



Palm Beach County Permanent Supportive Housing Program Standards

PERMANENT SUPPORTIVE HOUSING INTRODUCTION

Permanent Supportive Housing (PSH) –community-based housing without a designated length of stay. To be permanent housing, the program participant must be the tenant on a lease/occupancy agreement for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause. Permanent supportive housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. (24 CFR 578.3)

Program standards ensure:

- Program accountability to individuals and families experiencing homelessness
- Program compliance with HUD rules
- Program uniformity
- Adequate program staff competence and training, specific to the target population being served
- Units at entry and annually meet the Housing Quality Standards

SERVICE PHILOSOPHY

The housing programs are guided by a service philosophy that: values client choice and promotes community integration; serves as the basis for how the program will meet the goals and needs of client's; and guides the implementation and development of program activities and services based on the best available evidence of service effectiveness.

PERMANENT SUPPORTIVE HOUSING CRITERIA

The program will provide safe, affordable housing that meets participants' needs in accordance with client intake practices and within HUD guidelines for permanent supportive housing programs.

Housing Guidelines:

- Considers the needs of the individual or family experiencing homelessness;
- Provides assistance in accessing suitable housing;
- Signs occupancy agreements or leases (or subleases) with all clients residing in housing;
- Enters into a lease agreement for a term of at least one year, which is only terminable for cause;
- Not impose occupancy charges as a condition of residing in the housing and;
- Charge rent not to exceed the highest of:
 - a.30% of the household's monthly adjusted gross income;
 - b.10% of the household's monthly income
- Provision of housing and related services are provided without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or genetic information.

- Allows the right to dress in accordance with the gender with which a participant self-identifies
- Participants receive services/support consistent with their self-identified gender

For those organizations that own and manage their own properties, the Housing Quality Standard Inspection must be completed by a third party.

DEFINITIONS:

CLIENT-CENTERED APPROACH SERVICE DELIVERY –

The programs utilize a respectful, strengths-based approach that views the individual and/or family as a whole. This approach is useful in areas of client engagement and helps to overcome resistance. Each person is unique with special talents and abilities. Staff assist clients to identify their dreams, their strengths, barriers to housing, and help them to identify short- and long-term goals. Together, these serve as powerful motivators to help people change their lives. Clients are centrally involved in determining their individual goals, plan for discharge, and the type and intensity of services that they receive.

LITERALLY HOMELESS (CATEGORY 1)

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a 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 and local government programs);
- Is exiting an institution where (s)he has 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;
- Fleeing or attempting to flee Domestic Violence.

DISABLING CONDITION

HUD defines a disabling condition as:

- A. a disability as defined in Section 223 of the Social Security Act (as documented by the Social Security Administration);
- B. a physical, mental, or emotional impairment which is
 - i. expected to be of long-continued and indefinite duration,
 - ii. substantially impedes an individual’s ability to live independently, and
 - iii. of such a nature that such ability could be improved by more suitable housing conditions;

- C. a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act or
- D. the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or
- E. a diagnosable substance abuse disorder

CHRONIC HOMELESSNESS

A) The definition of "chronically homeless", defined in section 401(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11360 (McKinney-Vento Act or Act), is: An individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and residing in such a place for at least 1 year or on at least four separate occasions in the last 3 years where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

B) The statutory definition also requires that the individual or family has a head of household with a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability. A Verification of Disability Form signed and dated by one of the licensed clinicians identified by HUD is required to document the disability.

GENDER MINORITIES may include individuals whose gender identity and/or gender expression may be different from their assigned gender at birth irrespective of physical appearance, surgical status, or documentation of identity.

VI SPDAT & SPDAT – SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL

Both are an evidence-informed approach to assessing acuity (OrgCode Consulting).

VI-SPDAT is a triage tool. It looks for the presence of an issue.

SPDAT is an assessment tool. It looks at the nuances of the depth and impacts of what is happening in the person or family's life. The SPDAT tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability

FAMILY - includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: a group of persons residing together.

PSH GUIDING PRINCIPLES:

Housing Focused Service Delivery Components Provided in Permanent Supportive Housing

Homelessness is first and foremost a housing problem and should be treated as such. Therefore, the guiding principle of permanent supportive housing is permanent housing. The principal components of Housing Focused Service Delivery are:

- **Housing, Resource, and Support Services Assessment** which focuses on housing needs, preferences, and barriers; resource acquisition (e.g., entitlements); and identification of services needed to sustain housing
- **Housing placement assistance** including housing location and placement; financial assistance with housing costs (e.g., security deposit, first month's rent, move-in and utilities connection, short- or long-term housing subsidies); advocacy and assistance in addressing housing barriers (e.g., poor credit history or debt, prior eviction, criminal conviction)
- **Case management services** (frequently time-limited) specifically focused on obtaining and sustaining permanent housing

OTHER GUIDING PRINCIPALS

- The health and safety of clients, volunteers and staff is of the highest importance in each PSH program. Training, policies, procedures and ongoing assessments are intended to encourage, improve and maintain the health and safety of all people residing in PSH programs.
- In order to provide effective PSH programs and services, housing clients should be afforded the opportunity to have a voice in service provision, program planning, and policy development.
- PSH programs are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and co-coordinated services.
- People who are homeless should be stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing.
- Case Managers will meet at a minimum once a week during the transition into housing for at least the first 4-6 weeks and then as defined by the client's Service Plan. Case Managers should maintain phone contact as well as they progress towards sustaining permanent housing.
- Clients shall be moved into housing as rapidly as possible.

- Compliance with the Permanent Supportive Housing Standards will be a contract requirement to apply/renew PSH funding.

APPROACH TO DELIVERING SERVICES

Permanent Supportive Housing Programs administer services utilizing a housing first approach with no barriers to housing entry. Housing First is a whole-system orientation that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness. The approach begins with an immediate focus on helping individuals and families get housing. Income, sobriety and/or participation in treatment or other services are not required as a condition for getting housing. All services are voluntary and are not a condition for retaining housing. Housing provides people with a foundation from which they can pursue other goals. Tenants are assisted in developing or improving skills for independent living while they live in permanent housing instead of requiring them to be housing ready first.

Palm Beach County adheres to the following principles of Housing First in its PH programs:

- Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- Applicants have a choice about where they want to be housed based upon their available resources (affordability), circumstances (appropriateness) and involvement of landlords to rent to the service participant.
- Applicants are not expected to graduate through a continuum before accessing permanent housing (for example: from street to shelter; shelter to transitional housing; transitional housing to permanent housing). Applicants can move directly from their homelessness into permanent housing. Housing is not used as a reward.
- Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness.”
- Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of the approved coordinated assessment system frequented by vulnerable people experiencing homelessness.
- Applicants do not need to be compliant with a treatment program i.e. medical, mental health or substance abuse to be housed.
- Applicants do not need to be compliant with medications to be housed.
- Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly client-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing

tenancy. PSH programs may require case management as condition of receiving rental assistance.

- Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.
- Client selection for permanent supportive housing includes a prioritization of eligible clients based on the criteria approved in the Palm Beach County Standards for Coordinated Intake and Assessment which are in compliance with CPD-14-012.
- Clients are given reasonable flexibility in paying their tenant share of rent on time and offered special payment arrangements (e.g. a payment plan) as defined by individual program guidelines for rent arrears and/or assistance with financial management (including representative payee arrangements).
- Case managers are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.
- Participants are not coerced in any way to participate in the program, to select a particular housing unit, to participate in any other community programs, or in any other way.
- Services are provided by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of client's lives. Clients are engaged in non-judgmental communication regarding drug and alcohol use, and where clients are offered education regarding how to avoid risky behaviors and engage in safer practices. Clients whose drug and alcohol use impacts the safety of minor children including the potential loss of their housing, will be reported to the Department of Children and Families.

SCREENING AND INTAKE PROCEDURES

Housing Programs must be an active member in the PBC Coordinated Intake and Assessment System.

CRITERIA:

- Clients who are in need of housing services must be assessed and eligibility established through the Homeless Resource Center (HRC) which serves as the Central Point of Access or by one of the Homeless Outreach Programs during off-site outreach.
- Eligibility. Individuals and families that are **“Literally Homeless”** (meeting HUD's Category 1) or Fleeing Domestic Violence (meeting HUD's Category 4).
- Participation Requirement. All households (with the exception of households in domestic violence situations) must be screened prior to program entry.
- Vacant beds must be filled based on chronic status and acuity from highest to lowest as per CPD-14-012 (<http://portal.hud.gov/hudportal/documents/huddoc?id=14-12cpdn.pdf>).

- Lacks the resources to obtain housing
- Has a member of the household with a severe or significant disabling condition who has also met the requirements for the length of time homeless as defined in the Chronic Homeless definition.

Programs may disqualify an individual or family for the following reasons:

- Household composition, 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-households)
- Criminal backgrounds might impact eligibility based on location of housing or program type (singles vs families).
- Previous tenancy which resulted in termination due to criminal activity, whether arrested or not, or egregious destruction of property. This is evaluated on a case by case basis as per individual program guidelines.

WAITLIST/HOUSING PRIORITIZATION ACUITY LIST

Screening is often a collaborative process that occurs within the broader homelessness crisis response system. The VI-SPDAT and SPDAT can be completed by the HRC Navigators or by any of the Homeless Outreach Program Staff.

The HRC maintains a Housing Prioritization Acuity List which serves as the CoC's wait list regardless of how the individual or family is navigated. Clients are advised that once the SPDAT has been completed during the Coordinate Intake and Assessment process, they are placed on the Housing Prioritization Acuity List.

PSH units are dedicated for chronic homeless. Therefore, available beds are prioritized for individuals and families who are chronically homeless with the most severe service needs including veterans as established in CPD-14-012. First priority is individuals and families who are chronically homeless, in order by those with the most severe service needs (as determined by the SPDAT), then in order by those with the longest history of homelessness (cumulative time homeless). If any individual who is chronically homeless is also a veteran who is not eligible for VA services, they will be prioritized for the next available unit for which they qualify. Second priority is those who are not chronically homeless, in order of those with the most severe service needs, then in order by those with the longest history of homelessness. If any individual in the second priority group is also a veteran who is not eligible for VA services, they will be prioritized.

ASSESSMENT PROCEDURES

The SPDAT provides an assessment of clients utilizing an individualized, strengths-based, culturally responsive manner. The initial SPDAT is completed by a Navigator, Intake Staff or any staff conducting Outreach. Prior to acceptance into the program, the staff person who completed the SPDAT gathers the documentation of homelessness, chronic homelessness and disability and provides this information to the Housing Program according to HUD's guidelines and PBC Coordinated Intake and Assessment Standards. Once the individual/family enters the housing program, the provider may obtain more in-depth information regarding an individual/family, upon their agreement, to participate in additional assessments. The purpose of this information is to assist programs in meeting the service needs of all participants.

Following the assessment, the case is reviewed and an acceptance decision is made. At that time a "soft transfer" of the case from the Navigator/Outreach Staff to the PSH Program.

SERVICE PLANNING AND MONITORING

Each individual/family participates in the development and ongoing review of the Service Plan that is the basis for delivery of appropriate services and support. The plan is developed with the full participation of the individual/family at the time of entry into the program. The plan is completed within 30 days (\pm 5 business days) of entrance into the program. The plan is signed by the case manager and individual/family.

Plan is individualized, person-centered, and focuses on the achievement of housing-specific goals based on the assessment. The Plan includes:

- Agreed upon goals, desired outcomes, and timeframes
- Services and supports to be provided, and by whom.
- Personal responsibility and self-determination

Service planning provides:

- Available service options
- How the organization can support the achievement of desired outcomes
- Benefits, alternatives, and risks or consequences of services

The Case Manager and client regularly review progress toward achievement of service goals and sign revisions to service goals and plans at a scheduled case management meetings. When assessing the continuing appropriateness of service goals, it is important to consider the service recipient's current level of housing crisis, continuing need for services, and desired level of program participation. A short-term crisis response goal does not directly address longer-term goals such as treatment or rehabilitation.

The service plan needs reviewed at least quarterly. However, timeframes for the review should be adjusted depending upon: issues and needs of persons receiving services; frequency and intensity of services provided; and program goals. When the need for additional services is identified or a crisis occurs, reviews should occur more frequently.

CASE MANAGEMENT SERVICES

The program shall provide access to case management services by trained staff to each individual or family participating in the program that are individually tailored to the needs and preferences of service recipients. As part of Case Management services the SPDAT will be administered at move in, 30 days, 90 days, 180 days, 270 days and 365 days (\pm 5 business days for each assessment). For those legacy cases already in the program prior to implementation of the SPDAT, an initial SPDAT is required at the participant's anniversary date and then annually until the participant exits the program.

Services may include but not be limited to:

- Assessing, planning, coordinating, implementing and evaluating the overall service delivered to the participant;
- Helping participants learn to live in housing, maintain their housing in a safe manner, get along with fellow tenants and the landlord;
- Helping participants create support systems and participate in the community as they desire;
- Individualized budgeting and money management services are provided to program participants as offered by the program;
- Representative payee services may be provided;
- Basic life skills information, including housekeeping, menu planning and food preparation, consumer education, personal hygiene skills, leisure-time activities, transportation, and obtaining vital documents (Social Security card, birth certificate, etc);
- Interpersonal skill building, such as developing positive relationships with others, parenting skills, effective communication, decision making, conflict resolution, and stress management;
- Educational advancement, such as GED preparation and attainment, post-secondary training, and vocational education;
- Job preparation and attainment, such as career counseling, job preparation training, dress and grooming, job placement and job maintenance;
- Assistance in accessing mainstream benefits, including food stamps, child care assistance, and health insurance;
- Mental Health services, such as relapse prevention, crisis intervention, outpatient therapy, psychiatric services, medication monitoring and/or dispensing;
- Services, such as outpatient treatment, relapse prevention and crisis intervention;
- Physical health care, such as routine physicals, health assessments, and family planning education;
- Legal Services related to civil (rent arrears, family law, uncollected benefits) or criminal (warrants, minor infractions, etc.);
- Assistance with food, clothing and/or transportation and
- Planning a path to permanent housing stability

Housing programs may require clients to take part in case management, participants are not required to take part in disability-related services, provided through the project as a condition of continued participation in the program. Examples of disability related services include, but are not limited to, mental health services, outpatient health services, and provision of medication,

which are provided to a person with a disability to address a condition caused by the disability. For all programs, participants must, however, meet all terms and conditions of tenancy, including lease requirements.

TERMINATION

Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

The program may terminate services when the following occurs:

- a. A participant engages in violent or aggressive behavior toward others, including program staff.
- b. A participant is evicted by the landlord.
- c. Inability to document Housing Focused Case Management as defined by individual program guidelines.

Housing Programs must follow the due process provisions outlined in 24 CFR 578.91 and defined in their Program Handbooks. Termination must include a formal process that recognizes the rights of individuals receiving assistance under the due process of law.

Termination process, at minimum, must consist of:

- Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- Written notice to the program participant containing a clear statement of the reason for termination;
- Review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- Prompt written notice of the final decision to the program participant.

Termination under this section does not bar the recipient or sub-recipient from providing further assistance at a later date to the same individual or family.

FOLLOW-UP SERVICES

The program may provide a continuity of services to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals or by monitoring the Homeless Management Information System (HMIS).

Follow up may include but not be limited to:

- Develops exit plans to ensure continued housing stability and connection with community resources, as desired.
- Attempts to follow up with phone or written contact at a minimum of at least once after the client exits the program.
- Provide follow-up services that include identification of additional needs and referral to other agency or community resources;

- Services may be provided to formerly homeless individuals or families for up to six months after their exit from homelessness or as program resources allow.

PERSONNEL

The Housing Program shall be adequately staffed by qualified personnel to ensure quality service delivery, effective program management, and the safety of program participants.

Staffing Criteria:

- Employees and/or volunteers with appropriate knowledge, or experience, for working with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability;
- Provides training to all paid and volunteer staff on both the policies and procedures employed by the program and on specific skill areas as determined by the program;
- Provides ongoing and/or external training, and development to further enhance knowledge and ability to work with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability;
- Abides by the standard operating procedures found in the HMIS Policies and Procedures manual and adheres to the privacy and confidentiality terms set forth in the User Agreement.
- Agency staff with responsibilities for supervision of the casework, counseling, and/or case management components have, at a minimum, a bachelor's degree in a human service-related or experience in working with the individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.

CLIENT FILES

Case Files are maintained to include up to date documentation necessary for the effective delivery and tracking of service and kept confidential.

Files at a minimum will include but not be limited to and adhere to:

- Information required by HUD, participation agreements, SPDAT's, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, and any follow-up and evaluation data that are compiled;
- Client information verifying data has been entered into HMIS in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures manual;
- Files will be maintained for each participant in a secure place and shall not disclose information from the file without the written permission of the client's as appropriate except to project staff and other agencies as required by law;
- Informed consent to release any client identifying data to be utilized for referrals, research, teaching and public interpretation;

- Retained for seven (7) years after the expenditure of all CoC funds from the grant under which the client was served. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.
- Projects that utilized CoC funds for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 20 years after the date that the project site is first occupied, or used, by program participants; and
- Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

Housing Programs will participate in ongoing program planning and evaluation.

Evaluation will include but not be limited to:

- Written goals and objectives for its services that meet the outcomes required by HUD;
- Reviews the case management, housing, and follow-up needs and existing services that are available to meet client needs;
- Revisions, as appropriate to goal, objectives and activities made based on program evaluation;

Performance Evaluations

- Employment and Income Growth for Adult Leavers and Stayers within the grant period
- Obtain and Maintain Mainstream Benefits
- Retention of Permanent Housing
- Exit Destinations to Permanent Housing

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