



Atlanta Homeless Continuum-of-Care

PERMANENT SUPPORTIVE HOUSING WRITTEN STANDARDS

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Introduction

In accordance with Title 24 of the Code of Federal Regulations (24CFR) Part 578, the City of Atlanta (City) and the Atlanta Homeless Continuum of Care (CoC) have developed the following written standards that apply to all projects receiving Atlanta Homeless Continuum of Care (CoC) and HomeFirst Atlanta Permanent Supportive Housing (PSH) funding. These standards are the minimum standards CoC and HomeFirst Atlanta grantees must meet and to which more stringent standards may be added. In addition, all CoC funded PSH projects must comply with the applicable Notice of Funding Availability (NOFA) under which the project was originally awarded.

The goal of these standards is to synthesize key elements of the HUD regulations with the processes and priorities of the Atlanta CoC's ClearPath plan to ensure that homelessness in Atlanta is rare, brief, and non-recurring. These standards will also ensure that PSH programs are administered fairly and methodically. The CoC will continue to build upon and refine this document as the PSH practice evolves to ensure:

- ❖ Program accountability to individuals experiencing chronic homelessness.
- ❖ Program compliance with HUD and CoC rules and regulations.
- ❖ Program uniformity and common client expectations.
- ❖ Staff competence and training, specific to the target population being served.
- ❖ Agencies have a guideline to model their PSH program policies.
- ❖ All service providers of PSH understand and implement evidence based best practices.

Program Principles

The Atlanta Homeless Continuum of Care is dedicated to HUD's goal of ending chronic homelessness. Research has consistently found that PSH, using a Housing First approach, is the most effective solution for people experiencing chronic homelessness. As such, the CoC is committed to prioritizing the chronically homeless for PSH and has adopted a Housing First approach for all CoC and HomeFirst Atlanta PSH programs.

Housing First

The Atlanta Homeless CoC has embraced a Housing First approach for PSH programs to best serve the chronically homeless. Housing First is a method that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are provided to maintain housing stability and prevent a return to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. Research has demonstrated that this approach is effective in promoting housing stability, particularly among people who have been homeless for long periods of time, and have serious psychiatric disabilities, substance use disorders, and/or other disabilities.

Successful Housing First PSH programs comply with:

- ❖ Few to no program prerequisites to permanent housing entry. Preconditions such as

sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen shall not be a barrier to entering permanent housing.

- ❖ Low barrier admission policies. Housing admissions policies are designed to screen-in rather than screen-out referrals from coordinated entry.
- ❖ Rapid and streamlined entry into housing.
- ❖ Supportive services such as mental health or substance abuse counseling may benefit an individual experiencing homelessness, but participation in these services is not a prerequisite to access housing, nor a condition of maintaining it. Program practices and policies that are used to minimize or prevent lease violations, program terminations, and evictions.

Prioritizing Chronically Homeless

The definition of “chronically homeless,” as stated in HUD Notice CPD-16-11 Definition of Chronically Homeless Final Rule is:

- a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - ii) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - iii) Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (i);
- b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility
- c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Severity of Service Needs

The Atlanta Homeless CoC prioritizes chronically homeless individuals with the highest service needs in the Coordinated Entry System (CES) process as defined in HUD Notice CPD-16-11:

- a) History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- b) Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- c) For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- d) When applicable, CoCs and recipients of CoC Program-funded PSH may use an alternate

criteria used by Medicaid departments to identify high need, high cost beneficiaries.

Non-Discrimination Policy

Providers must comply with all federal statutes and rules including, but not limited to, the Fair Housing Act, the Americans with Disabilities Act, and the Equal Access to Housing Final Rule. People who present together for assistance, regardless of age or relationship, are considered a household and are eligible for assistance as a household.

Each instance of a couple being referred by the Coordinated Entry System will be case conferenced with the Atlanta Homeless CoC to ensure feasibility with the program and the ability of the program to meet the needs of the referred individual and their partner.

Coordinated Entry System

To minimize barriers to housing access and ensure timely placement, providers are required to accept referrals through the Atlanta Homeless CoC Coordinated Entry System (CES). The CES has a no-wrong door approach in which homeless individuals who engage with the CES within the Atlanta CoC are entered into the system. This system ensures that every chronically homeless individual is known by name and provides assistance based on an individual's unique needs and matches them to the right housing solution.

Homeless Management Information System

All grantees are required to participate in the Homeless Management Information System (HMIS) per the CoC Interim Rule (24 CFR 578). The HMIS provides an opportunity to document homelessness and helps to ensure coordination between service providers while avoiding duplication of services and client data. Timely and accurate data entry by PSH providers is imperative and will be monitored by the CoC. Please reference the Georgia HMIS Interim Policies and Standard Operating Procedures.

Permanent Supportive Housing Program Overview

Core Program Components

The Atlanta Homeless CoC's PSH program provides permanent housing and support services to chronically homeless individuals, households, and families. The program is designed to reintegrate this highly vulnerable population into the community by addressing their basic needs for housing and providing ongoing support. There are two key components of the Atlanta Homeless CoC PSH program: permanent housing and supportive services.

Permanent Housing

Using a Housing First approach, program participants are provided with rapid access to permanent housing with minimal preconditions. Good credit, lack of criminal background, or good rental history is not required to receive housing. Each household is placed in a rental unit with access to meal preparation facilities or where providers provide meals.

Tenants can remain in their homes for as long as the basic requirements of tenancy are met as stated in their property lease agreement. This ensures participants have a private and secure place to make their home, just like other members of the community, and provides them with a stable foundation from which they can pursue their goals.

Support Services

Once in housing, program participants have access to the supportive services that they want and need to live as independently as possible. Although PSH is designed for people who need supportive services, accepting these services is not a condition of housing. A person's home is a place to live rather than a treatment setting. As such, supportive services are voluntary, but can and should be used to persistently and consistently engage participants and ensure housing stability. Evidence based case management techniques are often highly effective at engaging clients in case management.

Tenants receive assistance in defining their needs and preferences through annual assessments of service needs and individualized support plans that reflect those preferences. On-site residential supervision is provided as needed to facilitate the adequate provision of supportive services to the residents.

Support services to be made available to PSH program participants should:

- ❖ Assist clients with completing the initial application process, as well as the annual recertification requirements.
- ❖ Assist clients in their housing search to find an appropriate unit. This may include transporting clients to complete applications for housing and assisting in the application process.
- ❖ Provide ongoing case management and service coordination, including regular home visits at least monthly for as long as the client is receiving rental assistance through the permanent supportive housing program. Home visits should be conducted at a minimum of once per week for new program participants.
- ❖ Have increased or decreased case management home visits only after discussion among the programs' case conferencing team. Case management home visits may increase or decrease based on participant needs but must remain at a minimum of once per month.
- ❖ Connect clients with mainstream services and benefits, such as social security disability and retirement, Medicaid, and food stamps.
- ❖ Assist clients with connecting to community based programs and services in order to integrate them into their community.
- ❖ Hold units for up to 90 days for program participants who are incarcerated, hospitalized, or are receiving substance use treatment.
- ❖ Provide intervention in the event that a client's behavior is jeopardizing their housing, or if critical concerns arise regarding their health or safety.
- ❖ Identify a staff member to act as liaison with the Atlanta Homeless CoC, who can assist in coordination with the Atlanta Homeless CoC and attend quarterly meetings with the program.
- ❖ Maintain up-to-date client files in HMIS documenting enrollment within 72 hours of move-in, discharge within 72 hours of move-out, client contact and provision of services, and all related documents and records to assure proper accounting of services and performance.

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- ❖ A list of services to be made available to program participants either through the CoC funded program or community partners are as follows:
 - Life skills or independent living skills training
 - Mental health services
 - Alcohol and/or drug services
 - Primary health services
 - HIV/AIDS-related services
 - Education
 - Employment and training
 - Child care
 - Transportation assistance
 - Legal assistance
 - Benefits advocacy

Calculating Rent Contributions

All program participants must have a signed lease or sublease for their rental unit. Providers are not required to impose rent or occupancy charges to clients as a condition of residing in their housing. If rent or occupancy charges are imposed, the following income calculation guidelines will be used:

- ❖ 30% of adjusted monthly income. Adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses.
- ❖ 10% of gross monthly income.

If the family is receiving payments for welfare assistance from a public agency and a part of the payments is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.

Providers must examine a program participant's income when entering the program. Annual income certifications are required thereafter. Adjustments to rental payments must be made as changes in income are identified.

Housing Quality Standards

Prior to entering into a lease agreement the provider must physically inspect each unit to assure the unit meets housing quality standards (HQS). Rent payments will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the provider verifies that all deficiencies have been corrected. Providers must inspect all units annually during the grant period to ensure that the units continue to meet HQS.

Property Eviction

An eviction from a tenant based leased property will not terminate the program participant from the PSH program. The provider will assist with obtaining a new rental unit and will continue to provide all needed support services as the program participant is transitioning into their new housing.

Providers using a master lease for housing units will work with property management to avoid evictions at all costs. If a program participant is under threat of an eviction the provider will work to deliver an increased level of support services to the program participant while working with property management to address any concerns or problems. If an eviction is unavoidable, the provider will follow the program

termination requirements set in this document and will work with the Atlanta Homeless CoC to transfer the client to another PSH program.

Program Termination

Termination from a program is a rare event and should only be considered when all attempts to remedy the situation have been unsuccessful. Failure to comply with mental health and substance abuse treatment, case management services, or the loss of income are not considered causes for termination. Providers must have a written program termination policy outlining program rules and termination processes. The Atlanta Homeless CoC will review the termination policies of each program when policies are created or changed. The termination process, at a minimum, must comply with the following:

- ❖ The program will provide the participant with a written copy and verbal explanation of the program rules and the termination process before the participant begins to receive assistance.
- ❖ Programs will notify the Atlanta Homeless CoC in writing when a client is at risk of being discharged, but before the termination process has begun. The Atlanta Homeless CoC and the program will conduct a case conference to identify potential solutions to avoid termination from the program.
- ❖ If a termination is deemed the only solution, the decision must be communicated to the Atlanta Homeless CoC before the client is dismissed from the program. The CoC will attempt to coordinate a transfer to another PSH program.
- ❖ The participant will receive a verbal explanation and written notice containing a clear statement of the reasons for termination.
- ❖ Review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision, must be provided.
- ❖ Prompt written and verbal notice of the final decision must be provided to the participant.
- ❖ If the program determines that a client no longer requires the services provided by permanent supportive housing and plans to graduate the client from the program, the provider will develop a discharge plan in consultation with the Atlanta Homeless CoC to assure that the client remains connected with adequate supportive services while transitioning from the program.

Coordinated Assessment & Prioritization

Universal Assessment

All individuals and/or families will be assessed using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), a comprehensive, universal assessment tool. This tool guarantees that individuals' level of vulnerability, need, and eligibility determinations are made in an informed and objective manner. Standards for case conferencing and observational tools are outlined in the Coordinated Entry System (CES) Standards of Care. These allow for exceptions for individuals with

acute behavioral health or other needs to participate in the VI-SPDAT.

Housing Match

PSH providers submit vacancies within seven days to the CES when there is a vacancy in the PSH program. The CES then matches the most vulnerable individual with that housing unit through a single prioritized housing queue that ranks individuals based on the CoC's designated order of priority.

Prioritization

The Atlanta Homeless CoC, led by the CES Implementation Committee, has developed an order of priority to establish a uniform process for prioritizing placement into PSH through the CES. The intent of this order of priority is to ensure that chronically homeless persons with the longest lengths of time of being homeless and the most severe service needs are prioritized over other eligible households. It is important to note that the order of priority established below will be followed with consideration of agency goals and target populations (e.g. mental illness). This order of priority may be revisited once the CES has fully automated referrals through HMIS, ensuring it accurately reflects the system's methods of prioritization which will be based upon HUD's recommendations and the CES Implementation Committee.

Order of Priority for PSH Vacancies

All grantees receiving Atlanta Homeless CoC and HomeFirst funding for PSH must fill vacant beds with chronically homeless persons referred from the CES. The Atlanta CoC's order of priority for filling PSH beds as defined in HUD Notice CPD-16-11:

Order of Priority 1

A household should be prioritized first in dedicated or prioritized PSH if all of the following are true:

1. The individual or head of household meets the definition of chronically homeless; and,
2. The length of time the individual or head of household has been homeless is at least 12 months continuously or over a of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
3. The individual or head of household has been identified as having severe service needs.

Order of Priority 2

A household should be prioritized second in dedicated or prioritized PSH if all of the following are true:

1. The individual or head of household meets the definition of chronically homeless; and,
2. The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least 12 months continuously or over a period of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
3. The individual or head of household has **not** been identified as having severe service needs; and,
4. There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 for dedicated or prioritized PSH.

Order of Priority 3

A household should be prioritized third in dedicated or prioritized PSH if all of the following are true:

1. The individual or head of household meets the definition of chronically homeless; and,
2. The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
3. The individual or head of household has been identified as having severe service needs; and
4. There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 and 2 for dedicated or prioritized PSH.

Order of Priority 4

A household should be prioritized fourth in dedicated or prioritized PSH if all of the following are true:

1. The individual or head of household meets the definition of chronically homeless; and,
2. The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
3. The individual or head of household has **not** been identified as having severe service needs; and
4. There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for dedicated or prioritized PSH.