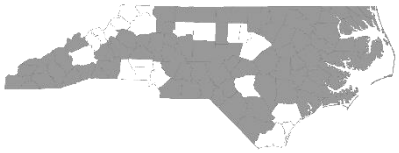

North Carolina
Balance of State Continuum of Care

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NC Balance of State Continuum of Care Program Standards
Transitional Housing

Overview

The NC Balance of State Continuum of Care has developed these program standards to provide specific guidelines for how programs can operate to have the best chance of ending homelessness. These guidelines create consistency across the Balance of State, protect our clients by putting their needs first, and provide a baseline for holding all CoC programs to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to:

- Develop policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs.
- For transitional housing, HUD requires program standards to define policies and procedures for admission, diversion, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, and stalking.
- Develop policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs.
- Define participation in the CoC's Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

The Balance of State Continuum of Care developed the following Transitional Housing program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Program compliance with the Department of Housing and Urban Development
- Service consistency within programs
- Adequate program staff competence and training, specific to the target population served

EXPECTATIONS

All program grantees using Department of Housing and Urban Development Continuum of Care and Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the Balance of State Continuum of Care to ensure compliance. The BoS CoC

recommends that transitional housing programs funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the BoS.

TRANSITIONAL HOUSING

Traditionally, agencies have created transitional housing to provide an interim-housing option (18-24 months) for moderately vulnerable individuals and families prior to permanent housing. Several common types of transitional housing programs exist, including: HUD CoC-funded transitional housing, Emergency Solutions Grant-funded transitional housing, VA Grant Per Diem housing, privately-funded transitional housing programs for survivors of/persons fleeing from domestic violence and individuals with substance abuse and alcohol addictions. Recent research has called into question the effectiveness of transitional housing both programmatically and financially, but many communities throughout the NC Balance of State CoC have transitional housing as a housing option. According to the research, service-rich transitional housing costs far more with far fewer exits to permanent housing than best practice programs such as rapid rehousing and permanent supportive housing, which permanently house individuals and families experiencing homelessness rather than providing a temporary housing option. Rapid rehousing can accomplish the goals of transitional housing in a much more successful and cost-effective way. In light of this research, HUD has lowered its priority of funding transitional housing with CoC and ESG programs.

The performance standards in this document attempt to provide guidance and insight as to how agencies can use transitional housing to achieve the best possible outcomes. Current transitional housing programs could target their services to special populations shown to respond effectively to this model. HUD has suggested that transitional housing programs may be appropriate to serve homeless youth, those in recovery, and those fleeing domestic violence situations. Traditional transitional housing programs could also consider retooling to either rapid rehousing or permanent supportive housing programs, depending on geography, population, and local needs data (chronically homeless versus families, etc.).

Nationally, many transitional housing programs are redirecting their resources toward providing a truly interim housing solution for high-need, high-acuity individuals and families experiencing homelessness. In the NC Balance of State, emergency shelters continue to turn away high-need individuals and families. This is where transitional housing programs can play an essential role by providing triage or interim beds for individuals and families experiencing chronic homelessness or others with multiple disabling conditions that inhibit them from entering shelter. Transitional housing programs can provide a short-term housing solution for individuals and families who cannot access traditional emergency shelter but need a place to stay until rapid rehousing and permanent supportive housing providers can identify a suitable permanent housing placement, a model known as bridge housing. With intensive services and no negative effects due to shorter stays, transitional housing, with a few minor changes, could provide a powerful interim housing solution rather than a high-cost “housing readiness” approach.

Every transitional housing program within the NC Balance of State should participate in their Regional Committee’s coordinated assessment system, including the Balance of

State prioritization of individuals for housing. In the Balance of State, each community utilizes the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set priorities and housing triage methods, while housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. Communities use the VI-SPDAT to prioritize individuals and families experiencing literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

DEFINITIONS

Acuity: When using the VI-SPDAT prescreens, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using the Case Management Tool acuity refers to the severity of the presenting issue and the ongoing goals to addressing these issues.

Case Management Tool: A standardized tool for case management to track incomes in the coordinated assessment process. Housing programs administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later to ensure the household continues to make progress.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) had been homeless and living as described in (i) continuously for at least 12 months or on at least 4 occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in (1) or 2) of this definition, including a family whose composition had fluctuated while he head of household has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and /or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, “a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data.” The recipient or subrecipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements. (24 CFR 578.57)

Coordinated Assessment: "A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" (24 CFR 578.3). CoC's have ultimate responsibility to implement coordinated assessment in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless:
Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence

that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.

Prevention and Diversion Screening Tool: A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives programs a chance to divert households by assisting them identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Rehousing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing: Temporary housing for participants who have signed a lease or occupancy agreement with the purpose of transitioning participants into permanent housing within 24 months.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based tool used by all regions in the Balance of State to determine initial acuity and set prioritization and intervention for permanent housing placement.

PERFORMANCE STANDARDS

PERSONNEL

STANDARD: The program shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of program participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skills areas relevant to assisting clients in the program.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- Case managers provide case management with the designated Case Management Tool on a frequent basis (minimum of monthly) for all clients.

CLIENT INTAKE PROCESS

STANDARD: Programs will actively participate in their community's coordinated assessment system. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance.

Benchmarks

- All adult program participants must meet the following program eligibility requirements:
    - 18 years or older

    - Literally homeless, imminently at risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homelessness definition)
- Programs may not require clientss to meet additional program eligibility requirements except for the following:
    - Chronically homeless
    - Residency requirements (abiding by the language of the occupancy agreement)
- All CoC and ESG recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Grantees must document in the client file that the agency attempted to obtain documentation in the preferred order. The order should be as follows:
    - Third-party documentation (including HMIS)
    - Intake worker observations through outreach and visual assessment
    - Self-certification of the person receiving assistance
- Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:
    - Household make-up (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
    - All program beds are full
    - If the program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
- Programs cannot disqualify an individual or family from entry because of employment status or lack of income.
- Programs cannot disqualify an individual or family because of evictions of poor rental history.
- Programs may make services available and encourage adult household members to participate in program services, but cannot make service usage a requirement to deny initial or ongoing assistance.
- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators who need said information.

TRANSITIONAL HOUSING

STANDARD: The program will provide safe, affordable housing that meets clients' needs in accordance with the client intake process and in accordance with guidelines set by the Department of Housing and Urban Development.

Benchmarks

- When providing or arranging for housing, the program must consider the needs of the individual or family experiencing homelessness.
- The program provides assistance in accessing suitable permanent housing.
- The program may provide assistance with moving costs.

- The program has participants sign occupancy agreements or subleases, regardless of whether the agency owns the housing units or not.
- The program enters into an agreement with clients for at least one month and up to 24 months. The program should work with the client to minimize his/her time in temporary housing and consistently and regularly evaluate and engage him/her for permanent housing placement.
- In accordance with 24 CFR 578.77, programs do not have to charge clients occupancy fees. However, if the program does charge occupancy fees, the program must impose them on every household served by the program. If the program charges occupancy fees, they may not exceed the highest of:
    - 30% of the household's monthly adjusted gross income;
    - 10% of the household's monthly income; or
    - If the household receives payments for welfare assistance from a public agency wherein part of the payment is for housing costs, the portion of the payment designated for housing costs.

  Programs must outline the occupancy payment policy as part of its program manual.
- Programs providing housing to families may not deny housing to a family on the basis of age and gender of a child under the age of 18 years of age.
- Programs must actively participate in their Regional Committee's coordinated assessment process.
- Programs must review and ensure that their program policies do not create undue barriers to program entry and program participation.

CASE MANAGEMENT SERVICES

STANDARD: The program shall provide access to case management services by trained staff to each individual and/or family in the program.

Benchmarks (Required services)

- Transitional housing programs provide regular and consistent case management to clients based on the individual's or family's specific needs. Case management includes:
    - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the client(s).
    - Assisting clients to maintain their transitional housing placement in a safe manner and understand how to get along with fellow residents.
    - Helping clients to create strong support networks and participate in the community, as they desire.
    - Creating a path for clients to permanent housing as quickly as possible through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
    - Using the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
- Programs provide individualized budgeting and money management services to clients as needed.
- Program staff or other programs connected to the transitional housing program through a formal or informal relationship will assist clients in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.
- Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, obtaining vital documents (social security cards, birth certificates, school records).
- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).
- Ongoing assistance with food, clothing, and transportation.

TERMINATION

STANDARD: Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination.

Benchmarks

- The program may terminate services when clients violate the terms of their occupancy agreement.
- If the program terminates services for reasons other than the above, it is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. This includes a formal process, recognizing the rights of the individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:
    - Providing the client(s) with a written copy of the program rules and the termination process before the client(s) begins receiving assistance.
    - Written notice to the client containing a clear statement of the reasons for termination.
    - Review of the decision, in which the client(s) can present written or oral objections before a person other than the person who approved the termination decision.
    - Prompt written notice of the final decision to the client.
- Programs follow a termination process and have a process for appeals/grievances in accordance with 24 CFR 578.91 in regard to due process. Programs provide this information to clients at the beginning of the program and if/when the termination of services occurs.
- Termination does not bar the program from providing further assistance at a later date to the same individual or family. Programs should never carry a “barred list” of clients unless said client has presented a terminal risk to staff or other clients.

- Programs should not terminate clients from services because of entry into an institution (medical, mental health, substance abuse, jail). Providers can maintain open units for individuals and families who are institutionalized for a maximum of 90 days.

FOLLOW-UP SERVICES

STANDARD: Programs must ensure a continuity of services to all clients exiting their programs. Agencies can provide these services directly or through referrals to other agencies.

Benchmarks

- Using the Case Management Tool, programs work with clients to develop an exit plan for clients whose forward progress demonstrates potential success (acuity score threshold to be determined by the community's coordinated assessment system) in market rate or subsidized housing). Programs should work with clients to exit when they meet this threshold score even if they have not reached the maximum number of months in the program.
- Programs prioritize the development of exit plans for each client to ensure continued permanent housing stability and connection to community resources, as desired.
- Programs should attempt to follow up with clients through verbal or written contact at least once after the client exits services. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services.

CLIENT FILES

STANDARD: Transitional housing programs will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services

Benchmarks

- Client files should, at a minimum, contain all information and forms required by HUD and the state ESG office, service plans, case notes, referral lists, and service activity logs, including services provided directly by the transitional housing program and indirectly by other community service providers. Programs should have:
    - Documentation of homeless status (see above for the priority of types of documentation).
    - Determination of ineligibility, if applicable, which shows the reason for this determination.
    - Annual income evaluation.
    - Documentation of using the community's coordinated assessment system.
- All client information should be entered in the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of clients' information as changes occur.
- Program must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give

informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.

- All records pertaining to HUD CoC or ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

STANDARD: Transitional housing programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC and ESG programs or other funding sources.
- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
- Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.
- Programs that regularly operate below 100% utilization of their beds must review their eligibility criteria and program rules to ensure they are not screening out households who need program beds to transition into permanent housing.