



ALL DOORS LEAD HOME



Coordinated Entry System
Policies and Procedures Manual
Version 3.0
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Contents

Section I – Introduction.....	5
Background	5
Guiding Principles	5
Purpose	6
Residency Introduction	6
Housing Options.....	6
Homeless Management Information System (HMIS)	7
Low Barrier/Housing First	7
Progressive Engagement.....	8
Community Case Conferencing.....	9
Section II – Coordinated Entry System (CES)	10
Overview & Purpose	10
CES Mission Statement:	10
The CES WILL:.....	10
The CES WILL NOT:.....	10
Households To Be Served:	11
Procedures	11
Providers	12
Access to Services	12
After Hours and Holiday procedure:.....	12
Sex Offender Registry	12
Screening/ Assessment:	13
Documentation	13
Vacancy Tracking.....	14
Prioritization	14
Referrals.....	15
Section III – Prevention	16
Overview & Purpose	16
Table 3.1 – Prevention Assistance Program Types	17
Households Accessing Prevention Services	17

Procedures	18
Providers	18
Screening/Assessment	18
Documentation	18
Financial Resource Tracking.....	19
Prioritization	19
Referrals.....	19
Re-certifications	19
Program Acceptance Notification.....	19
Termination/Grievance.....	20
Closure Notification	20
Section IV – Diversion	20
Overview & Purposes.....	20
Households To Be Served	21
Procedures	21
Screening/Assessment.....	21
Documentation	21
Prioritization	22
Section V – Emergency Shelter	22
Overview & Purpose	22
Households to Be Served	22
Domestic Violence	25
Screening/ Assessment	26
Documentation	26
Referrals.....	26
Termination/Discharge	27
Section VI – Housing Location Services.....	27
Overview & Purpose	27
Households to Be Served	28
Priority.....	28
Procedures	28

Provider.....	29
Screening/Assessment.....	29
Documentation.....	29
Referrals.....	29
Termination.....	29
Housing Quality Standards.....	30
Landlord Marketing.....	30
Section VII – Rapid Re-Housing.....	31
Overview and Purposes.....	31
Households To Be Served.....	32
Eligibility Populations.....	32
Table 7.1– Categories of Homelessness that Qualify for Rapid Re-Housing.....	32
Re-certifications:.....	34
Procedures.....	34
Screening/Assessment.....	36
Table 7.2 - Type of Rapid Re-Housing Assistance.....	36
Documentation.....	38
Vacancy Tracking.....	38
Prioritization.....	38
Terms of Assistance.....	39
Referrals.....	40
Termination.....	40
HMIS Reporting and Program Reporting Requirements.....	41
Outcome Measures.....	41
Performance Benchmarks.....	41
Section VIII – Permanent Supportive Housing.....	41
Overview & Purpose.....	41
Households to be served.....	42
Re-certifications.....	43
Admissions Committee.....	43
Providers/Partnering Agency.....	44

Screening/Assessment	44
Documentation	45
Vacancy Tracking.....	45
Terms of Assistance	45
Termination.....	45
HMIS Reporting.....	46
Outcome Measures.....	46
Veterans	46
APPENDIX A.....	47
Key Coordinated Entry Documents.....	47
Case Conference Request Form.....	47
Case Conference Disposition:	48
Case Conference Summary	49
Prince William Area – Permanent Supportive Housing, Rapid Rehousing, Housing Location Summary Sheet	55
APPENDIX B.....	58
Involuntary Shelter Discharges Guidelines	58

Section I – Introduction

Background

The Prince William Area (PWA) Continuum of Care (CoC) uses best practice models designed to prevent homelessness and to address homelessness for individuals, families, and subpopulations of homelessness (e.g. veterans, youth).

The CoC aligns with the federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. HEARTH has established goals and objectives targeted at ending chronic homelessness and reducing all homelessness. Additionally, all Coordinated Entry System (CES) processes align with HUD's Centralized Assessment System ([CPD 17-01](#)) released January 23, 2017. To achieve success, the CoC has aligned resources at the federal, state, and local levels with CPD 17-01 that include:

- Coverage of the geographic area (Prince William County and Cities of Manassas & Manassas Park).
- Easy accessibility for individuals and families seeking housing and/or services.
- Well-advertised prevention and homeless services.
- An initial standardized assessment of individuals and families seeking housing.
- A specific policy to guide the operation of the CES in addressing the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, and are seeking shelter or services from non-victim specific providers.

According to the National Alliance to End Homelessness, coordinated assessment, (also known as coordinated entry, centralized intake process, or coordinated intake), paves the way for more efficient homeless assistance systems by:

- Helping people move through the system more efficiently by reducing the amount of time people spend moving from program to program before finding the right match.
- Reducing new entries into homelessness by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily.
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

Guiding Principles

The CoC members will use the following guiding principles to aid in the system's planning and design, implementation processes, and ongoing management of the CES process. The system will:

- Allow anyone who needs assistance from the homeless services system to know where to go to access services, be assessed in a standard and consistent way, and connect with the housing/services that best meet their needs.
- Ensure clarity, transparency, consistency, and accountability for homeless households, referral sources, and homeless service providers throughout the assessment and referral process.

- Facilitate exits from homelessness to stable housing in the most rapid manner possible, given available resources.
- Ensure that households gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs and preferences.
- Ensure that people who have been homeless the longest, and/or are the most vulnerable, have priority access to scarce emergency shelter and permanent supportive housing resources.
- Establish consistent eligibility criteria and prioritization standards.
- Retain program flexibility to the extent possible.
- Ensure that all programs operate within compliance of all funding guidelines and eligibility criteria.
- Incorporate provider discussion in enrollment decisions.
- Promote collaboration, communication, and sharing of knowledge regarding resources among providers.
- Leverage HMIS data and infrastructure whenever possible to expedite processes.
- Limit data collection to that which is relevant to the process.
- Ensure staff are trained and competent in conducting assessments.

The CES plays an essential role, and the data generated from CES intake describes who is getting what they need from our system, who is not, and where we need to invest our resources to realize our shared goal of ending homelessness.

Purpose

The purpose of the CES is to provide a coordinated process for households (individuals and families) to use when they believe they are at risk of becoming homeless or they are currently deemed homeless according to HUD's definition. Via the CES, a household can be screened for eligibility for specific housing options that include Prevention, Housing Location, Rapid Rehousing, Permanent Supportive Housing, and Emergency Shelter. The optimum goal of CES is to assess a household and then determine the intervention that best matches its unique needs.

Residency Introduction

The Prince William Area Continuum of Care (CoC) recognizes that funding received from state and federal sources may allow for services to be provided to residents of another jurisdiction. However, the Prince William Area CoC will prioritize households limited to residents of Prince William County and the cities of Manassas and Manassas Park.

Housing Options

The PWA has a goal to prevent homelessness whenever possible. Determining the feasibility of current housing or an assessment of available housing options must be made prior to placing a household in emergency shelter. PWA seeks to provide emergency shelter for households with no other housing

options. This practice will ensure that homelessness is prevented whenever possible and households with few or no options are placed in emergency shelter.

Through the intake process, the exploration of housing options is key and will serve as the primary component to avoiding shelter. Housing options are also imperative for quickly exiting shelter. Therefore, case managers will focus on affordable housing options that include rapid rehousing, permanent supportive housing, room rentals, and shared housing accommodations (living with relatives or friends).

Homeless Management Information System (HMIS)

The PWA Homeless Management Information System (HMIS) is the primary repository for CoC data and is a requirement for most federal, state and local programs serving homeless persons. CES will utilize the HMIS to collect data about persons seeking services from any program dedicated to serving homeless households as well as those at risk of becoming homeless. The data obtained will be used to help guide the development of CES policies and better inform the CoC on how programs are performing.

Further information on the PWA HMIS can be found in the current HMIS Policies & Procedures manual.

Low Barrier/Housing First

The PWA will use best practice models that include implementing low barriers for emergency shelter systems and implementing a Housing First model as it relates to housing options that are specific to Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH). Our shelter systems will strive to reduce all barriers to accessing emergency shelter, including criminal history. The PWA will also implement Housing First, a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. The five core principles of Housing First include:

1. **Immediate access to permanent housing with no housing readiness requirements:** Housing First involves providing households with assistance in finding and obtaining safe, secure, and permanent housing as quickly as possible.
2. **Consumer choice and self-determination:** Housing First is a rights-based, client-centered approach that emphasizes client choice in terms of housing and support. Households exercise some choice regarding the location and type of housing they receive (e.g. neighborhood, congregate setting, scattered site, etc.). Choices may be constrained by local availability and affordability.
3. **Recovery orientation:** Housing First practice is not only focused on meeting basic client needs, but also on supporting recovery. A recovery orientation focuses on individual well-being and ensures that households have access to a range of supports that enable them to nurture and maintain social, recreational, educational, occupational, and vocational activities
4. **Individualized and client-driven supports:** A client-driven approach recognizes that individuals are unique, and so are their needs. Once housed, some people will need minimum supports, while other people will need supports for the rest of their lives. This could range from case management

to assertive community treatment. Individuals should be provided with “a range of treatment and support services that are voluntary, individualized, culturally-appropriate, and portable”.

5. **Social and community integration:** Part of the Housing First strategy is to help people integrate into their community, and this requires socially supportive engagement and the opportunity to participate in meaningful activities. If people are housed and become or remain socially isolated, the stability of their housing may be compromised.

Progressive Engagement

Progressive engagement refers to a strategy of providing a small amount of assistance to everybody who enters your homelessness system, then waiting to see if that works. If it does not, then you provide more assistance and wait to see if that works. If not, you apply even more, until eventually you provide your most intensive interventions to the few people who are left. Progressive Engagement has primarily been used in Rapid Re-Housing, but the principles apply to Prevention, Shelter, and Diversion services as well.

Progressive engagement requires a change in culture, and at its core requires:

- Doing the least for each household, rather than the most.
- Believing people can make it without us.
- Empowering people to make it on their own.

The progressive engagement model starts by offering a basic level of assistance across the board. For example, a shelter might provide all households who enter with help preparing a housing plan, lists of units or landlords to contact, assistance preparing applications, and access to limited resources for fees and deposits or local transportation. For households unable to exit homelessness with this level of help, the program provides a greater level of housing search assistance, tied to short-term rental assistance and case management. For most households, this will be enough to stabilize in housing in the community within a short period. If, however, the situation is still highly unstable after three or four months, the program can reassess the household, and continue to provide assistance with the same or another resource for the medium- or longer-term. Reassessment at this stage is frequent, and assistance typically continued for a month at a time.

This approach is responsive to the needs of the household while ensuring that interventions are right sized to provide the greatest efficiency for the agency, and the households assisted do not have to move or even change programs or case managers along the way.

Gradual decline in assistance is one key component of Progressive Engagement. At any given time, the least amount of assistance is provided. This could mean that based on a client's resources, the program initially pays a large portion of the rent. However, based on changes in resources or improved management of resources, over time the household can increase how much he/she can pay towards rent. As a result, the subsidy gradually declines, and the program still provides the least amount of assistance needed.

Community Case Conferencing

Households with ongoing housing needs face complex challenges. Often, comprehensive plans involving multiple stakeholders yield the best outcomes. Community case conferencing is a collaborative approach to discussing the progress of households enrolled in any homeless service programs who are having difficulty achieving service plan goals aimed at helping the household obtain or maintain stable housing. Individuals and families receiving prevention, diversion, emergency, rapid re-housing, or permanent supportive housing services can be involved in community case conferencing. DSS Homeless services staff must be a part of all community case conference meetings.

When issues arise that involve program participation and/or adherence to program guidelines, the program staff should first work directly with the household to determine a plan to address the issues. Action steps for both the program participants and staff should be outlined during your internal case conferences to include warning letters, behavioral contracts, or other documentation given to the clients. This plan should be in writing, it should include specific, measurable, attainable, realistic, and time specific (S.M.A.R.T) goals, that are clearly explained to all households. Within the specified time set during the internal case conference, if the challenges have not been resolved, then make a referral via the HMIS system.

If a case conference is warranted, the case manager should do the following.

- Make a referral via the HMIS system.
- Attach the community case conference request form and supplemental documentation from the household record in HMIS.
- CES will schedule a case conference upon review and approval of all required documentation.
- Human Services Manager will respond to the request with the date and time of the meeting.
- Submission of a case conference request does not guarantee an automatic community case conference meeting.
- Community case conferences will be held directly following the Service Continuum committee meeting between 12:00pm -2:00pm, and alternating Thursdays from 10:00 a.m. – 12:00 p.m., unless otherwise scheduled.
- During the community case conference, the case manager will complete the case conference summary form to outline the actions steps from the meeting.
- If amenable to continued participation with services, the household and case manager will meet to review the expectations of the plan. An updated housing plan with measurable objectives will be created and the household will sign and receive a copy. If the household is still not compliant with the updated housing plan, the household may be discharged from the program based on the date outlined in the case conference meeting, and notification sent to CES.
- Households that are not doing well in complying with their housing plan, must have a community case conference through coordinated entry prior to shelter discharge.

Section II – Coordinated Entry System (CES)

Overview & Purpose

The purpose of this CES policies and procedures manual is to facilitate the management and delivery of homeless services in the PWA.

CES Mission Statement:

To create and operate a coordinated entry process that mutually empowers households and providers to **effectively** and **efficiently** move households to the best housing option based on their individual needs.

This policy and procedure manual serves as the key source document detailing the CES. A key goal of the CES is to reduce new incidents of homelessness. The CES will provide a clear method by which persons at risk of becoming homeless can be assessed and determined eligible for housing programs within the CoC.

The CES **WILL**:

- Assess households for their strengths, and work with the households in identifying needs.
- Assess and screen households for **prevention services** (rental assistance and intensive case management services) and various housing options.
- Assess and screen households for **diversion services, brief motel/hotel placement, emergency shelter, and housing location services**.
- Match households to programs based on their assessed needs.

In addition to preventing homelessness, the CES will also serve as the access portal for households currently deemed as homeless and provide a path to housing options that include:

- Emergency Shelter.
- Rapid Re-Housing programs.
- Permanent Supportive Housing programs.
- Alternative Living Arrangements (joint living arrangements, room rental).

The CES **WILL NOT**:

- Create new housing in our system.
- Guarantee a placement in a housing program and/or financial rental assistance.
- Provide case management.

The CES is a powerful tool designed to ensure that homeless persons and persons at risk of becoming homeless are matched, as quickly as possible, with the intervention that will most efficiently and effectively prevent or end their homelessness.

This policy and procedure manual has been developed based on the following.

- A **uniform and standard assessment process** to be used for all those seeking housing assistance, and procedures for determining the appropriate next level of assistance to resolve the homelessness of those admitted to shelter or other temporary housing accommodations.
- **Uniform written guidelines** among components of housing assistance (e.g. emergency shelter, rapid re-housing, and permanent supportive housing) regarding eligibility for services, priority populations to be served, expected outcomes, and targets for length of stay.
- **Priorities for accessing prevention and homeless assistance** based on consumer need and assistance.
- **Referral policies and procedures** to guide the process from assessment of need to accessing assistance from homeless services providers.

Households To Be Served:

- The CES will serve households with a critical housing need that places the household at risk of becoming homeless and who may have barriers that prolong their episode of homelessness. The following households are to be served: Individuals and families at risk of homelessness or experiencing a housing crisis currently residing in PWA.

The PWA works with eligible households to meet their housing needs regardless of race, color, religion, creed, sex, sexual orientation, pregnancy and pregnancy related conditions, gender identity, national origin, ancestry, age, veteran status, disability, genetic information, military service, or other protected statuses.

Procedures

The CES will streamline access to programs that aid households at risk of becoming homeless or those households that are literally homeless within the PWA. Programs include:

- Prevention Services:
 - Short-term rental assistance (typically one-time assistance).
 - Medium-term rental assistance (includes case management).
 - Medium- to long-term rental assistance (includes case management).
- Diversion Services.
- Guiding Principles Hotel/Motel Services.
- Emergency Shelter Services.
- Rapid Re-Housing Services:
 - Short-term.
 - Medium-term.
 - Long-term.
- Permanent Supportive Housing.

CES is the First-Level Screening Service for CoC programs. This means CES conducts the initial screening, eligibility, and service matching, while the receiving program makes final admissions decisions.

Prioritization standards for prevention, diversion, emergency shelter, rapid re-housing, and permanent supportive housing have been established for each program component type. These standards will be consistent with the [Guiding Principles](#) outlined above.

Providers

The PWA CoC and the Lead Agency, Prince William County Department of Social Services (DSS), partner with agencies that provide prevention services, emergency shelter, rapid-re-housing, and permanent supportive housing.

Access to Services

The PWA CoC has chosen a coordinated call center model with one phone number to address calls specific to households at risk of becoming homeless and households currently homeless. The CES is available to households in crisis five days a week, Monday – Friday from 8:30am to 5:30pm. Households can start the assessment process by calling 703-792-3366 to talk with a staff person during operating hours.

At the conclusion of an intake call, households will be informed of the appropriate documentation that will be needed in order to qualify for various programs within the CoC. The Human Services Specialist will complete intake screening via the HMIS System and make a referral to an identified program to address the housing crisis and needs.

After Hours and Holiday procedure:

The CES recognizes that a household's emergency may not take place during regular business hours. Emergency needs can arise after-hours. For any household that calls after hours, they will have the ability to leave a voicemail message and a Human Services Specialist will give them a call back within a 24-hour period during the next business day. After hours, households can go directly to the emergency shelter and the shelter provider will temporarily accept households into an emergency shelter program. The next business day, the program will connect the household to CES for an assessment.

After hours and holiday CES hotline procedure

Practice diversion (even if there is a bed available) and If diversion is not an option, follow the steps outlined under Sex Offender Registry for temporarily accepting the household into the shelter.

Sex Offender Registry

A sex offender registry check is to be completed on all adults (18 years old and older) entering a shelter. To do this, go to the link below and search for the individual by entering the first and last name. **Please remember we are low barrier – therefore we only search for sex offenders. **

Link: <https://www.nsopw.gov/>

- If a record is found, inform the individual that they cannot enter a shelter and refer the individual to the Overnight Shelter.
- If no record is found, review terms of the emergency overnight stay. Ensure **Emergency Overnight Contract** is signed by head of household.
- Complete the **Emergency Overnight Intake Form** and email it to CES the next business day at DSSCE@pwcgov.org.
- Instruct the household to contact CES the next business day.

Screening/ Assessment:

The CES is the main entity responsible for ensuring that all households experiencing homelessness and at-risk of homelessness are promptly screened and assessed.

When a household presents with a housing crisis (e.g. a household is identified as literally homeless or at imminent risk of homelessness), the following steps will be taken.

- **Complete an Initial Assessment:** A Human Services Specialist will assess the household's needs and identify the appropriate level of housing and/or support needed. For any households referred to a program, it will be informed of the required documentation needed for that program.
- **Prevention:** If Prevention is identified as a need, the household will be referred to the CoC prevention providers via HMIS and the household will be given the contact number to call to follow up regarding eligibility for services.
- **Diversion:** If Diversion is identified as a viable option to shelter, the household will discuss it with a Human Services Specialist.
 - (1) if the current housing can be successfully maintained or
 - (2) if another housing options (e.g. living with relative, friends, family) is plausible.
- **Emergency Shelter:** If the household cannot be diverted, a referral for emergency shelter will be made to one in one of the emergency shelter providers via HMIS.

Documentation

There are several forms of documentation that could be requested from a household to complete the assessment to access prevention and supportive services connected to permanent housing. Households seeking prevention assistance may have to provide:

- Proof of Income (e.g. paystubs, SSI or Social Security letter indicating receipt of benefit, Child support verification, etc.).
- Documentation of assets (401K, recent bank statements, etc.).
- Proof of being at risk of becoming homeless (e.g. Eviction notice from Court, 5 Day Pay or Quit, Late Notice).
- Copy of current lease.

- Households seeking access to emergency shelter, diversion services, and/or rapid re-housing must provide Proof of Homelessness (letter from current provider or relative, or information gathered from the HMIS system) and documentation of imminent eviction from housing.

Vacancy Tracking

CES is responsible for tracking all aspects of the coordinated system. Therefore, it is imperative that CES track placements and exits of households into and from programs to know the availability of housing and service options. Program providers will inform the CES about future openings via an email and established meetings. Providers will provide as much lead time as possible for potential openings.

The Service Continuum Committee through the CES will manage a centralized vacancy tracking system for all the following programs.

- Prevention
- Diversion
- Hotel/Motel Assistance
- Emergency Shelter
- Housing Locations Services
- Rapid Re-housing
- Permanent Supportive Housing

The CES/Services Continuum Committee will track all beds designated to serve households at risk of becoming homeless and households deemed literally homeless. Referrals will be made to appropriate vacant beds and program slots when available.

To the extent possible, the CES will use HMIS to manage the vacancy tracking system. Programs will be required to post vacancies for designated beds in HMIS within twenty-four hours of unit/bed availability. If providers know of an impending vacancy, they are required to post the anticipated availability date within two business days of being made aware of such availability and updating HMIS with the actual availability date once the bed becomes vacant. Programs must update vacancy information in HMIS within twenty-four hours of a unit/bed being filled.

Prioritization

Prioritization standards have been established for each program component of the CES. All households will be assessed accordingly and determined if they are eligible for programs that prevent homelessness that include:

- Prevention eviction services.
- Diversion services.
- Housing Locations services.

Households that are currently homeless will be assessed to determine if they are eligible for permanent housing programs that include:

- Rapid re-housing.
- Permanent Supportive Housing
- Other Permanent Housing Options.

Referrals

Preliminary eligibility for all programs will be determined by CES according to standards set forth by the CoC as well as program funding requirements. CES will complete an assessment with households seeking services to determine their level of need and eligibility. Program referrals will be made to or by CES dependent on the situation and program type. The referrals will be processed through the HMIS system with additional conversations taking place by phone or email as needed. CES may make referrals outside of HMIS to other “community-based” organizations based on the CoC’s current resource list.

CES will complete outgoing referrals within one business day (at the time of the call) is responsible for ensuring information and documentation is complete and accurate based on information collected from the head of household. Providers should follow-up with CES if referrals are incomplete. Providers must respond to incoming referrals in accordance with the timeframe outlined under each program.

CES will create referrals in HMIS for the following programs:

- Emergency Shelter (*excluding overnight shelter*)
- Hotel/Motel Shelter
- Prevention
- Rapid Re-Housing (*community cases only*)
- Utilities (*EFSP only*)
- Veteran Services

CES will review and respond to incoming referrals based on the information submitted by the provider and in accordance with the timeframe outlined under each program information. Referrals will not be accepted until all information and documentation is complete and accurate. Providers are responsible for ensuring referrals are complete prior to submission to CES. Providers may not admit households to homeless programs without prior approval from CES.

Providers will create referrals in HMIS for the following programs:

- “After Hours” Emergency Shelter (*shelter providers only*)
- Community Case Conferences
- Housing Location Services
- Permanent Housing
 - Permanent Supportive Housing
 - Rapid Re-Housing
 - Other permanent housing

After Hours Procedure for Emergency Shelter:

CES will process and approve referrals to Emergency Shelter. However, when after hours, shelter providers can temporarily accept households into their program until an opportunity to connect with CES becomes available. Providers are responsible for ensuring the household meets shelter eligibility criteria and must complete a referral to CES via the HMIS system. CES will follow-up with the shelter provider when they re-open and complete an assessment with the household. CES will work with the provider to determine next steps for the household.

Shelter providers working with a homeless household after hours may not have space available. If this is the case, the shelter provider should contact other CoC shelters to check for bed availability. Shelter providers should work together to serve the household and provide temporary housing. The shelter provider that ends up serving the household (i.e. provides temporary housing) is responsible for completing the HMIS referral to CES.

Section III – Prevention

Overview & Purpose

When applicants seek to maintain their existing housing (e.g. valid leased apartments, a valid sub-lease or room rentals with a valid lease), the CES process will assess the household and determine which program the household may qualify for to become a program participant.

Throughout the process and in conjunction with the household CES will recommend a minimum amount and duration of assistance needed to achieve housing stability. If it becomes clear at a later date that the amount and/or duration are not enough, the household will be reassessed by the prevention program currently working with them, and the amount and duration of assistance may be adjusted by the prevention provider. Typically, participating households are recertified at three-month intervals throughout their program participation. The guiding principal for all Prevention funds is: If not for the financial assistance intervention, the household would be literally homeless.

The PWA has three categories of prevention assistance to meet the needs of households at risk of becoming homeless. Please reference Table 3.1 for specific policies and procedures concerning Prevention Services.

Table 3.1 – Prevention Assistance Program Types

Category 1	One-Time Rental Assistance/Short-Term	<p>Designed for households in which a temporary set-back occurred (e.g. temporary injury, loss of hours) and this setback has placed the household at risk of becoming homeless. Assistance will maintain the household's current permanent housing.</p> <p>Length of Time: One to two months of financial services. Worker will verify if, at the end of the assistance, the client will return to work or regain income and can maintain housing. Most households would need a maximum of two month's assistance.</p>
Category 2	Medium-Term Rental Assistance	<p>Program is designed to assist households that appear to need three or more months of rental assistance. The barriers (e.g. poor money management, low income/wages, under-employment) the household presents will require financial assistance coupled with case management stabilization services.</p> <p>Length of time: Three to six months of overall assistance. The financial assistance can cover a portion of rent. The determination of how the financial assistance is provided depends on the Housing Plan (HP) drafted by the case manager and household. The rental assistance can be stepped down in nature (gradual decrease in the amount of funding provided over a period of time).</p>
Category 3	Intensive Case Management Services/Long-Term	<p>Program is designed to assist households that appear to need intensive case management services in the home. Financial assistance exceeds six months. The barriers (e.g. poor money management, low to no income/wages) are extensive and may have more than one critical barrier.</p> <p>Length of time: Seven to twelve months of overall assistance. The financial assistance can cover a portion of rent. The determination of how the financial assistance is provided depends on the Housing Plan (HP) drafted by the case manager and household. The rental assistance can be stepped down in nature (gradual decrease in the amount of funding provided over a period of time).</p>

Households Accessing Prevention Services

Prevention services are designed to work with households that, after completion of the intake paperwork, demonstrate that they are clearly at risk of becoming homeless if assistance is not provided to the household. The level of services provided to a household will be based on the assessment by CES and/or the provider.

Procedures

To access Prevention Services the following procedures will be followed.

- CES will complete the assessment. Upon completing the assessment, if it appears that the household needs prevention services, CES Staff will submit a referral to the partnering agency via HMIS.
- Upon the referral being made, the Human Services Specialist will inform the household of basic information that it may be required to include:
 - A copy of lease and utility bill with head of household name.
 - A valid photo identification or other documents needed when meeting with the prevention provider.
- The CE staff will also be provided a specific point of contact, including phone number, physical address, and email.
- An email detailing this information can be sent to all households seeking prevention services if requested.
- The partnering agency may review the referral request and clarify questions with the CES.
- If the prevention program accepts the household, then the program will complete all the necessary paperwork and assessments and develop a housing plan for the household.

Providers

Prevention Services can be provided by non-profits, faith-based organizations, outreach providers, or other local entities.

Screening/Assessment

The CES is the main entity responsible for ensuring that all households at-risk of becoming homeless are promptly screened and assessed. When a household presents with a housing crisis (e.g., Impending Court Eviction, Late Notice, 5 Day Pay or Quit), the following steps will be taken:

- **Assessment:** An information & Referral Specialists will determine the household's needs and identify the projected level of prevention. Households will be required to provide supporting documentation to the referring agency with respect to their need for assistance (See 'Documentation' under this section).
- **Prevention Services:** For households that appear to be eligible for prevention services, the Information and Referral Specialist will submit information to the receiving agency.

Documentation

All households will provide the following.

- Proof of Income (paystubs, SSI or SSDI letter indicating receipt of benefit, Child support verification, etc.).

- Documentation of assets (401K, recent bank Statements, etc.).
- Proof of being at risk of becoming homeless (Eviction notice from Court, 5 Day Pay or Quit, Late Notice).
- Copy of current lease.

Financial Resource Tracking

DSS in conjunction with the PAR committee will monitor expenditures of financial assistance by state funded programs only in order to assess availability of resources on an on-going basis and to prevent unexpected or rapid depletion of resources. Quarterly meetings will be held with all Partnering Agencies receiving state funding to review program and financial data.

Prioritization

There are no identified priority populations with respect to Prevention Services. The main purpose of prioritization is to assess and determine what is the next best course of action to assist a household in maintaining their existing housing.

Referrals

Determination for Prevention Services will be initially made by CES based upon the assessment. Therefore, referrals for prevention funds and services will be made by CES to the respective program. The referrals will take place via the HMIS system and/or email, and additional conversations will take place by phone. The CES will make the referral through HMIS indicating the need for prevention services to the appropriate agency. Prevention programs funded with state funds may only accept households into their programs based on referrals made by the CES. Providers will respond to the referral within the HMIS system and attempt their first contact with the household within three (3) business days of receipt. Providers must attempt at least three (3) contacts with the household within seven (7) business days before closing the referral.

Re-certifications

Households receiving Prevention assistance (state funded only) must be recertified every three months for program eligibility. Such reviews will determine if the household meets income guidelines and still needs program assistance. Assistance beyond each recertification should be provided using progressive engagement, and clearly conveyed to household. If the household no longer meets program eligibility at the time of re-certification, case management will provide referrals to other services, if needed, and follow procedures to close the case.

Program Acceptance Notification

All households accepted to Prevention services (state funded) must be provided a program acceptance letter noting the case management information, program entry date, and relevant assistance priorities.

Termination/Grievance

Any individuals seeking and/or receiving prevention assistance must receive written notification of the agency's grievance policy. Grievance policies must provide specific procedures to be followed for any disputed prevention program decision impacting the participant's financial assistance.

The agency may terminate assistance to a program participant who violates program requirements. Agencies may resume assistance to a program participant whose assistance was previously terminated. In terminating assistance to a program participant, the agency must provide:

- (1) Written notice to the program participant containing a clear statement of the reasons for termination;
- (2) A review of the decision, in which the program participant is given the opportunity to present written or oral objections to a person other than the person (or a subordinate of that person) who made or approved the termination decision;
- (3) Prompt written notice of the final decision to the program participant, and
- (4) Document the outcome via the HMIS system.

Closure Notification

All households being closed to program services regardless of the reason, must be provided a program closure letter noting the exact closure date, reasons for closure and the grievance policy related to the case closure. Partner Agencies must document outcomes via the HMIS system.

Section IV – Diversion

Overview & Purposes

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to or keep their existing permanent housing. Diversion services will play a critical role in reducing the number of households entering emergency shelter for single adults and families with children.

The PWA Diversion program can:

- Reduce the number of individuals and families becoming homeless.
- Reduce the demand for shelter beds.
- Eliminate the need for program wait lists.

Diversion programs can also help the PWA community achieve better outcomes and be more competitive when applying for federal and state funding.

Any household seeking access to emergency shelter services will be assessed to determine if the household can be diverted from shelter. Diversion services will be located within the CES (responsible for conducting initial intakes for households). All households seeking shelter or at imminent risk of homelessness will receive an initial assessment to determine the need and best intervention for the current housing situation.

Households To Be Served

Within PWA, any household (individual or family) seeking to access emergency shelter will be eligible to meet with the Human Services Specialist who can determine if diversion services are appropriate. National statistics state that approximately 25% of households seeking emergency shelter can be diverted.

Procedures

To access Diversion Services the following procedures will be followed.

- A Human Services Specialist will complete the Initial Assessment.
- If it appears that the household may benefit from Diversion Services, the household will be enrolled in the Diversion Service program.
- The Human Services Specialist will work with the household to identify housing options to include family, friends, co-workers, and other natural supports.
- The Human Services Specialist will complete any additional assessment if necessary.
- The Human Services Specialist will document the information in the HMIS record.

Providers

Diversion begins at the Coordinated Entry System; however, emergency shelters will continue to work with households to quickly resolve their homelessness.

Screening/Assessment

The initial assessment explores possible housing options to avoid shelter entry, and assesses the type of intervention that is most appropriate to meet a household's immediate and long-term housing needs. Trained staff will conduct the Initial assessment. These households must be assessed via the CES.

Documentation

There is no specific documentation needed for Diversion Services. However, a conversation does need to take place with the Human Services Specialist.

Prioritization

The priority populations for Diversion services are those who, with staff support, can be diverted from entering the emergency shelter system by exploring other alternatives of housing (temporary and permanent) that can be maintained or located.

The main goal is to appropriately assess and identify households that can be prevented from entering shelter.

Section V – Emergency Shelter

Overview & Purpose

CES will complete an assessment with households that request access to emergency shelter. However, priority is given to Prince William Area residents, including Prince William County and the cities of Manassas and Manassas Park. Emergency shelter is reserved for households that appear to meet the US Department of Housing and Urban Development (HUD) definition of homelessness. Additionally, the household appears to have no other viable living arrangements or housing options.

CES serves as the first screening level and works with the emergency shelter providers to make the final admission decision. The possible eligibility for each service will be made by CES based upon the intake/assessment completed. Therefore, referrals for emergency shelter will be made by CES to the respective programs. The referrals will take place via the HMIS system and additional conversations will take place by phone.

CES is responsible for several aspects of the coordinated system. Therefore, CES will track entries and exits to emergency shelter. All shelter providers will routinely update the emergency shelter bed lists. CES Information & Referrals Specialists will routinely check the HMIS bed list for availability.

Please note that “Emergency Shelter” includes hotel/motel stays paid for using CoC or other community funds.

Households to Be Served

If the household cannot be diverted, a referral for emergency shelter will be made to one of the emergency shelter providers. All households meeting the HUD definition of homelessness, and with no other viable housing options, will be referred.

Prince William Area Residency Policy

The Prince William Area Continuum of Care (CoC) recognizes that funding received from state and federal sources may allow for services to be provided to residents of another jurisdiction. However, the Prince William Area CoC will prioritize households comprised of residents of Prince William County and the cities of Manassas and Manassas Park.

Households that are seeking to obtain **Emergency Shelter services**, the households must provide two (2) the following proof of residency within (seven) 7 calendar days of entering the Emergency Shelter.

- **State ID (not expired):** An adult member(s) of a household should provide a copy of the current state issued ID that provides their name and the respective address at which the household adult members are currently residing.
- **Children enrolled in Prince William County School:** A family household should provide verification that their school aged children are currently enrolled in a Prince William County, Manassas Park or City of Manassas school. The children should have documented enrollment in school for 30 days prior to seeking emergency assistance.
- **Verified current Lease:** An adult member(s) of a household should provide a copy of a lease from a property physically located in Prince William County, Manassas Park or City of Manassas. The lease should contain the name of at least one adult person of the household and the other members of the household that resided at the location.
- **Utility bill dated:** An adult member(s) of a household should provide a copy of a current bill from the utility company that provides the name of at least one adult person of the household and the current Prince William County, Manassas Park or City of Manassas, address at which the utility bill charges were incurred.
- **Payroll statement:** An adult member(s) of the household should provide a copy of a payroll statement from their current employer or of last employer if within 30 days. The payroll statement should include the name of the adult(s) and the current address provided to the employer.
- **Disability Verification Letter:** An adult member(s) of a household should provide a copy of eligibility letter from Social Security Disability Income. The letter must include the name of recipient and a Prince William County, Manassas Park or City of Manassas address.
- **Documented connection to local services:** An adult member(s) of the household should provide documentation that they are currently connected to Prince William County, Manassas Park or City of Manassas homeless outreach provider for the past 30 days. The client can also show documentation from their Behavioral Healthcare outpatient therapist that shows connection to

services for the past 90 days as well as verification of where they have been staying in Prince William County, Manassas Park or City of Manassas to receive services.

For homeless households currently **residing on the streets** and meeting the Federal definition of homelessness, the following guidelines will be utilized:

- **Meet the Standards of Residency:** When possible, the household should provide the above-mentioned information related to families (i.e. state ID) to be identified as a Prince William County resident.
- **Inability to meet residency standards:** If the household is unable to provide one or more of the required proofs of documentation, the household should be known to be living on the streets, parks, or other places not meant for human habitation participation as a resident of Prince William County, Manassas Park, or City of Manassas with street outreach provider within 30 days and verification can be in the following forms:
 - Email exchange letter
 - Phone call follow-up by documentation
 - Verification letter by Street Outreach provider

***Hypothermia days do not count toward residency requirements, as Shelter is available to all who need it, when room is available. If you have recently applied for benefits (i.e. SNAP, Childcare) in Prince William County or the cities of Manassas and Manassas Park upon entry to shelter, this will not count towards residency.**

Referral Process to Emergency Shelters

CES will perform the following tasks:

1. The CES Human Services Specialist will complete intake screening with all households requesting access to emergency shelter.
2. If the household cannot be diverted, the Human Services Specialist will check for shelter bed availability and if bed(s) are available, the household will be referred to an emergency shelter provider.
3. The Human Services Specialist will make a referral via the HMIS System and will also talk with the emergency shelter providers to provide any additional information (i.e. request for bottom bunk, pregnant, etc.)

The Shelter Provider will perform the following tasks:

1. The emergency shelter providers will accept the referral in HMIS and contact the household to schedule an arrival time to check into the shelter.
2. The emergency shelter providers will also schedule a time to conduct the intake assessment, completing all the intake paperwork.

3. At that time of the intake, the shelter provider will make copies of the documentation that verifies the household is a Prince William Area resident. These documents will be attached to the HMIS electronic file for the head of household.
4. In the event the household cannot provide documentation upon entry to the shelter, the household has seven (7) calendar days from entry to provide proof of residency to the case manager. Applying for benefits during the shelter stay does not count towards residency.

In the event the household cannot provide documentation by day seven (7), the following steps will be taken:

1. The case manager will determine if the household is connected to services in another jurisdiction. If the case manager cannot determine, the Program Manager of the shelter program will work with the CES Supervisor to determine if the household is receiving services from another jurisdiction. Once it is determined the household is connected to another jurisdiction or proof cannot be provided, the case manager will work with the CES to coordinate a transition back to the household's locality of origin.
2. The CES Supervisor will contact the jurisdiction of origin to coordinate a specific date to return to that jurisdiction. CES will provide transportation if necessary.
3. The CES Supervisor will inform the Program Manager of the coordinated date of return.

Procedures

CES will complete the initial assessment and then conduct the sex-offender registry check for all households before they are referred to shelter. All shelter providers operate under a low barrier policy which means no household will be excluded from shelter due to substance abuse history, criminal history, or previous history with any shelter provider. Shelter providers do not conduct any additional background checks for shelter admission. Additionally, CES and emergency shelter providers will do their best to ensure that no member of a household is separated from their family.

Domestic Violence

- In the Prince William Area, ACTS is the comprehensive access point for these services (as well as survivor and family counseling services) and callers currently fleeing domestic violence will be immediately transferred to the domestic violence hotline for assessment and placement. A warm hand off will take place between CES and the Domestic Violence Hotline. All other cases will follow the current emergency shelter process. Once in shelter, households will be referred to ACTS domestic violence supportive services, if interested. ACTS Domestic Violence 24/7 Hotline number is **703-221-4951**. <https://www.actspwc.org/get-help/domestic-violence>
 - If it is determined that the caller needs to be placed in at the Safe House by the ACTS Domestic Violence Hotline, then ACTS Domestic Violence Hotline will arrange transportation for the caller. If space is not immediately available at the Safe House, ACTS Domestic Violence Hotline staff will attempt to place the caller at an alternate location, if no other options are available caller will be placed in a motel.

- While at the motel the domestic violence survivor will receive case management service through ACTS domestic violence supportive services.
- Domestic violence survivor may be eligible for Rapid ReHousing. The case manager will assess the household for the eligibility and make the referral to CES following the normal RRH procedure. The RRH case manager completing the application will be responsible for putting the client into HMIS.
- The 24/7 Crisis Line Hotline **703-368-4141** is available for those callers in crisis or having thought of suicide.
- Other resources for those in crisis, domestic violence or sexual assault: The Virginia Statewide Hot Line 800-838-VADV (8238) or the Virginia Sexual and Domestic Violence Action Alliance at <http://www.vsdvalliance.org/> National Domestic Violence Hotline at 1-800-799-7233. For persons with hearing impairments, the national hotline can be accessed by calling 1-800-787-3224 (TTY). (domestic violence).

Once a referral has been made, the shelter provider will contact the household to discuss the specific shelter policy and schedule an intake time. Once a household is admitted to an emergency shelter, that provider will:

- Welcome the household to the shelter.
- Discuss with the household, when appropriate, to think of ways to solve their homelessness (review resources, family, friends, etc.).
- Complete the Shelter Intake Form, verify household identity, and if necessary, assist the household with securing a state issued ID.
- Complete the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assessment Tool) with the household by day eight of their shelter stay, if the household was unable to solve their homelessness.
- Develop a Housing Services Plan to include making a referral to RRH or PSH based upon the review of the VI-SPDAT.

Screening/ Assessment

Households eligible for shelter will be screened and identified by the Human Services Specialist.

Documentation

Although Photo ID is not required for shelter admission, all households must be willing to quickly work towards obtaining identifying information for all members of the household. Shelter providers will work closely to assist households with obtaining their IDs.

Referrals

All referrals for emergency shelter (except for overnight and hypothermia) will originate from CES via HMIS. Shelter providers must respond to referrals as soon as possible and complete the outcomes sections of the referral via HMIS. If referrals are denied, shelter providers must provide an explanation in the comments section.

Please see the Referrals section on page 15 under Section II: Coordinated Entry for information on after hours procedures for emergency shelters.

Termination/Discharge

Upon entry into the shelter program, households must receive written notification of the provider's grievance policy. The grievance policies must provide specific procedures to be followed for any disputed shelter decision impacting the household's shelter stay. Behaviors that present significant health and safety risks will not be tolerated at any shelter. The agency may terminate a program participant who violates program requirements only after written notice of corrective action has been given to the household and a CES case conference has been convened.

If a termination is based on an immediate health and safety risk, the program participant will be terminated but provided the grievance policy for that provider specifically outlining the appeals process.

*Involuntary discharge guidelines can be found in the appendix section of this document.

Please note: Households that are involuntarily discharged from one Prince William Area shelter will not be prohibited from gaining access to another Prince William Area shelter.

Section VI – Housing Location Services

Overview & Purpose

PWA has implemented a “best practice” model called Housing Location Services (HLS) that is an integral component of the CES. Households that have been accepted into any of the PWA Rapid Re-Housing programs are eligible for this service based upon the designated prioritization criteria. Housing Location services are specifically designed to assist households with high barriers that prevent them from securing permanent housing on their own. The Housing Locator also plays an important role to help prevent households from losing their current housing.

Housing Location Services can help households in the following ways.

- **Barriers to Housing:** Households with high barriers to housing are assisted with housing focused services with the goal of assisting the household in securing permanent housing.
- **Housing Inspections:** Housing Locators will perform the necessary Lead Paint and Habitability inspections for potential units. Housing Locators will confirm rental units meet current, local standards for Rent Reasonableness and Fair Market Rent (including utilities).
- **Housing Mediation:** Households facing eviction may receive mediation services to determine if they can remain in current housing.

Households to Be Served

Households in need of Housing Location Services must meet the current HUD definition for “literally homeless” prior to be considered for services. Housing Location Services are designed to work with households that, after completion of the intake paperwork, demonstrate high barriers to securing or maintaining permanent housing.

Requests for Housing Location Services will be based on the Housing Barrier Assessment completed by the Housing Focused Case Manager. The Housing-Focused Case Manager will make a referral to CES for these services based upon a demonstrated need.

Priority

Households exhibiting a demonstrated need (i.e. high barriers) will qualify for Housing Location Services if they are literally homeless and meet one or more of the following eligibility criteria:

1. The household has one or more of the following “High-Need Housing Barriers” - OR
 - Households with 6 or more individuals.
 - Households that require ADA accommodations (e.g. mobility issues)
 - Households with a criminal history that prevents them from obtaining housing.
2. The household scores a 15+ on the Housing Barriers Assessment - OR
3. The household does not meet any of the above criteria but have applied for, and been denied, twice for housing within the past 6 months (documentation of denial required).

Households are prioritized first by the existence of high-need barriers and then by their Housing Barrier Assessment score.

Procedures

The process for Housing Location Services is as follows:

- The Housing-Focused Case Manager will complete the Initial Assessment.
- The Housing-Focused Case Manager will then make a referral to CES using the permanent housing referral summary sheet.
- CES will review the referral, ensuring all supporting documentation has been provided and is complete.
- CES will add the household to the RRH By-Names list to be assigned to a Housing Locator.
- The household is discussed during the bi-weekly RRH provider call and will be assigned to the next available Housing Locator.
- The Housing Locator reviews the referral request and clarifies questions with the Housing-Focused Case Manager.
- The Housing Locator will enroll the household in HMIS and complete all necessary data entry upon approval for services.

- The Housing Locator then works with case management services and potential landlords to identify the most appropriate housing option.
- The Housing Locator will send rental unit opportunities that address the household's barriers to the case manager.
- Households will follow up with landlords within 24 hours of being informed of the rental opportunity.
- Should there be a need for additional assistance, the Housing-Focused Case Manager can request a case conference with the Housing Locator.
- The Housing Locator will conduct all applicable inspections if a client is approved for tenancy.
- The Housing Locator will exit the household from HMIS as of the date they move into permanent housing.
- Housing Locators may also provide mediation services if a household is facing eviction.

Provider

Currently, the PWC Department of Social Services contracts with a local provider to provide Housing Location Services to the PWA.

Screening/Assessment

Households eligible for housing location services will be screened and identified by the housing focused Case Manager in an emergency shelter. The housing focused case manager will use the above prioritization criteria to determine eligible households.

Documentation

Housing Locators may request additional information that will better link households to appropriate housing options. Examples include letters from previous landlords, criminal history and financial information.

Referrals

Referrals for housing location services will originate from CES for "community-based" clients and from the Housing-Focused Case manager for emergency shelter clients. CES will respond to referrals within 3-5 business days of receipt.

Termination

Any individual seeking and/or receiving housing location services must be provided written notification of the agency's grievance policy. Grievance policies must include specific procedures to be followed for any disputed housing location program decision impacting the participant's services.

The agency may terminate assistance to a program participant who violates program requirements only after written notice of corrective action has been given to household and a CES case conference has been convened. A household may be terminated from Housing Location Services if the household is provided at least two housing options by the Housing Locator and neglects to follow-up with the landlord within the required 24-hour period.

In terminating assistance to a program participant, the agency must:

- (1) Provide written notice to the program participant containing a clear statement of the reason(s) for violation/termination.
- (2) Provide a review of the decision in which the program participant is given the opportunity to present written or oral objections to a person other than the person (or a subordinate of that person) who made or approved the termination decision.
- (3) Request and attend a case conference if issues are not resolved.

The agency must provide prompt written notice of the final decision to the program participant. This documentation must also be submitted to the CES.

Housing Quality Standards

When households are approved for a new unit the rent must meet two standards.

- Rent Reasonableness – rent is equal to or less than other like units in the area.
- Fair Market Rent (FMR) – rent (including utilities) is at or below the HUD established FMR for the unit size in the area.

All housing units must be deemed “habitable”. A **Habitability Standards** form must be completed and included in the program participant records. Housing that is occupied by families with children and that was constructed before 1978 must also comply with Lead Based Paint inspection requirements, per the Lead Based Paint Poisoning Prevention Act. A Lead-Based Paint Visual Assessment form must be completed and included in program participant records in all applicable cases.

Landlord Marketing

Successful marketing efforts often use the following selling points to explain the "win-win" for landlords in partnering with social service programs:

- Households are provided individualized case management before and after move-in that can include tenant education, budgeting, household management, employment assistance, and crisis intervention.
- Services are often provided on-site through regular home visits (as often as needed).
- Landlords have access to dedicated points of contact responsive to their concerns and needs and can provide intervention with tenants when requested.
- Program participants, and sometimes other tenants in the same buildings, have access to or can be linked to intervention programs to address issues or crises (e.g., rent-to-prevent eviction assistance).
- Double security deposits can be paid on behalf of tenants.

Section VII – Rapid Re-Housing

Overview and Purposes

Based on national research and best practices, the PWA has committed to investing the CoC funding provided through the HUD CoC Grant, Virginia Homeless Solutions Program (VHSP), Virginia Housing Trust Fund, and Prince William County Community Partner funds in rapid re-housing assistance for homeless households, and/or any local, state, federal, or private funds. All Partnering Agencies or Providers must follow all regulations and guidelines as stipulated with each of the funding sources identified.

In addition, to the funding sources listed above, Prince William County Office of Housing & Community Development (OHCD) administers the Emergency Solutions Grant (ESG) that is funded through an allocation from the U.S. Department of Housing and Urban Development (HUD). OHCD has allocated a portion of the federal grant award for Rapid Re-Housing activities. Sub-recipients that are awarded Rapid Re-Housing funds must follow all regulations and guidelines as stated within the Prince William County ESG Grant Agreements. In addition, The ESG Grant is subject to the terms, guidelines and regulations set forth in the Prince William County Emergency Solutions Grant Operating Manual.

Rapid re-housing is a set of strategies that permanently houses individuals and families as quickly as possible with a level and duration of support that is tailored to meet the needs of each household. The household has a lease in their name and is connected to mainstream self-sufficiency services in the community. Partner Agencies are expected to remain engaged with the households from first contact to program exit, using a progressive engagement approach and tailoring services to the needs of the household to maintain permanent housing. Additionally, providers will engage in efforts to reconnect with households after they exit from the program in order to determine housing stability beyond short-term subsidies.

The PWA has implemented the following Best-Practice Rapid Re-Housing Strategies.

- Housing First.
- Short-term, Moderate-term, and Long-term Rental assistance.
- Flexible funding for security and utility deposits.
- Housing focused Case Management in the home to help access needed services to move to self-sufficiency, including:
 - Employment Services.
 - Budgeting.
 - Public Benefits such as childcare, SNAP, tax credits, Medicaid, and TANF.
- An organized housing search strategy including landlord mediation

Households must be able to live independently and not need assistance with everyday tasks. They must also sign a program agreement that details their responsibilities as a tenant and participant in the program. Households are required to meet with a case manager at a minimum of once per month and actively participate with their Housing Plan.

The program does not require households to be employed or have income at entry; however, they must be willing to work toward increasing their self-sufficiency, so they can pay for housing when the time-limited subsidy ends. The program agreement does not mandate participation in additional support services offered by a rapid re-housing provider.

Rental assistance payments are not made to program participants, but only to third parties, such as landlords. In addition, an assisted property may not be owned by the grantee or the parent, subsidiary, or affiliated organization of the grantee, their relatives, or employees. **No staff participating in these programs may benefit from them.**

Rapid re-housing assistance requires that the program participant (head of household) have the valid lease in their name. A copy of this lease must be included in the program participant's record. The identified housing unit must meet the Habitability Standards of each funding source's requirements.

Providers must have written agreements with both the program participant and the landlord that identify the terms of the Rapid Re-housing assistance. This should specifically provide the landlord with guidance for addressing issues that could impact housing stability.

Households To Be Served

The Rapid Re-Housing program targets PWA households who are homeless. These include the following households.

- Individuals and families who lack a fixed, regular, and adequate nighttime residence including those residing in a shelter or a place not meant for human habitation and those exiting an institution where they resided temporarily.
- Individuals and families who will imminently lose their primary nighttime residence.
- Unaccompanied youth under 25 years of age, who have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers.
- Individuals and families who are fleeing or attempting to flee domestic violence.
- Veterans- who will be served through veteran specific RRH providers.

Eligibility Populations

Table 7.1– Categories of Homelessness that Qualify for Rapid Re-Housing

Category 1	Literally Homeless	ESG-RRH CoC-RRH	Includes those households who are literally homeless and includes those households living temporarily in a hotel/motel being paid for by limited local, state, or federal funded assistance. It also includes individuals exiting institutions where they resided temporarily (less than 90 days). In these cases, the institution's discharge planning has resulted in no identified resources (including

			homeless prevention assistance) and the individual has no other resources. In all cases, these households are eligible for shelter services and Rapid Re-housing. Regardless of the intervention employed, a housing barrier assessment (Full SPDAT) must be completed at program entry with an immediate focus on housing stabilization.
Category 2	Imminent Homelessness	CoC-RRH	Includes those households who are currently housed whether in their own unit or living in someone else's unit. These households must be screened immediately for prevention assistance eligibility. All household's eligible for prevention assistance must be diverted when possible from shelter. Partnering agencies must work with the CES and homeless prevention providers to identify and divert all appropriate households. Where shelter assistance cannot be avoided, a housing barrier assessment must be completed at program entry with an immediate focus on housing stabilization.
Category 3	Homeless under other Federal Statutes	CoC-RRH	Homeless Under Other Federal Statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not meet any of the other categories but are homeless under other federal statutes, have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers.
Category 4	Fleeing Domestic Violence	ESG-RRH CoC-RRH	Includes households fleeing or attempting to flee a domestic violence or other physically threatening living situation. Where possible, these households must be screened immediately for prevention assistance eligibility. All households screened for assistance will be diverted where possible. Partnering agencies must work with CES and homeless prevention providers to identify and divert all appropriate households. These households are eligible for shelter and rapid re-housing assistance. Regardless of the intervention employed, a housing barrier assessment must be completed at program entry with an immediate focus on housing stabilization.

Rapid Re-housing assistance beyond three months requires recertification of eligibility; this recertification must be completed every three months.

Re-certifications:

Program Re-certification requires agency certification and evidence of the following.

- Program participant household income must be below 30 percent area median income (AMI).
- The household lacks the financial resources and support networks needed to remain in existing housing without rapid re-housing assistance.
- Housing stabilization services are being appropriately implemented.
- Household has no more than \$500 in assets (includes all checking, savings, retirement accounts, a second vehicle, stocks, bonds, mutual funds, and real estate). This does not include primary, appropriate, and reasonable transportation, pension or retirement funds that cannot be accessed.

Income is not required at entry for VHSP and HUD projects, however, other funding sources such as ESG may have income requirements at entry. Please review applicable funding guidelines for entry requirements. Households must be literally homeless to access Rapid Re-housing services. Re-certification occurs every 90 days for continued services from applicable funding streams.

Grantees should use HUD's Section 8 income eligibility standards for Rapid Re-Housing programs. Income limits are available on HUD's web site at: www.huduser.org/DATASETS/il.html.

Procedures

To access Rapid Re-Housing Services the procedures listed below will be followed.

- ES staff will continue to work with the household, discussing options for potential diversion from shelter.
- If the household cannot be diverted, on day eight, ES staff will complete the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT). The VI-SPDAT score will be used as a guide to determine the best housing approach for the household.
- If the household is determined to be an appropriate fit for RRH, the ES staff will consult with the household regarding the guidelines of RRH, being clear about what RRH is and what it is not.
- The Household will be provided with the RRH Program Agreement and Expectations document.
- If the household agrees, RRH is the next best step, the shelter case manager will electronically forward the household's assessment and application to CES via the HMIS System.
 - **SPECIAL NOTE:** The referral will be made regardless of RRH availability. The CES Staff will maintain a by-names list of households. Households are placed in order of critical housing need and may be admitted to any RRH program within the PWA CoC.
 - **The rapid re-housing committee convenes bi-weekly via conference call to discuss provider availability, assign new cases, and funding status;**
- ES Staff will attach all required paperwork to the household's file in HMIS, including the following.
 - Referral Coversheet (Projected Length of Stay, Subsidy Type, Frequency of Case Management Services, Household Strengths and Barriers).
 - Completed VI-SPDAT.
 - The Barrier Assessment Tool.
 - Prioritization Score.

CES Staff will:

- Upon receipt of the referral (via email from the HMIS System), the CES Staff will review the RRH referral for completeness.
 - If the referral is not complete, the Human Services Manager will email the referring organization to include the referring case manager and the program manager of the shelter or street outreach organization notifying them of the reason for denial. The referring organization may need to resubmit the entire referral if documentation is missing.
 - If the referral is complete, CES Staff will accept the referral in HMIS. Acceptance of the referral does not mean acceptance to a designated RRH Provider. It signifies the referral paperwork is complete and the household has been added to the RRH by-names listing.
- Submission of rapid rehousing referral to CES does not automatically indicate placement on the by-names list or acceptance to the rapid rehousing program.
- Based upon the Prioritization Score, households will be added to the RRH by-names list. Households will be listed by date, and their Prioritization Score provided.
- Referrals will be maintained in an excel spreadsheet from data directly from HMIS that includes the following.
 - HH's first and last name, HMIS #, Referral date, VI-SPDAT Score, Prioritization Score.
 - HH's will be listed in order of Prioritization and referral date in the event that the Prioritization Score is the same.
 - The Spreadsheet will be shared via email with RRH providers.
- RRH Partnering Agencies will take the next HH on the RRH by-names listing when an opening becomes available.
 - An email will be sent from the RRH Provider to the CES. The email informs CES staff when a household has been taken from the RRH by-names listing.
 - The RRH provider will contact the household's case manager to schedule the initial meeting.
- The RRH Partnering Agency will keep the CES Supervisor informed should the case manager/household neglect to follow through or meet when scheduled.
 - For Community referrals: RRH partners will make three attempts within a seven-day period to contact a household for services once an initial referral is received, if the household does not respond, the RRH provider will document the attempts in HMIS and notify the CES Supervisor of such attempts. The RRH provider will move on to the next household on the list.
 - The CES Supervisor and/or the HMIS Administrator will remove that household from the list.
 - If the household is interested in RRH in the future, they will need to initiate the RRH referral process again.

Partnering Agencies

There are four partnering agencies that offer various levels of rapid re-housing services to households through ESG: HUD – CoC, VHSP, PWA CoC, and PWC Community Partner funding.

Note: All programs will accept eligible households to the extent funding sources permit and space is available.

Screening/Assessment

To be eligible for Rapid Re-Housing a household must meet the HUD definition of being homeless as described in Table 6.1. Households that have been screened and determined to be eligible to receive Rapid Re-Housing, will be informed about the level of assistance that will be provided. Reference Table 7.2 below regarding the varying levels of services to be provided.

Table 7.2 - Type of Rapid Re-Housing Assistance

Level 1	Short-Term Rental Assistance	<p>Household will need minimal assistance to obtain and retain housing, including:</p> <ul style="list-style-type: none"> • Housing search assistance. • Financial Assistance for housing start-up (e.g. first month's rent, security deposit, utility deposit.) • Time-limited rental assistance, per client housing plan • Home visits after move-in. • Offer of services for up to 3 months. <p>Length of time: up to 3 months</p>
Level 2	Medium Term Rental Assistance	<p>Household will need routine assistance to obtain and retain housing, including:</p> <ul style="list-style-type: none"> • Housing search assistance. • Financial assistance for housing start-up. • Time limited rental assistance, per client housing plan. • Weekly home visits for first two months, then reduced to bi-weekly or monthly as most housing plan goals are met. • Services available for up to 6 months, depending on housing issues and progress toward housing goals. <p>Length of time: up to 6 months</p> <p>The determination of how the financial assistance is provided is guided by the recommendations of the CAS RRM and the on-going work with the case management services. The rent assistance can be stepped down (gradually decreasing the amount of funding provided over a period of time).</p>
Level 3	Medium-long Rental Assistance	<p>The household will need more intensive and/or longer assistance to obtain and retain housing. Including:</p>

		<ul style="list-style-type: none"> • Housing search assistance. • Financial assistance for housing start-up. • Time-limited rental assistance, per client housing plan. • Ongoing housing focused case management. • Weekly home visits for first two months, then reduced to bi-weekly or monthly as most housing plan goals are met. Unannounced drop-in visits to be considered by case manager • Services available for up to 9 months, depending on the housing issues and progress toward housing goals. <p>Length of time: up to 9 months</p> <p>The program is designed to assist households that appear to need intensive case management services in the home coupled with financial assistance. The barriers (e.g. poor money management, low income wages) are extensive and may have more than one critical barrier.</p> <p>The determination of how the financial assistance is provided is guided by the recommendations of the CAS intake RRM and the on-going work with the case management services. The rent assistance can be stepped down (gradually decreasing the amount of funding provided over a period of time).</p>
Level 4	Long-term Rental Assistance	<p>Household will need intensive and longer assistance to obtain and retain housing, including:</p> <ul style="list-style-type: none"> • Housing search assistance. • Financial assistance for housing start-up. • Time-limited rental assistance, per client housing plan. • Ongoing housing focused case management. • Weekly home visits for first two months, then reduced to bi-weekly or monthly as most housing plan goals are met. Unannounced drop-in visits to be considered by case manager • Services available for 12-18 months with extensions after case conferences, depending on the housing issues and progress toward meeting the housing goals. <p>Length of time: 12-18 months</p> <p>Program is designed to assist households that appear to need intensive case manage services in the home, coupled with financial assistance. The barriers (e.g. poor money management, low income wages) are extensive and may have more than one critical barrier.</p> <p>The determination of how the financial assistance is provided is guided by the recommendations of the CAS intake and the on-going work with the case management services. The rent assistance can be step down (gradually decreasing the amount of funding provided over a period of time).</p>

Level 5	Long-Maximum financial assistance	Household needs longer or more intensive services; may need staff with more professional training, including: <ul style="list-style-type: none"> • Housing search assistance. • Financial assistance for housing start-up. • Rental assistance, per client housing plan. • Ongoing housing focused case management. • Weekly home visits for first two months, then reduced to bi-weekly or monthly as most of the housing plan goals are met. Unannounced drop-in visits to be considered by case manager • Services available for up to 24 months, depending on the housing issues and progress toward meeting the housing goals Length of time: 18-24 months
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Documentation

To be eligible for RRH, households must provide proof of the following.

- Proof of household composition.
- Proof of Income (if applicable).
- Proof of Homelessness.
- Proof of assets, if applicable (401K, recent bank statements, etc.).

Vacancy Tracking

To the extent possible, the CES will use HMIS to manage the vacancy tracking system. Programs will be required to post vacancies in homeless designated beds in HMIS within twenty-four hours of unit/bed availability. If providers know of an impending vacancy, they will be required to post the anticipated availability date within two business days of being made aware of such availability and updating HMIS with the actual availability date once the bed becomes vacant. Programs must update vacancy information in HMIS within twenty-four hours of a unit/bed being filled. Exceptions to HMIS requirements and related processes for referrals to and from other systems not using HMIS will be defined in the HMIS Policies and Procedures Manual.

Prioritization

PWA Rapid Re-housing providers have committed to serving a specified percentage of households based on need. The following list outlines the percentage of households each provider will service based on need.

- 35 % of Households with higher need- households with a VI-SPDAT score of 7 or higher
- 45% of household with medium need- households with a VI-SPDAT score of 5-6
- 20% of households with lower need- households with a VI-SPDAT score of 4 or below

PWA has chosen to use the VI-SPDAT score in combination with the priority population ranking score to determine a priority listing for households to receive RRH services. The following list outlines the total possible VI-SPDAT score:

- VI-SPDAT (Single)
 - 0-4 –low
 - 5-9 medium
 - 10-17 high
- VI-SPDAT (Family)
 - 0-3 low
 - 4-8 medium
 - 9-above high

The PWA has established the following priority populations and ranking score for all Rapid Re-housing programs. Households that fall into the following categories rank highest in priority for this housing strategy.

- Families with children with greatest service need (4pts.).
- Aging households over 62 with medical need or disability (3 pts.).
- Youth- aged 18-24 (2 pts.).
- Households without income (1 pt.).
- Veterans (regardless of discharge status) will be served by veteran specific RRH providers.

The following list outlines the total combined VI-SPDAT and priority population ranking score which will determine placement and household need on the rapid rehousing by-names list.

- 1-7- low need
- 8-14 -medium need
- 15-above- high need

The strategy shall also incorporate a lower barrier, Housing First model. This means households do not have participation requirements or pre-conditions to entry, such as sobriety or minimum income threshold, and prioritizes rapid placement and stabilization in permanent housing.

Terms of Assistance

Rental assistance is tenant-based rental assistance that can be used to allow households to obtain and remain in rental units.

- No program participant may receive more than 24 consecutive months of assistance (including any rent arrears).
- Agencies must provide the appropriate level of case management in order to assure housing stability on leaving the program.
- Participants may be required to share in the costs of rent and utilities.

The PWA Rapid Re-Housing programs have a level of flexibility to provide households with rental assistance that includes:

- **Income-based Subsidy:** Under an income-based model, a household pays a specific percentage of its income towards rent and utilities (e.g. 30 percent, 40 percent, or 50 percent).
- **Graduated/Declining Subsidy:** The subsidy would decline in “steps” based upon a fixed timeline or when the individual has reached specific goals, until the household assumes full responsibility for monthly housing costs. The steps are known in advance and act as deadlines for increasing income.
- **Bridge Subsidy:** A bridge subsidy provides temporary assistance for a household to help them obtain/maintain housing until a longer-term or even permanent subsidy becomes available. Bridge subsidies are often used for persons who have severe housing barriers and are on waiting lists for their long-term subsidies.

When partnering agencies are using the income-base subsidy, the household’s rent should be calculated using **HUD’s Rent Calculation Form** to determine the portion of the households rent to be paid.

Referrals

Most referrals for Rapid Re-housing are initiated by the Emergency Shelter programs. Households shall not be housed with RRH funds prior to this meeting.

Termination

Any individual seeking and/or receiving rapid-rehousing assistance must be provided written notification of the agency’s grievance policy. Grievance policies must include specific procedures to be followed for any disputed Rapid Re-housing program decision impacting the participant’s financial assistance.

The agency may terminate assistance to a program participant who violates program requirements only after written notice of corrective action has been given to household and a CES case conference has been convened. In terminating assistance to a program participant, the agency must:

- (4) Provide written notice to the program participant containing a clear statement of the reasons for violation/termination.
- (5) Provide a review of the decision in which the program participant is given the opportunity to present written or oral objections to a person other than the person (or a subordinate of that person) who made or approved the termination decision.
- (6) Request and attend a case conference if issues are not resolved.
- (7) Provide prompt written notice of the final decision to the program participant. The aforementioned documentation must also be submitted to the CES.

HMIS Reporting and Program Reporting Requirements

Rapid Re-Housing Partner Agencies are required to meet all funding source reporting requirements, including report program participant-level data such as the number of persons served, demographic information, and financial assistance provided in the Homeless Management Information System (HMIS) database. Partner Agencies will also complete the monthly CoC Report Card and financial report. All Partnering Agencies or Providers must follow all regulations and guidelines for financial management, financial reporting, and reimbursement requests for allowable expenditures as stipulated by each of the funding sources.

Please note that domestic violence assistance providers may, in lieu of HMIS, use a comparable system. Such providers are responsible for meeting all HMIS data standards and reporting requirements regardless of the data collection system used.

Outcome Measures

The PWA CoC has adopted the National Alliance to End Homelessness (NAEH)/ Virginia Department of Housing and Community Development (DHCD) RRH Benchmarks and Standards. The standards are based on what are currently considered promising practices by the National Alliance to End Homelessness, the U.S. Department of Veteran Affairs (VA), the U.S. Department of Housing and Urban Development (HUD), U.S. Interagency Council on Homelessness (USICH), and other federal technical assistance providers, and nationally recognized, high-performing RRH providers. These program standards will be updated as RRH practices continue to evolve.

Performance Benchmarks

Ultimately, the effectiveness of an RRH program is determined based on a program's ability to accomplish the model's three primary goals. They are:

- (1) Reduce the length of time program participants spend homeless.
- (2) Exit households to permanent housing.
- (3) Limit returns to homelessness within a year of program exit.

Section VIII – Permanent Supportive Housing

Overview & Purpose

Based on national research, the PWA has committed to using some of its funds to operate the best practice model of the Permanent Supportive Housing Programs (PSH) for persons identified as chronically homeless. PSH is a strategy that permanently houses individuals and families as quickly as possible. All of the CoC's PSH Programs use a Housing First model that means that households are moved into housing despite barriers to accessing housing (e.g. criminal history, poor credit, etc.) and no requirements are placed on the household to access the program.

The PSH program is designed to provide a rental subsidy in conjunction with the household paying 30% of their income toward rent. Each household will have a program agreement, or the program will use a corporate lease with program participants.

The program also provides housing-focused case management services that assist the household in maintaining their housing. Rental assistance payments are not made to program participants, but only to third parties, such as landlords. In addition, an assisted property may not be owned by the grantee or the parent, subsidiary, or affiliated organization of the grantee. **No staff participating in these programs may benefit from them as well.**

Typically, households have demonstrated a clear need for supportive services and without these supportive services, once placed they will be unable to maintain their housing. Supportive services are expected to remain engaged with the households for the entire time the household is enrolled in the program. In some circumstances, households may be required to enlist the services of a representative payee that will be responsible for ensuring that the household's monthly rent and other expenditures are paid. PSH programs also connect households to mainstream benefits and services in the community. The program agreement does not mandate participation in any services. The program does not require households to be employed; however, they are encouraged to work toward increasing their self-sufficiency to maintain their housing.

The PWA has implemented the following best practice PSH Strategies.

- Housing Location Services for persons with high barriers to securing housing.
- Long-term Rental assistance.
- Supportive services in the home that can help with but not limited to:
 - Landlord/Tenancy resolution.
 - Budgeting.
 - Medication management.
 - Connection to public benefits such as childcare, SNAP, tax credits, Medicaid TANF, etc.

Households to be served

Notice CPD-14-12 suggests four levels of priority for CoC Program-funded PSH that is either dedicated or prioritized.

1. First priority is for those who have severe service needs and who were chronically homeless for at least 12 months, either continuously or on at least four separate occasions that add up to 12 months over the last three years.
2. Second priority is for those who do not have severe service needs, but who were chronically homeless for the above time periods.
3. Third priority is for those who have severe service needs and who were chronically homeless on at least four separate occasions that add up to less than 12 months over the last three years.
4. Fourth priority is for those who do not have severe service needs, but who were chronically homeless for at least 12 months, either continuously or on at least four separate occasions that add up to less than 12 months over the last three years.

The order of priority for CoC Program-funded PSH that is not otherwise dedicated or prioritized is as follows.

1. First priority is for individuals or families with a member with a disability and severe service needs, and who were homeless for any length of time, including those who are exiting an institution where they lived for 90 days or less but who were homeless before entering the institution.
2. Second priority is for individuals or families with a member with a disability who were homeless either continuously for six months or on at least three separate occasions that add up to six months over the last three years. This includes those exiting an institution where they lived for 90 days or less, but who were homeless either continuously for six months or on at least three separate occasions that add up to six months over the last three years before entering the institution.
3. Third priority is for individuals or families with a member with a disability who are homeless, including those exiting an institution where they lived for 90 days or less, but who were homeless before entering the institution.
4. Fourth priority is for individuals and families with a member with a disability who are:
 - a. Coming from transitional housing, but who were homeless before living in transitional housing.
 - b. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who are living in transitional housing, even if they were not homeless before entering transitional housing.

Program participant eligibility must be based on the category and documentation of chronically homeless status as evidenced from the initial intake through coordinated entry, and/or screening for street outreach and shelter workers. In either case, the program must have documentation of the household's chronic homeless status (e.g. HMIS documentation) and the household's disability (e.g. history of mental illness documented by hospital stays, official DSM diagnosis, etc.).

Re-certifications

Programs should continuously evaluate a household's needs to determine if the household still needs permanent supportive housing. In many cases, households may need the program long-term and in other cases the households may stabilize and not require this level of program intervention after some time in the program.

Admissions Committee

The PWA PSH Admission's Committee (AC) has been established to review and make final admission decisions regarding households that have been referred to PSH. The AC has the following responsibilities.

- Establish the criteria upon which all chronically homeless persons will be evaluated, scored, and ranked. The ranking will determine which household should secure the next available unit.
- Review CoC PSH referrals to determine which households will be placed in PSH.
- Meet when there are program vacancies to determine how to prioritize the PSH pool to fill those vacancies.

The Admissions Committee shall be comprised of one member from each the organizations/programs that provide permanent supportive housing programs within the PWA CoC:

The AC uses the following weighted measure criteria to impartially determine the household that will receive the next open slot for PSH programs within the CoC. The weighted measure will be based on the VI-SPDAT score and the following criteria.

- Chronically Homeless (based upon HUD's definition).
- History of service in Armed Services (Army, Navy, Marines, Air Force, Coast Guard).
- Length of chronic homelessness (Households that have been homeless the longest).
- Physical Health (Severity).
- Mental Health (Severity).

Other considerations can include:

- Heavy user of system services (hospital, jail, mental health hospitalizations, etc.).

Providers/Partnering Agency

There are several providers in PWA responsible for delivering PSH services to eligible households.

Screening/Assessment

To be eligible for PSH programs a household must meet the HUD definition of chronically homeless described in Table 7.1. Households that have been screened and determined to be eligible to receive PSH must follow these steps.

- Make a referral via the HMIS system. The referrals shall be routed to CES and must include all required documentation (e.g. PSH admission committee questionnaire, chronically homeless documentation form, disability, etc.)
- The CES Team will review the referral within 10 business days for completeness and chronically homeless requirements.
- The CES team will establish a time for the case to be presented before the PSH Admissions Committee.
- The PSH Admission Committee meets monthly to discuss, accept, or deny cases and rank the household according to the CoC Prioritization Criteria.
- If accepted, the referral source will be informed via email of acceptance to the PSH Pool.
- Case management services of a specific PSH program will then work closely with Case management services of the emergency shelter and/or street outreach program to successfully transition the household into housing.
- If needed, the household can be referred to Housing Location Services via the HMIS system.

Documentation

To be eligible for PSH, households/providers must provide the following documentation:

- VI-SPDAT; Proof of Income (if applicable)
- Chronic Homeless Checklist
- Proof of Homeless Chronicity
- Proof of disabling condition
- Proof of Veteran Status (if applicable)
- HMIS Program History.

Vacancy Tracking

To the extent possible, the CES will use HMIS to manage the vacancy tracking system in conjunction with the PSH Admission Committee. Programs will be required to post vacancy beds in HMIS within 48 hours of unit/bed availability. If providers know of an impending vacancy, they will be required to send an email to CES of the availability date within two business days of being made aware of such availability, and updating HMIS once the bed becomes vacant. Programs must update vacancy information in HMIS within 48 hours of a unit/bed being filled. Exceptions to HMIS requirements and related processes for referrals to and from other systems not using HMIS are defined in the HMIS Policies and Procedures Manual.

Terms of Assistance

Households entering a PSH program have no term limit. However, all CoC PSH programs have the following standards.

- Households should be identified as **chronically homeless** prior to entering the program. If the head of household is not chronically homeless the PSH committee may approve the household based on the PSH prioritization standard.
- Additionally, the household demonstrates a need for supportive services that can assist the household, once placed, in maintaining their housing.
- All households with income are responsible for paying 30% of their income towards the monthly rental costs.
- Rental assistance is tenant-based rental assistance that can be used to follow individuals and families as long as they are still identified as participants in the designated PSH program.
- Programs must provide the appropriate level of case management in order to assure housing stability.
- At no time are participants required to engage in specific services.

A hallmark of Permanent Supportive Housing (PSH) programs is Income-based Subsidy. Under an income-based model, a household pays a specific percentage of its income towards rent and utilities (e.g. 30 percent). When partnering agencies are using the income-based subsidy, the household's rent should be calculated using **HUD's Rent Calculation Form** to determine the portion of the households rent to be paid.

Termination

Any households participating in a CoC PSH Program must be provided written notification of the agency's grievance policy. Grievance policies must describe specific procedures to be followed for any disputed PSH program decision impacting the participant's financial assistance.

The agency may terminate assistance to a program participant who violates program requirements. However, barring any safety issues or concerns, the household should be discussed via a case conference that includes members of the PSH Admissions Committee.

PSH Providers will:

- (1) Provide written notice to the program participant containing a clear statement of the reasons for violation/termination.
- (2) Provide a review of the decision, in which the program participant is given the opportunity to present written or oral objections to an organizational representative other than the person (or a subordinate of that person) who made or approved the termination decision.
- (3) Provide prompt written notice of the final decision to the program participant. The aforementioned documentation must also be submitted to DSS/Homeless Services/CES.

HMIS Reporting

PSH agencies are required to report program participant-level data, such as the number of persons served, demographic information and financial assistance provided in the Homeless Management Information System (HMIS) database.

Please note that domestic violence assistance providers may, in lieu of HMIS, use a comparable system. Such providers are responsible for meeting all HMIS data standards and reporting requirements regardless of the data collection system used.

Outcome Measures

Partnering agencies should meet the outcome measures established in the CoC Report Card.

Veterans

The CoC is committed to ending Veteran homelessness. If/when a veteran is identified at CES for Prevention, Diversion, Rapid Rehousing, or Permanent Supportive Housing, the worker must update the HMIS record. This provides the basis for a robust service response that includes coordination with Veterans Administration (VA) for HUD-VASH and SSVF and prioritizing non-VA eligible Veterans for CoC assistance.

APPENDIX A.

Key Coordinated Entry Documents

Case Conference Request Form

Client Name: _____ Case Manager: _____

Person requesting Conference: _____ Title: _____

<u>Who needs to attend</u>	<u>Agency/Phone</u>	<u>In-Person/Phone</u>

Client Notified of Case Conference: Date _____ Time _____ By Whom _____

Is there a signed release for all agencies listed above? Y or N (Circle one and attach the signed form)

Purpose of Case Conference

Overall assessment of client's status and needs; Include progress in Service Plan areas:

Signature of Requestor: _____ Signature of Program Manager: _____

Date: _____ Date: _____

Case Conference Disposition:

Case Conference Request Approved: Y / N

Reason:

Case Conference Approver's Name: _____

Case Conference Approver's Signature: _____

Date Signed: _____

Case Conference Summary

Client Name: _____ Case Manager: _____

Person requesting Conference: _____ Title: _____

Case Conference Date/Time: _____

<u>Participants</u>	<u>Agency/Phone</u>	<u>In-Person/Phone</u>

Client Present? Y or N (Circle one)

Is there a signed release for all agencies present? Y or N (Circle one)

Purpose of Case Conference

Action Steps (please include Housing plan with SMART goals and submit to Coordinated Entry within 48 hours):

Requester signature: _____

Program Manager Signature: _____

Date: _____

Date: _____

**Prince William Area (PWA) CoC
Permanent Supportive Housing (PSH) Admissions Committee Questionnaire**

Date:		HMIS#:		
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Instructions:
Case Management should prepare to answer the questions below in the client presentation to the PSH Admissions Committee. These are not required to be submitted to the PSH Admissions Committee but will be addressed during the presentation. Clients are not required to be in attendance, but are encouraged to be there.
Case Managers should be able to adequately and thoroughly answer the questions below when conducting the presentation.

Question #1:

Please provide background information concerning the household regarding the following areas:

- Current Living Situation?
- How long has your program's been working with the household?
- What is the household's cause and history of homelessness?

Question #2

What potential issues will this household face in sustaining housing?

Question #3

What do you believe should the areas of focus over the first 90 days upon entry into PSH, should the household be accepted? Please specify any of the household's individual goals.

Is the client willing/able to accept the following housing options, if offered? (Check all that apply)	Yes	No
Housing with stairs?		
Living independently with at least one roommate?		
Living independently without roommates?		
Group living with on-site staff?		
Has any member of the household ever been convicted of the following: (check all that apply) (Conviction will not exclude person from housing but may impact housing options are available)	Yes	No
Any Felony?		
Felony Drug Charge?		
Felony Assault?		
Misdemeanor Drug Charge?		
Misdemeanor Assault Charge?		
Arson?		
Sex Offense?		
Any other convictions?		
Additional Information:		
<hr/> <hr/>		

**Prince William Area (PWA) CoC
PSH Admission Committee
Disposition Form**

Household: _____ Referring Case Manager: _____
Date Presented: _____

The household above has been reviewed by the PSH Admissions Committee. Please see below for the household's disposition and/or additional information and next steps.

Note: Chronic homelessness is a condition of program eligibility. Unverified chronically homeless households will not be admitted to the program – regardless of the committee's decision.

Committee Decision

- ☐ Accepted for PSH
☐ Not appropriate for PSH/Application Denied

Reason:

<u>Good Shepherd Housing Foundation</u>	<u>StreetLight Ministries Outreach</u>
<input type="checkbox"/> Good Shepherd Leasing <input type="checkbox"/> Good Shepherd House I	<input type="checkbox"/> HUD PASS <input type="checkbox"/> HUD PSH
<u>ACTS</u>	<u>Pathway Homes</u>
<input type="checkbox"/> ACTS Empowerment Center	<input type="checkbox"/> PSH

**Prince William Area (PWA) CoC
PSH Admission Committee
Disposition Form (Cont.)**

Additional Information/Next Steps

1.	
2.	
3.	
4.	
5.	
6.	

The household may appeal this decision in writing within 10 business days to Jeanine M. Gravette
Homeless Services Division, Human Services Program Manager at 14716 Potomac Mills Road,
Woodbridge, VA 22192.

Should you have questions regarding process, please contact the program to which the household was
referred.

Respectfully,

Jeanine M. Gravette, MSW-QMHP-A
Human Services Program Manager, Homeless Services Division

**Prince William Area (PWA) CoC
PSH Admission Committee
Referral Status Form**

Date: _____

Dear Mr./Mrs./Ms.

The PSH Admissions Committee has received your PSH referral for _____
(Household) submitted on _____ (Date). Your referral has been rejected for the
following reason(s):

- ☐ Household is ineligible for this program because:
 - ☐ Does not meet the chronic homeless definition
 - ☐ SPDAT Score is below 37
- ☐ Incomplete SPDAT
- ☐ Insufficient or missing disability documentation (disability documentation must
accompany ALL referrals)
- ☐ Insufficient or missing length of time homeless documentation
- ☐ Insufficient or missing HMIS referral information
- ☐ Other

Details:

Should you have questions or concerns, please call 703-792-7929.

Respectfully,

Jeanine M. Gravette, MSW, QMHP-A
Human Services Program Manager, Homeless Services Division

Prince William Area – Permanent Supportive Housing, Rapid Rehousing, Housing Location Summary Sheet

Client Information:			
Head of household HMIS:		Date of Referral:	
Household size:		Unit size Requested:	
Enter the combined VI-SPDAT & Prioritization Ranking Score in the next column:		High (15 and above): _____ Medium (8-15): _____ Low (0-7): _____	
Type of Referral Requested: check all boxes that applies			
<input type="checkbox"/>	Rapid Rehousing (RRH)		
<input type="checkbox"/>	Housing Location Services		
<input type="checkbox"/>	Permanent Supportive Housing (PSH)		
Contact Information:			
Case manager completing form:			
Contact Number:			
Email Address:			
Summary checklist for completion: Please put the forms in order of the checklist			
✓ forms attached	PSH ONLY:	✓ forms attached	RRH ONLY:
<input type="checkbox"/>	Intake Form	<input type="checkbox"/>	Intake Form
<input type="checkbox"/>	Housing Barrier Assessment Tool	<input type="checkbox"/>	Housing Barrier Assessment Tool
<input type="checkbox"/>	Release of Information	<input type="checkbox"/>	Release of Information
<input type="checkbox"/>	Chronic Homeless Documentation Checklist	<input type="checkbox"/>	VI-SPDAT Score: _____

	VI-SPDAT Score: _____		Prioritization Ranking Score: _____
	Proof of Disability		
	Proof of chronicity		
	Proof of Income, if applicable		

Length of Financial Assistance:	
✓ the appropriate box	RRH ONLY:
	Short-Term (up to 3 months)
	Medium-term (up to 6 months)
	Medium-Long (up to 9 months)
	Long-Term (12-18 months)
	Long-Maximum (18-24 months)
Justification for length of assistance:	
Rental Subsidy Type (RRH ONLY): Check the appropriate box	
	Income Based (HH pays 30%, 40%, 50% of income on a monthly basis)
	Graduate/Declining Subsidy (Subsidy declines for the HH based on a fixed timeline)

	Bridge Subsidy (Temporary assistance for the HH to obtain long-term housing with a subsidy such as Housing Choice Voucher)
Housing Location Services checklist (RRH Only): check all that applies	
	Housing Barrier Assessment Score (15 or greater): _____
	Household needing ADA Accommodation
	Household with 6 or more individuals
	Household with criminal history that prevents them from obtaining housing
	Household does not meet any of the above criteria but has applied for housing and been denied twice on their own
Please include why you are requesting housing location services:	

Signatures:

Referring Case Manager

Date

Program Manager

Date

APPENDIX B.

Involuntary Shelter Discharges Guidelines

Behaviors that present significant health and safety risks will not be tolerated inside the shelter. At time of orientation, new guests will be briefed that illegal behavior will not be tolerated and that guests are required to interact with one another in a civil and positive manner. Aggressive behavior intended to bring harm to self or others is not acceptable. Guests who have been using alcohol and/or drugs will be admitted to shelter only if they agree to follow established health and safety rules. All Guests coming into the shelter will be notified of the items prohibited from entering the shelter (e.g. alcohol, controlled substances, illegal drugs, and weapons). **Approved medications will be stored by the shelter and will be made available to individuals as prescribed.**

There are other behaviors that may not warrant immediate dismissal but cannot be tolerated over the long term. The Shelter Director must use good judgment when applying a corrective action for such infractions; considering the primacy of protecting the health and safety of shelter staff and guests. The corrective action will typically be a progressive disciplinary action (e.g. verbal warning, behavior contract, dismissal, etc.) as well as implementation of strategies to curb the behavior (case conferencing, etc.).

Below is a grid of inappropriate behaviors and the actions that may be taken if a shelter guest exhibits the behavior. Any involuntary discharges should be noted in the alert section of HMIS upon discharge, indicating length of 'do not admit' status.

Violation	Action	Readmission Guidelines
Possession of a prohibited item:		
Weapon (with the intent to cause harm to self or others)	Immediate dismissal-notify police	30 to 60 day stay-away/behavior contract (may be longer, determined by circumstance).
Illegal controlled substances and/or illegal drugs/paraphernalia	Immediate dismissal and follow destruction protocol if staff are in possession of it	30 to 60 day stay-away/behavior contract
Legal mind/mood altering substances (e.g. alcohol, K2, bath salts etc.) and/or paraphernalia	Progressive disciplinary action.	30 to 60 day stay-away/behavior contract.
Assault		90 day stay-away/behavior contract

	Immediate dismissal-call police if warranted	
Threats Direct-Verbal (threat posing an immediate danger to self or others)	Immediate dismissal	30 to 60 day stay-away/behavior contract
In-direct Verbal	Progressive disciplinary action.	30 to 60 day stay-away/behavior contract
Other criminal behavior	Immediate dismissal call police if warranted	30 to 60 day stay-away/behavior contract
Destruction of property (facility)	Immediate dismissal call police if warranted	30 to 60 day stay-away/behavior contract

Please note: Partner Agencies should document all incidents using their agencies incident reporting process.

Incident reports will also be captured in HMIS when an event occurs that prevents a client from entering a project. This information will be used by Coordinated Entry staff to better determine appropriate shelter placements as well as to complete referrals to other housing interventions.

An incident report will be added to the client's HMIS record under the Client Profile tab by the designated Program Manager / Supervisor. It is expected that supervisory staff will fully investigate reported incidents from project staff and make determinations based upon objective evidence. Supervisory staff will capture the date of the incident, the end date (if there is a temporary "stay away" in place), the incident type, and the staff recording the incident.

Incident reports will be added to HMIS under the following categories (incident types):

1. Destruction of Property (facility)
2. Destruction of Property (guest)
3. Violent Behavior
4. Possession of Weapon with intent to harm self or others
5. Possession of mind/mood altering substances and/or paraphernalia
6. Verbal threats Directly posing immediate harm to self or others
7. Registered Sex Offender

Case Conference: Households that are not doing well in conjunction to their housing plan, a community case conference must schedule through coordinated entry prior to discharge.