been identified; and
- 3. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

V. Service Requirements/Components for Transitional Housing

Housing Case Managers will provide case management services at a level that meets the needs of each participant, in order to assist households to exit the program into permanent housing and achieve self-sufficiency.

Transitional housing programs must adopt a low-barrier, housing first approach.

Unless required by law, a condition of a particular source of funding, or necessary to serve a target population in recovery from substance abuse, programs will not screen out or exclude participants based on any of the following:

1. Failure to participate in supportive services or make progress on a service plan;
2. Having too little or no income;
3. Refusal to participate in drug tests;
4. Active or history of substance abuse;
5. Experience of domestic violence (e.g. lack of a protective order, period of separation, etc.)

Transitional housing programs are characterized by:

1. Client-centered services, by directly providing a range of services or by serving as part of a network that provides a range of services, tailored to each participant's level and type of need;
2. Immediacy, by providing for timely intervention and avoidance of delays in implementing a workable plan for transition to a permanent housing situation; and
3. Continuity and linkage to after care (to the extent possible when funding is available), by providing services in cooperation with other resources and ensuring appropriate follow-up after the child, adult, or family has left the program.

Transitional housing programs must develop service plans with participants and provide or offer referrals for identified services that address each participant's ongoing needs. Service planning should be initiated at intake, and focuses on identifying and transitioning participants to the most appropriate permanent housing situation.

Ongoing assessment of progress on the participant's service plan should be conducted throughout the individual's or family's term of residence in the program.

Transitional housing programs, either directly or by referral, must make services available to all clients that are tailored to support each client in transitioning to permanent housing. The level and type of services offered should meet each client's identified needs, including, but not limited to, any of the following:

1. Crisis intervention;
2. Service coordination;
3. Emergency and ongoing identification of medical and health needs and referral for care;
4. Public benefits eligibility assessment and application assistance;
5. Educational and employment assistance;
6. Exit planning, housing search, and relocation assistance;
7. Education related to activities of daily living (life skills);

8. Preventive health education, including information about the prevention of HIV/AIDS, tuberculosis and sexually transmitted disease;
9. Substance abuse and mental health counseling;
10. Support groups;
11. Structured social/recreational activities;
12. Parenting education;
13. Job referral and placement;
14. Child care;
15. Transportation;
16. Domestic violence counseling; and
17. Other appropriate services as necessary for the service population.

If the program provides referrals for mental health, substance abuse, health care, or developmental disability services, this same referral information must be offered to every client. Then, the program providing these services may separately ask questions about the issues relevant to the provision of that service.

Any services related to an individual's disability may not be required as a condition of receiving shelter unless the shelter is specifically designated for individuals with disabilities and has a mandatory service component according to its funding criteria.

INFORMATION AND REFERRAL AND CASE MANAGEMENT SERVICES

- A. Information and Referral: At a minimum, programs providing Information and Referral services offer the following:
 - a. A basic assessment of client needs (could be informal/verbal);
 - b. Information about community resources and referrals to local partners;
 - c. Assistance in acquiring services, including access to phones to make local calls, letters of introduction, lists of required documents, blank applications/forms, coaching regarding appropriate language to use when asking for services to get the desired outcome, etc.;
 - d. Advocacy on behalf of individual clients.
- B. Case Management: At a minimum, programs providing Case Management services offer all Information and Referral services, as well as the following:
 - a. Client-centered goal development focused on managing the practical problems of daily living;
 - b. Individualized support in identifying and completing action steps toward goals;
 - c. Encouragement and support toward goal achievement through regular meetings in an ongoing relationship;
 - d. For each case-managed client or household, programs must maintain a separate case file including registration and assessment paperwork (including any community-wide assessments) and case notes;
 - e. For each case managed client, **HMIS participating programs must record a Program Entry and Exit in HMIS and ensure that HUD Universal Data Elements are completed.**
- C. Intensive Case Management: At a minimum, programs providing Intensive Case Management services offer all Information and Referral and Case Management services, as well as the following:
 - a. Education about basic living skills, health care, getting the most out of

- treatment, and understanding the stages of change;
- b. Assistance with access and coordination between medical, mental health, and substance abuse services, if needed;
- c. Assistance in the development of new informal support systems to sustain the client's improving recovery patterns;
- d. Response to client crises and assistance in stabilizing the situation;
- e. Available to meet with clients outside of program offices (attend court with client, transport client to important appointments, home visitation, etc.)
- f. If possible, maintain low caseloads of no more than 15-20 active clients.

OUTREACH SERVICES

All programs providing outreach services, street outreach or mobile outreach teams must comply with the following standards.

- A. Outreach workers providing outreach services through street outreach or mobile outreach teams will receive on-going training in best practices generally accepted in the community designed to engage homeless persons on the street at the first point of contact in a manner in which they are willing and able to connect as below. Training should be held at least once per season/year in this area.
 - a. Use of assertive outreach techniques such that the team(s) will actively work to make contact with clients and engage them at the level and in the manner in which they are willing to connect;
 - b. Interventions carried out in the field, at locations where clients congregate and are comfortable rather than in traditional mental health settings;
 - c. High staff-to-client ratio of approximately one direct service staff to every ten clients;
 - d. Direct service provision that includes assistance in meeting basic survival needs (food, showers, a place to come in from the streets) as well as clinical services;
 - e. Referrals, advocacy and intensive case management without time limits in order to address the client's full range of needs, including linkages with medical, psychiatric, and alcohol and drug treatment services; benefits programs; and emergency, transitional, supportive, and/or permanent housing.
- B. Outreach services are provided by a team of professionals or paraprofessionals. For reasons of safety for both personnel and persons served, street outreach teams consist of at least two personnel.
- C. Outreach services are designed to bring the existing service delivery system to the person or family served. These services are offered to persons and families who have unmet needs and who are not served or are under-served by existing service delivery mechanisms in the community.
- D. Outreach service provision is flexibly tailored to the unique needs and characteristics of each person or family served. It is characterized by:
 - a. flexibility;
 - b. voluntary acceptance of services by the person or family served, except in those cases where the outreach team has the authority to commit individuals against their will and without their consent;
 - c. a team approach; and
 - d. linkage to, or direct provision of a full range of readily accessible prevention, support, and treatment services.
- E. During the provision of outreach services, the engagement and assessment of the client

is characterized by:

- a. sensitivity to the willingness of the person or family to be engaged;
 - b. a non-threatening manner;
 - c. maximum respect for the autonomy of the person or family being engaged; and
 - d. persistence.
- F. Outreach services provide linkages to, or directly provide, a full range of prevention, support, and treatment services, including but not limited to:
- a. screening and assessment;
 - b. harm reduction;
 - c. basic needs intervention;
 - d. crisis intervention;
 - e. help accessing public assistance;
 - f. advocacy;
 - g. legal assistance;
 - h. case management;
 - i. housing assistance;
 - j. social support services;
 - k. informational services;
 - l. service planning;
 - m. medical/dental evaluation and care;
 - n. counseling and/or treatment; and
 - o. other services necessary to serve the target population.

DROP-IN CENTERS

(Not to be used as an emergency shelter)

All programs operating Drop-In Centers must comply with the following standards.

- A. In programs operating drop-in centers, staff should receive annual training on counseling skills, techniques for handling conflicts or crises in a non-violent manner, cultural sensitivity, sexual harassment, and sensitivity to wider issues of homelessness at a one-time training per season/year on these subjects.
- B. Drop-in centers provide services in a safe, welcoming, minimally intrusive environment that is designed to foster trust and personal engagement.
- C. Drop-in centers provide:
 - a. Information and referral;
 - b. Food or snacks;
 - c. Bathrooms;
 - d. Seating accommodations; and
 - e. Access to internet
 - f. Co-location and linkage to other service providers.
- D. Drop-in centers may also provide, either directly or by referral:
 - a. Crisis intervention;
 - b. Emergency services;
 - c. Legal and advocacy services
 - d. Mental health services
 - e. Case management;
 - f. Facilities for personal hygiene: showers and laundry;
 - g. Employment and housing services;
 - h. Classes in living skills;

- i. Community space;
 - j. Meeting space;
 - k. Linkage to medical service;
 - l. Mail and telephone access;
 - m. Clothing, and;
 - n. Client storage.
- E. Personnel are available during drop-in center operating hours to provide ongoing services and overall supervision.
- F. Drop-in centers have written policies and procedures for expelling an individual or family from the facility that:
- a. Are clear and simple, avoiding overly rigid and bureaucratic rules;
 - b. Require that all reasonable efforts are made to provide an appropriate referral;
 - c. Are clearly posted in all appropriate languages or in a fashion readily accessible to accommodate non-hearing and sight impaired individuals or are otherwise provided to persons using the service;
 - d. Include a definition of the reasons or conditions for which an individual or family may be expelled;
 - e. Delineate a clearly defined process for expulsion including due process provisions; and
 - f. Describe the conditions or process for readmission to the facility.
- G. Minimum Safety Measures
- a. A minimum of two staff must be present while open
 - b. Must have a working phone available
 - c. Participants must sign in/out

RAPID RESOLUTION/DIVERSION AND SUPPORT SERVICES

Under the HEARTH Interim Rule, Supportive Services Only (SSO) is one of the eligible program components. SSO projects are projects that provide services to persons experiencing homelessness that are not tied to specific housing units.

All programs providing rapid resolution/diversion and support services must comply with the following standards as appropriate to the population served.

General Requirements

1. Rapid resolution and support services are provided to persons and/or families who are at risk of developing problems in physical, mental, social, or economic functioning. They are designed to provide individuals and/or families with information and new or enhanced skills to:
 - a. Ameliorate a problem or condition that can lead to individual, family and social displacement or dysfunction, prior to its onset; or
 - b. Stabilize a problem or condition so that the problem or condition does not worsen; and/or
 - c. Maintain the highest level of functioning possible within their community.
2. Rapid resolution and support services focus on realistic, attainable, and measurable goals and they are provided within the context of broad community, state, and federal prevention efforts.
3. Rapid resolution and support service programs publicize their services

utilizing a variety of methods to inform the target population, the general public, and other referral sources of:

- a. The types of service that are offered;
 - b. Service availability; and
 - c. How individuals can access the program's resources.
4. Rapid resolution and support service programs maintain linkages with a wide variety of services, programs and systems, including other community, state and federal prevention efforts, hospitals, schools, the criminal justice system, legal services, advocacy services, and mental health services, as well as other organizations that are likely sources of referrals.
5. Programs offer one or more of the following prevention and support services:
- a. Direct financial assistance;
 - b. Mortgage/rent assistance, security deposit, emergency financial aid, utility assistance;
 - c. Rent arrearage;
 - d. Legal assistance;
 - e. Mediation;
 - f. Education on tenants' rights and responsibilities
 - g. Vocational training or rehabilitation;
 - h. Employment assistance and/or counseling services;
 - i. Transportation;
 - j. Budgeting and financial management skills building;
 - k. Remedial education and literacy programs;
 - l. Nutrition education and counseling;
 - m. Pregnancy prevention and support;
 - n. Child care;
 - o. Drug and alcohol education;
 - p. Health promotion;
 - q. Life skills education programs;
 - r. Mental health education;
 - s. Parenting and child development education;
 - t. Housing assistance, including counseling;
 - u. Housing maintenance and repair;
 - v. Furniture/appliance provision or warehousing;
 - w. Clothing provision/laundry;
 - x. Food pantry and/or meals;
 - y. Mental health or other counseling services; and
 - z. Other services to maintain housing or to promote optimal social, psychological, and physical development and functioning.

HOMELESSNESS PREVENTION (HP)

Homelessness Prevention (HP) assistance includes housing relocation and stabilization services and/or short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in the homeless definition in 24 CFR 576.

Homelessness Prevention Programs will be required to utilize the Coordinated Entry Process as implemented.

The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing.

Eligibility

Participants, individuals, or families who meet the HUD criteria for the following definitions are eligible for Homelessness Prevention assistance:

- A. Have an annual income below 30% of median family income for the area per the HUD area median limits; AND
- B. Do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; AND
- C. Meet one of the following conditions:
 - a. Have moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 - b. Are living in the home of another because of economic hardship; OR
 - c. Have been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 - d. Live in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state, or local government programs for low income individuals; OR
 - e. Live in an SRO or efficiency apartment unit in which there reside more than 2 persons or live in a larger housing unit in which there reside more than one and a half persons per room; OR
 - f. Are exiting a publicly funded institution or system of care.
- D. At a minimum, providers should re-evaluate program participant's eligibility and the types and amounts of assistance the program participant needs not less than every three months.
- E. To continue to receive assistance, a program participant's re-evaluation must demonstrate eligibility based on:
 - a. Lack of Resources and Support Networks. The program participant's household must continue to lack sufficient resources and support networks to retain housing without HP assistance.
 - b. Income. In addition, re-evaluation must demonstrate that the program participant household's annual income is less than or equal to 30 percent of the Area Median Income (AMI). Providers may also require program participants to notify them regarding changes in their income or other circumstances that affect their need for assistance (e.g. changes in household composition, stability, or support). When notified of any change, providers must re-evaluate eligibility and the amounts and types of assistance the participant needs.

Prioritization

- Homeless Prevention programs should target households at greatest risk of homelessness and assist participants to increase household income during enrollment.
- Homelessness Prevention Access Points will complete a standardized assessment with each household to help determine prioritization of services.

Case Management

- Homelessness Prevention program participants must meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. Additional case management will be provided on a case-by-case basis based on demonstrated need.
 - Per HUD regulations at least 1 face-to-face contact per month is required,
 - Case managers will offer case management contact with clients at least four (4) times per month including the required face-to-face.
 - All client contacts (in-person, email, call, text, etc...) need to be documented in HMIS.
- Case managers should help to develop a plan to assist the program participant in retaining permanent housing after the assistance ends, taking into account all relevant considerations, such as the program participant's current or expected income and expenses, other public or private assistance for which the program participant will be eligible and likely to receive, and the relative affordability of available housing in the MSBOS.
- Case management assistance may not exceed 30 days during the period in which the program participant is seeking permanent housing and may not exceed 24 months during the period in which the program participant is living in permanent housing.

Rental Assistance

- Providers may assist program participants with up to 24 months of rental assistance during any 3-year period.
- Assistance may include any combination of short-term rental assistance (up to 3 months) and medium-term rental assistance (more than 3 months but less than 24 months).
- Applicants can return for rental assistance if they have received less than 24 months of rent during any 3-year period on a case-by-case basis as a result of extenuating circumstances (e.g. illness, death, divorce).
- In addition, program participants may receive funds for security deposits in an amount not to exceed two (2) months of rent.
- Program participants receiving rental assistance may move to another unit or building and continue to receive rental assistance, as long as (s)he continues to meet the program requirements.
- Rental assistance cannot be provided to a program participant who is already receiving rental assistance or living in a housing unit receiving rental assistance or operating with assistance through other federal, state, or local sources.

Amount of Rental Assistance

- It is expected that the level of assistance will be based on the goal of providing only what is necessary for each household to achieve housing stability in the long-term.

- Gradual Declining Subsidy Providers will institute tapering or “stepped-down” rental assistance structure so households will be confident that they can assume full responsibility of the monthly contracted rent, monthly utility costs, and other essential household costs at the end of the rental assistance period.
- The maximum subsidy for this graduated rate will be as follows: Participants can receive a maximum of 24 months’ rental assistance in a three-year period.

Maximum Participant Portion of Rent

- The key to rental assistance is ensuring long-term housing stability for the client, both for the duration of the program and upon exit. Thus, the purpose is to place participants into housing that will be sustainable in the long-term.
- As such, ESG Homelessness Prevention program participants may pay no more than 60% of their income towards rent.
- In addition, case managers are expected to work with clients to review household budgets and ensure households can maintain their housing upon completion of the program.

Fair Market Rent

- Household rent for participants receiving ESG-funded rental assistance must not exceed the Fair Market Rent established by HUD.
- FMR requirements do not apply when a program participant receives only financial assistance or services under HUD’s Housing Stabilization and Relocation Services. This includes:
 - rental application fees,
 - security deposits,
 - an initial payment of “last month’s rent,”
 - utility payments/deposits,
 - and/or moving costs,
 - housing search and placement,
 - housing stability case management,
 - landlord-tenant mediation,
 - legal services, and
 - credit repair.

Rent Reasonableness

- For participants receiving rental assistance, household rent must comply with HUD’s standard of rent reasonableness meaning that the rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.
- These rent restrictions are intended to help ensure that program participants can remain in their housing after their assistance ends.
- As with FMR, rent reasonableness requirements do not apply when a program participant receives only financial assistance or services under HUD’s ESG Housing Stabilization and Relocation Services.

Habitability Standards

- Housing for all ESG program participants receiving rental assistance must meet HUD minimum habitability standards for permanent housing.
- Providers must document compliance with this standard by signing and completing a Habitability Standards Checklist before the participant signs the lease and before the Provider provides any ESG rental assistance or services specific to the unit.
- In addition, Providers must inspect all units at least annually to ensure that the units continue to meet habitability standards.

EMERGENCY SHELTERS

Emergency shelter programs serve various sub-populations: households with children, individuals male or female, unaccompanied youth, and victims of domestic violence. The level of support services available to participants varies greatly from program to program. The length of stay is generally expected to be less than 30 days; extensions may be granted at some shelters if participants are following through with their case plans. Placements can also be made at area hotels/motels if there is no appropriate shelter available.

Emergency shelters include congregate and non-congregate facilities.

Currently, each individual shelter/program has its own eligibility criteria. At entry, this may be based on the sub-population served, i.e. age, gender, family composition, severity of behavioral health issues, etc. All referrals to shelters and assessment for type and level of services must come through the Coordinated Entry System.

Victim Service Providers and Domestic Violence Shelter programs will be exempt from participating in the coordinated entry system due to issues of confidentiality, and homeless youth (12-18 yrs. of age) could still access shelter through the Runaway & Homeless Youth Shelters program.

I. Minimum Shelter Standards

- At a minimum, must comply with the following standards, except where the standard is designated as applying to only a certain shelter type.
- At a minimum, shelters provide services coordinated to meet the immediate safety and survival needs of the individual or family served, including shelter, food, clothing and other support services. These services are provided in a minimally intrusive environment.
- At a minimum, shelters provide the following services directly on-site:
 - sleeping accommodations;
 - personal hygiene supplies and facilities, including toilets and wash basins;
 - showers and/or bathtubs (temporary shelters may provide referrals to other facilities for these services).
- In addition to the services listed, shelters must provide either directly or by referral the following services:
 - food,
 - information and referral;
 - crisis intervention;

- mailing address;
- linkage to medical services;
- clothing; and
- laundry facilities, either on-site or located within walking distance.

II. Preferred Practice Recommended Shelter Standards

Shelters should also meet the following standards.

- In addition to minimum standards, the MSBOS requires shelters to increase the client's coping and decision-making capacities and assist in planning for the client's reintegration into community living.
- Shelter programs are characterized by:
 - comprehensiveness, by directly providing a range of services or by serving as part of a network that provides a range of services;
 - immediacy, by providing for timely intervention and avoidance of delays in implementing a workable plan; and
 - continuity and linkage to after care (to the extent possible when funding is available), by providing services in cooperation with other resources and ensuring appropriate follow-up after the child, adult, or family has left the program.
- In addition to meeting minimum standards, shelters should also, either directly or by referral, provide the following services:
 - crisis intervention;
 - assessment for child abuse and/or neglect (in family shelters);
 - service coordination;
 - emergency and ongoing identification of medical and health needs and referral for care;
 - public assistance eligibility assistance;
 - educational and employment assistance; and
 - exit planning and relocation assistance.
- In addition to the services listed in the minimum shelter standard section, shelters should also provide some or all of the following services, as indicated by the service population:
 - education related to activities of daily living (life skills);
 - preventive health education, including information about the prevention of HIV/AIDS, tuberculosis and sexually transmitted disease;
 - substance abuse and mental health counseling
 - support groups;
 - structured social/recreational activities;
 - parenting education;
 - job referral and placement;
 - child care;
 - transportation;
 - domestic violence counseling; and
 - other appropriate services as necessary for the service population.

- If the shelter provides referrals for mental health, substance abuse, health care, or developmental disability services, this same referral information must be offered to every client. Then, the program providing these services may separately ask questions about the issues relevant to the provision of that service.
- Any services related to an individual's disability may not be required as a condition of receiving shelter unless the shelter is specifically designated for individuals with disabilities and has a mandatory service component according to its funding criteria.
- Programs serving all homeless people may require non-disability related services (e.g., money management or employment training) as a condition to housing, so long as the requirement is communicated to all clients at intake.
- Ongoing assessment of adjustment to community living arrangements is conducted throughout the individual's or family's term of residence in the program.
- Shelters should develop exit plans with the individuals served and provide or offer referrals for identified services that address their ongoing needs. Exit planning is initiated at intake.

III. Emergency Shelter Facility Management

All shelters must comply with the following standards, except where the standard is designated as applying to only certain shelter types.

- Codes and Ordinances
 - The shelter conforms to all applicable state and local building, fire and health regulations, including wheelchair accessibility standards.
 - The shelter does not exceed the maximum occupancy issued to it by the Fire Department for the entire shelter nor for the individual rooms used as sleeping quarters.
 - The shelter conspicuously posts the maximum occupancy issued to them by the Fire Department for the entire shelter and for the individual rooms used as sleeping quarters.
 - The shelter conforms to all pertinent requirements of the Americans With Disabilities Act (ADA), the Federal Fair Housing Amendments Act (FHAA), the California Fair Employment and Housing Act (FEHA), and the Transitional Housing Misconduct Act (THMA).
- Shelter Location
 - The shelter provides clients with reasonable access to public transportation.
 - New shelter construction should be located to facilitate the use of community-based services.
- Shelter Layout and Floor Plan
 - The shelter is well arranged and carefully planned to provide as safe and secure an environment as possible.

- If the shelter provides residents with separate rooms with doors, residents must be able to secure the door while in the room, and staff must have keys to all rooms.
- In shelters that separate resident sleeping accommodations by gender, transgendered clients should be sheltered according to their gender of identification, regardless of physical characteristics.
- If a shelter provides food on-site, the sleeping area must be separate from the dining area.
- The shelter includes rooms for providing on-site services, as applicable.
- The shelter provides adequate separation of families, couples, and single adults and adequate separation of single women and single men.
- Room accommodations, bathrooms, lounges and other common spaces in the shelter must be wheelchair accessible. Wheelchair access must be provided to all common areas and to not less than 10% of the sleeping units.
- The shelter should provide a private/quiet space that allows children to do their homework and clients to study and work.

INTER-ORGANIZATIONAL COLLABORATION

A. HMIS

- All agencies providing shelter, housing, and services to the homeless and those at risk of becoming homeless must participate in the Homeless Management Information System designated by the Continuum of Care in order to collect, track, and report uniform information on client needs and services and enhance community-wide service planning and delivery.
- All agencies participating in the Homeless Management Information System will abide by the countywide system administrator's policies and procedures, including the Mississippi Balance of State Continuum of Care HMIS Policies and Procedures, and adhere to the current HUD data standards.
- Assessments will be conducted according to the policies, procedures, and confidentiality rules of each individual program, of the Homeless Management Information System countywide administrators, and of the Coordinated Entry system.
- All users of the Homeless Management Information System must be trained according to the standards of the HMIS system administrators, including User Training and Confidentiality Training.
- All agencies, regardless of participation in the Homeless Management Information System, are required to keep their Program Descriptor Data Elements current and accurate at all times. This information must be updated at least annually by agency HMIS administrators or reported to the county wide system administrators.

B. Coordinated Entry System

- All agencies within the MSBOS will serve as Coordinated Assessment Access Points and participate in the Coordinated Entry Process, in accordance with MSBOS CES Policies

and Procedures.

C. Continuum of Care (CoC) Participation

- All agencies providing shelter and services to the homeless should be participants in the Mississippi Balance of State Continuum of Care.
- Additional CoC Participation policy is included in the MSBOS Governance Charter.

EMERGENCY SOLUTIONS GRANT MONITORING

The CoC is responsible for monitoring projects that receive ESG funds to ensure that the projects are performing adequately, operated effectively, managed efficiently, and in compliance with HUD requirements.

The MSBOS will be responsible for monitoring project performance.

1. Monthly

- a. A monthly progress report regarding performance will be generated by the HMIS Administrator and shared with the agency monthly.
- b. The monthly progress report will be shared with all ESG recipients and programs. ESG recipients and ESG-funded programs will be encouraged to participate in the CoC and invited to attend all CoC meetings at which ESG performance is discussed.

2. Quarterly

- a. The CoC will review program-level performance to identify poor performers, taking into account populations served. To the extent that technical assistance and training is needed, the CoC will provide recommendations to the funded agency.
- b. Poor performers may be selected for more intensive, on-site monitoring. This may include site visits, client feedback, and/or grant records. Ongoing poor performers may be selected for targeted technical assistance or other response. To improve performance in the identified deficient areas a corrective action plan may be created during a set timeline that will include performance feedback and progress assessments.

3. Annually

- a. In addition to the monthly and quarterly reports, the CoC may include a review of the HUD Annual Performance Report (APR) as well as other local sources to ensure compliance with HUD requirements

EMERGENCY TRANSFER PLAN

- A. Emergency Transfer Qualifications: A client in a CoC- or ESG-funded project qualifies for

an emergency transfer if:

- a. The client is a survivor of domestic violence, dating violence, sexual assault, or stalking;
- b. The client expressly requests the transfer; *and*
- c. Either:
 - i. The client reasonably believes there is a threat of imminent harm from further violence if the client remains in the same dwelling unit; or
 - ii. If the client is a survivor of sexual assault, the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

B. Emergency Transfer Process

- a. Participants may submit an emergency transfer request directly to program staff. The program must communicate with the CES Director to inform them that an emergency transfer request has been made and whether the request is for an internal transfer (a transfer where the client would not be categorized as a new applicant), external transfer, or both. Participants may seek an internal and external emergency transfer at the same time if a safe unit is not immediately available. If the participant receives Tenant-Based Rental Assistance (TBRA), the program will take reasonable steps to support the participant in securing a new safe unit as soon as possible and a transfer may not be necessary.
- b. Residents of PSH who do not meet the Emergency Transfer criteria may request a transfer under the PSH standards section, "Transfers in Permanent Supportive Housing."

C. Internal Transfer

- a. When the participant requests an internal emergency transfer, the program should take steps to immediately transfer the participant to a safe unit if a unit is available. Requests for internal emergency transfers should receive at least the same priority as the program provides to other types of transfer requests.
- b. If a safe unit is not immediately available, program staff will inform the participant that a unit is not immediately available and explain the participants' options to:
 - i. wait for a safe unit to become available for an internal transfer,
 - ii. request an external emergency transfer, and/or
 - iii. pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.

D. External Transfer

- a. If a participant requests an external emergency transfer, the participant has priority over all other applicants for CoC-funded housing assistance, provided the household meets all eligibility criteria required by HUD and the program. After the agency communicates the participant's emergency transfer request to the CES director, the CES director will facilitate referral of the participant to the next available appropriate unit through the Coordinated Entry System.
- b. The household retains their original homeless or chronically homeless status for purposes of the transfer.

E. Documentation and Record Keeping

- a. To request an emergency transfer, the participant should submit a written request

to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the participant is requesting an emergency transfer. No other documentation is required.

- b. CoC-funded programs must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD annually.
- F. Emergency Transfer Confidentiality Measures
- a. Programs will ensure strict confidentiality measures are in place to prevent disclosure of the location of the client's new unit to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the client.
- G. Family Separation
- a. Where a family receiving TBRA separates as part of the emergency transfer, the family member(s) receiving the emergency transfer will retain the TBRA assistance when possible. The program will work with the CoC and the household to support an effective transfer in situations where the program is not a good fit for the family member(s) receiving the emergency transfer.

SHORT, MEDIUM, and LONG TERM RENTAL ASSISTANCE

- Short-Term Rental Assistance: Short-term rental assistance programs (up to 3 months) target families with low to moderate barriers to securing and retaining permanent housing. These families require minimal service intervention and limited financial assistance to secure and stabilize permanent housing.
- Medium-Term Rental Assistance: Medium-term rental assistance (4-24 months) is targeted towards families who experience moderate to high barriers to securing and retaining housing. These families have multiple barriers to housing that require longer periods of time to resolve and may require more intensive service interventions.
- Long-term Rental Assistance: Long-term rental assistance (24+ months) is rental assistance that is provided for an indefinite period of time. Long-term rental assistance is targeted towards families and individuals who experience extremely high barriers to securing, retaining, and maintaining housing. These families and individuals have the most barriers to housing that require the most intensive service interventions. It is only eligible under the Permanent Supportive Housing program component of the CoC Program. Long-term rental assistance may be tenant-based, project-based, or sponsor-based.