

# **Austin / Travis County Continuum of Care (TX-503)**

## ***Written Standards for Rapid Rehousing Program Delivery***



*Revised April 29<sup>th</sup>, 2024, by Permanent Housing Committee*

# INTRODUCTION

This document establishes baseline standards for homeless service delivery adopted by the Austin / Travis County Continuum of Care (CoC). This document is designed to aid homeless service providers and funders by providing standard practices regarding compliance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and clearly identifying best and promising practices which programs will implement. These standards align strategic community goals needed to end homelessness and guides the operation of all programs that address homeless in Austin. By promoting common goals and best practices, the Austin / Travis County CoC builds a robust homeless response system that can end homelessness for everyone in our community.

## **This document includes standards relating to:**

- The CoC fulfilling its responsibilities to the federal Department of Housing and Urban Development (HUD) and explicitly operationalizes local values and a common philosophy of care.
- The community utilizing a common reference for key requirements and tools that support monitoring and technical assistance activities.
- Establishing common expectations for homeless service providers, with minimal variations between contracts, allowing for greater ease of reference and compliance.
- Operationalizing local values and a common philosophy of care, ensuring that people with lived experience of homelessness can expect similar approaches in services across all community programs.
- Making these standards publicly available and can empower individuals by promoting greater transparency and knowledge of consumer rights and responsibilities.
- Program participants have a more common experience across programs and can expect similar approaches in services.

These written standards for program delivery are meant to assist the Austin / Travis County Continuum of Care by offering best practices that can be used by homeless service providers and funders. The written standards in this document are designed to comply with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and should guide the operation of programs that address homelessness in Austin. Providers must review and update

their individual program written standards annually to ensure they are aligned with local system-wide standards.

These standards also benefit the community by ensuring that contractual requirements are aligned across common best practices and racial equity.

## GUIDING PRINCIPLES

The Austin / Travis County CoC is an open stakeholder organization that works to prevent and end homelessness in the city of Austin and surrounding Travis County area. To achieve this goal, the CoC fosters shared responsibility and collaborative planning among service providers and stakeholders. Working with our community partners, the CoC coordinates the resources needed to implement the strategic priorities enumerated in [Austin's Action Plan to End Homelessness](#).

The [Austin / Travis County CoC's Governance Charter](#) specifies the governance structure of the CoC, as well as outlining the core duties, which include:

- Promoting a community-wide commitment to the goal of ending homelessness.
- Providing funding for efforts to rapidly re-house households experiencing homelessness.
- Promoting access to and effective use of mainstream assistance programs.
- Optimizing self-sufficiency among households experiencing homelessness.

The work of the Austin / Travis County CoC, partner funders, and local providers serving people experiencing homelessness is grounded in the following guiding principles.

### Housing First

The Austin / Travis County CoC has adopted the Housing First approach throughout our system. Services are targeted and prioritized for the most vulnerable people in our community and are offered without conditions. Within the Housing First model, barriers to accessing and maintaining housing and services are reduced or eliminated to ensure those who need the resources most have access to them. Housing First principles should be integrated into all homeless housing and service interventions, including outreach, prevention,

emergency shelter, transitional housing, and permanent housing. In practice, Housing First also includes coordinating access and entry into homeless housing programs across the system. At all levels of Austin's homeless response system, providers and staff believe everyone is housing ready and that housing is a human right.

## **Person-Centered Services**

Person-centered services are operationalized by ensuring programs are flexible and able to address the unique needs and strengths of all people with whom they work.

These principles inform all the policy and procedural standards in this document. By centering the experiences of the people being served, programs ensure maximum impact and reduction of harm. It is the expectation of the CoC that these values are integrated in program operations and are intentionally part of the operational design of services and interventions.

The Austin / Travis County CoC is responsible for coordinating and implementing a system-wide approach that meets the needs of the populations and sub-populations experiencing homelessness within the city of Austin and Travis County. Both the Emergency Solution Grant (ESG) Rules and Regulations and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) CoC Program Interim Rules state that CoCs, in consultation with recipients of ESG program funds within the geographic area, must:

- Establish and consistently follow community standards for providing CoC assistance;
- Establish performance targets appropriate for population and program type; and
- Monitor recipient and sub-recipient performance.

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) Part 578, the Austin / Travis County Continuum of Care has developed the following written standards. These standards apply to all projects that receive HUD CoC funds. The goal of this document is to synthesize key elements of the HUD regulations with the processes and priorities of the Austin / Travis County CoC to ensure that the CoC programs are administered fairly and deliberately.

### **This document aims to:**

- Assist with the coordination of service delivery across the geographic area.

- Establish guidelines for accurately and precisely assessing individuals and families to determine program eligibility via the coordinated entry system.
- Provide the basis for the monitoring of all CoC and ESG funded projects.

These written standards for program service delivery include policies and procedures for evaluating households' eligibility for assistance and shared community definition and activities for:

- Homelessness Prevention (to be added at a later date)
- Diversion (to be added at a later date)
- Street Outreach (*to be added at a later date*)
- Emergency Shelter (*to be added at a later date*)
- Safe Haven (*to be added at a later date*)
- Transitional Housing (*to be added at a later date*)
- Joint Rapid Re-Housing and Transitional Housing (to be added at a later date)
- **Rapid Re-Housing (DRAFT Included for Review)**
- Permanent Supportive Housing (*to be added at a later date*)

All programs that receive CoC funding are required to abide by the written standards outlined in this document for service delivery. Programs that receive ESG funds should follow the approved written standards of their funder, which may or may not differ from the written standards in this document. Programs should reflect our CoC's values, as well as comply with HUD requirements, in their design and practices. Additional [Local Policies and Procedures](#) adopted by the Austin / Travis County CoC can be accessed on the Ending Community Homelessness Coalition website and are listed in Appendix C.

The Austin / Travis County CoC strongly encourages programs that do not receive funding from either HUD CoC or ESG sources to utilize the standards described in this document.

# GENERAL PROGRAM EXPECTATIONS

## System Collaboration and Coordination

In the Austin / Travis County CoC, system-level collaboration and coordination is led by Ending Community Homelessness Coalition (ECHO), in partnership with the CoC's governing board, Membership Council. ECHO has been designated the Lead Agency for HUD's CoC Program, and the City of Austin Public Health department is the Emergency Solutions Grant (ESG) recipient.

The Austin / Travis County CoC promotes civic engagement and systems advocacy by both agencies and persons with lived expertise of homelessness to support accountability in the CoC. CoC programs should understand and communicate their impact within the larger community. This includes informing partners of programmatic changes (e.g. closures, elimination of units) that may affect other providers. Open communication and collaboration across the CoC aids in identifying and addressing potential issues like the displacement of households experiencing homelessness or underutilization of resources. Agencies within the CoC are accountable to the continuum, both fiscally and organizationally.

## Coordinated Entry

Coordinated Entry is a shared, community-wide intake process intended to match all households experiencing homelessness with the community resources that are best able to resolve their housing crisis.

HUD requires each Continuum of Care (CoC) to establish and operate a coordinated entry process with the goal of increasing the efficiency of the local homelessness crisis response systems and improving fairness and ease of access to resources, including mainstream resources, for all persons experiencing homelessness. A coordinated entry system should provide information to CoC members and stakeholders about needs and gaps in the community to help strategically allocate housing and stabilization resources using focused interventions that are proven to end homelessness.

The policies and procedures that govern the Austin / Travis County CoC's Coordinated Entry system are located within the [Coordinated Entry Written Standards](#). Projects receiving CoC and/or ESG funding must ensure compliance with the Coordinated Entry Written Standards.

## **Diversion System Response**

Diversion is required as a system intervention. It is a necessary component in the homeless response system to ensure that due diligence is met in examining all problem solving strategies that may reduce the number of households that enter into the homeless system and also ensure that households quickly exit independent system services. As a result, it is vital that all homeless system access points including Emergency Shelters, Coordinated Entry, Street Outreach and Engagement, Jail Outreach, and Drop-In / Day Resource Centers utilize creative problem solving conversations with households accessing the homeless response system to explore realistic, time-specific, and actionable plan to quickly exit homelessness before entering emergency shelter or the Coordinated Entry System. This is required whether or not projects receive explicit Diversion funding.

A robust diversion system assists households in identifying existing resources and supports that can be used to self-resolve their homelessness as an alternative to entering into the larger homelessness response system. Properly implemented, diversion strategies can mitigate trauma by reducing the length of time a household experiences homelessness. Diversion strategies can bolster the entire homeless response system by conserving limited housing resources when minimal diversion assistance is sufficient for a household to self-resolve their homelessness. Diversion efforts aim to redirect entry into a shelter or the streets by diverting households to other safe, appropriate options or resources provided by their own social support network and/or community resources.

Diversion strategies engage households early in their crisis of experiencing homelessness. Staff members at system entry points (e.g. Emergency Shelter, Coordinated Entry, Street Outreach) trained in diversion should initiate exploratory conversations to brainstorm practical solutions for households to resolve their homeless episode quickly and safely. Diversion conversations focus on assisting people to identify the barriers they face in obtaining safe, stable housing. Using a client-centered approach in combination with problem-solving and solution-oriented conversations, service providers help elicit realistic and creative housing options for individuals to choose from. The options identified during these conversations should exploit a household's existing resources rather than utilizing more intensive resources within the homeless response system.

To help ease their transition out of homelessness, households may receive a flexible combination of short-term services and one-time financial assistance. Diversion interventions should endeavor to assist households in becoming housed as soon as possible — ideally within 30 days.

It is critical programs understand the differences between Homelessness Prevention, Diversion, and Rapid Exit. Similar service strategies are often utilized

within these interventions (e.g. conflict resolution, motivational interviewing, and trauma-informed care), however, *when* these strategies are employed differs based on the intervention. Identifying and utilizing the most appropriate intervention is important for the purposes of measuring the success of each intervention type.

- **Prevention** resources target households who have a safe place to stay for the night but are requesting support to prevent the loss of their housing or to identify alternative housing options so they can avoid experiencing homelessness.
- **Diversion** interventions target households when they initially request shelter or housing and focus on helping them identify resources/options to quickly end their episode of homelessness.
- **Rapid Exit** occurs when households who recently entered into the homelessness response system, usually at emergency shelter, utilize available resources to quickly resolve their homelessness.

## Homelessness Management Information System

Participation in the Austin / Travis County's Homelessness Management Information System (HMIS) is strongly encouraged for any project providing assistance to households experiencing homelessness. Projects that are funded through CoC and ESG funds, except domestic violence service providers, are required to participate in the CoC's HMIS.

With the passage of the HEARTH Act and its subsequent implementation regulations, CoCs are expanding beyond evaluating program performance to evaluations of the performance of the entire homeless system. HUD requires that each metropolitan area use an HMIS of their choosing. HMIS is a central, system-wide platform for collecting information about households who apply for and receive services from programs serving at-risk and homeless households.

The purpose of HMIS is to track and improve the services that support households experiencing homelessness to get housing, and to have better access to those services, while meeting requirements of funders, such as HUD. HMIS terms of use and compliance guidelines are described in the [Memorandum of Understanding Austin / Travis County Homeless Management Information System \(HMIS\)](#).

### Programs Shall:

- Actively participate in HMIS and follow the policies and procedures in the [ECHO HMIS Policies and Procedures Manual \(HMIS P&P\)](#);



- Notify HMIS administrators when a program is closed or has ended, or when new programs need to be added to the system;
- Obtain households consent before inputting personally identifying information (PII) (e.g. name, date of birth, last known permanent address or other contact information, or social security number) according to procedures outlined in the HMIS P&P and in compliance with state law. The [Austin Travis County HMIS Release of Information](#) is available on ECHO's website in English and Spanish. The Program must enter all required data according to the client's consent status, and as outlined in the data entry instructions within the HMIS P&P;
- Agencies are expected to collect information required for eligibility screening or other internal agency requirements. However, if a participant refuses to provide PII for HMIS, then the program should follow the HMIS P&P;
- Protect the safety of survivors of domestic violence and sexual assault, by not entering PII into HMIS. Furthermore, potentially identifying demographic information (i.e. information that could be used to identify a person in combination with other non-personally identifying information) may be excluded from entry into HMIS.

Active participation in HMIS includes programs entering a complete data set for all households served. This encompasses all the universal, program specific, and local continuum data elements required for reporting. Local continuum data elements are outlined in the [HMIS Data Standards Data Dictionary](#) and program specific data elements are defined by HUD in the HMIS Data Standards. This complete data set should be entered within the timeframe established in the HMIS P&P.

# BEST PRACTICES

## Housing First

The Austin / Travis County CoC follows the Housing First (HF) approach. Housing First is a homeless services approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach aims to eliminate the system barriers that prevent people from accessing their right to housing. Housing First can be contrasted with older models, like Housing Ready, that focus on addressing other issues (e.g. substance abuse, increasing income) prior to placing a person in housing.

Additionally, Housing First is based on the idea that participant choice is valuable in housing selection and supportive service participation, and that exercising the right to choose will likely make a client more successful in remaining housed and improving their quality of life. Services should be culturally appropriate. Personal barriers, such as non-adherence to a medication regimen or substance abuse, are addressed using collaborative approaches, like motivational interviewing.

The following Housing First best practices are mandatory for all programs that receive HUD CoC funding. They are meant to promote harm reduction at each step of service.

## Screening & Admission

Admission to programs is not contingent on prerequisites such as abstinence from substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, “housing readiness,” or history or occurrence of victimization, unless required by law or funding source. Housing priority is given to people with the most severe service needs and highest level of vulnerability. Providers try to expedite the admission and documentation process as much as possible; participants may be admitted to programs pending completion of documentation. In order to ensure accessibility, programs do not require specific appointment times but have flexible intake schedules that ensure access to all households.

## Participant Choice

To the extent that it is possible and practical, program staff should support participants with multiple options regarding the location of housing, type of housing, and type of unit. Options will be provided in all settings, including project-based settings. Participants will also be provided with a choice of roommates, as applicable. Participant rejection of a housing program's option should not exclude them from housing. If a program is unable to continue serving enrolled participants due to unsuccessful attempts of permanent housing placements, the program may exit following the [Termination Policy](#).

Participants are made aware of any service eligibility time limits and are provided available resources when leaving a program. Services cannot be denied or terminated because of a participant's alcohol or drug use. In assessments, participant's sense of comfort and safety may dictate that the assessment be completed over several sessions. Admission will not be delayed because of this.

## Supportive Services

Programs provide a variety of goal-driven services that are flexible and appealing and that are appropriate for participants in various stages of change. Services include support for basic needs, but also educational support, case management, systems advocacy, housing assistance, legal assistance, healthcare support, life-skills programming, mental health and substance-use services, self-care, employment, benefit screening and application, and children's services. Services should be offered to program participants, but they are optional. Supportive services are offered for the maximum length of time allowed by the program model, agency resources, and participant choice. Projects may set expectations for service participation but should not deny or terminate housing if participants do not meet these expectations. Programs cannot require disability-related services such as substance abuse treatment or therapy as a condition of maintaining housing. Programs work with households to ensure services are appropriate and responsive to needs. Programs use evidence-based tools, such as motivational interviewing, which empowers clients to move through a stages of change model, from homelessness to housing.

## Persistent Engagement

Program staff are to provide continuous engagement opportunities to participants in programs. This includes those who may decline supportive services in the moment but should still be regularly offered service options. Programs should actively seek to engage households to ensure that they are made aware of all services offered. Participants should be provided with a range of treatment

and supportive services that are voluntary, individualized, and culturally appropriate.

## **Leasing & Tenancy**

Program participants are to receive ongoing education about the Housing First model, the provider's housing process, and their rights and responsibilities as tenants. Participants are encouraged to exercise their rights and should be given legal assistance and/or advocacy, if desired. Leases for program participants should be the same as the leases used for other tenants on the market. Participants should be given special payment arrangements for rent arrears, assistance with financial management, and help with obtaining a representative payee, if they wish for one.

## **Discharge & Transfer**

Program participants are not terminated from programs for substance use or refusal to participate in services. Programs will allow participants to remain in the program even if they must leave for a temporary absence of 90 days or less for hospitalization, substance abuse treatment, mental health treatment, or incarceration. Though rental assistance may be temporary, housing assignment is considered permanent for PSH and RRH; leases renew automatically unless the landlord or tenant gives notice. All measures are used to prevent eviction, except in cases where the participant is a threat to themselves or others. Participants may transfer to another project if they feel that they are in imminent danger from another participant. The transfer will be done as quickly as possible to prevent an exit to homelessness.

## **Motivational Interviewing**

Motivational Interviewing (MI) is an evidence-based approach that utilizes a collaborative, person-centered approach for eliciting and strengthening motivation for change. It offers providers a useful framework for assessing which level someone is according to the Stages of Change and focusing on what is needed for successful behavior changes. Service providers utilize a variety of methods to increase a client's motivation to achieve their self-identified goals, which improves the providers' ability to support changes. MI is an ongoing process, where the service provider seeks to assist the participant in achieving their goals (i.e., reason for seeking help, which could include hopes, fears, etc.) by addressing participant values and stages of change. Although MI skills and competency require time to develop, [\*MI Spirit\*](#) can be used at every stage within the housing intake and enrollment process and by every service provider. MI Spirit can be tied into forms and questionnaires to help develop rapport built on

self-efficacy during initial interviews while also collecting necessary information to determine eligibility. Although MI skills and competency require time to develop, MI Spirit can be used at every stage within the housing intake and enrollment process and by every service provider. MI Spirit can be tied into forms and questionnaires to help develop rapport built on self-efficacy during initial interviews while also collecting necessary information to determine eligibility. It's important to note that motivation is not all or nothing. Stage of change should never be used to identify a program participant's willingness or readiness to enroll in program services. Instead, *stages of change* should be used to deepen understanding of the client and tailor conversations to enhance readiness/confidence/commitment toward behavior changes.

### **Motivational Interviewing Resources:**

- [TIP 35: Enhancing Motivation for Change in Substance Use Disorder Treatment](#)
- <https://motivationalinterviewing.org/>

## **Harm Reduction**

Harm Reduction is an important element during the Housing First implementation process and an approach aimed at reducing the risks and harmful effects associated with substance use and/or other behaviors that may result in negative consequences. As an intervention, it focuses on helping people who use substances to better manage their use and reduce the harmful consequences to themselves and others, including actively working to prevent evictions. In conjunction with housing first and supportive housing, using the harm reduction philosophy means that individuals do not have to be sober to be eligible to enter housing and are not evicted solely for a failure to maintain sobriety.

The [Midwest Harm Reduction Institute](#) defines Harm Reduction as:

*The philosophy of harm reduction promotes and supports the right of people who use substances and engage in other risky behaviors to be treated with dignity and respect; their right to exercise self-determination related to use; and their right to a collaborative approach in therapeutic relationships.*

## **Trauma-Informed Care**

Trauma-Informed Care (TIC) is an evidence-based practice that teaches services providers and their organizations about the triggers and vulnerabilities of trauma survivors. TIC helps providers to provide care to trauma survivors more effectively, while avoiding re-traumatization. [Substance Abuse and Mental](#)

[Health Services Administration \(SAMHSA\)](#) has described four aspects of Trauma Informed Practice: realize trauma, recognize trauma, respond to trauma, and resist re-traumatization (the 4 R's):

*In a trauma-informed approach, all people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals ... People in the organization or system are also able to recognize the signs of trauma ... The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning ... A trauma-informed approach seeks to resist re-traumatization of clients as well as staff ... Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission. Staff who work within a trauma-informed environment are taught to recognize how organizational practices may trigger painful memories and retraumatize clients with trauma histories.*

Implementing TIC as a best practice to promote recovery and prevent re-traumatization includes training staff on trauma and its impact, developing programming that supports client choice and control, and creating physical and emotional safety throughout housing programs.

## **Positive Youth Development**

[Runaway and Homeless Youth Program](#), Family and Youth Services Bureau has described Positive Youth Development as the following:

*Positive youth development is a comprehensive framework outlining the support all young people need to be successful. Runaway and homeless youth programs that embrace this developmental model provide ongoing and intentional opportunities for young people to participate in meaningful activities. A variety of opportunities, that have real-life implications are available for youth to design, implement, and evaluate the types of services they receive to best meet their needs. The program environment is caring and supportive, has high expectations, and offers youth the chance to develop positive relationships and connection with adults, peers, and the larger community. Positive youth development views young people as 'resources' who have much to offer rather than as 'problems' that need to be treated or fixed. Given that not all young people have the same needs, some youth may require additional, complementary support and services to fully benefit from common elements*

*of positive youth development processes. For example, trauma-informed approaches and evidence-based interventions can strengthen the role of positive youth development settings in the lives of especially vulnerable young people.*

Positive Youth Development offers youth the following benefits:

- Increased protective factors; reduction in risky behaviors.
- Higher grades and expectation to go to college.
- Higher rates of successful transitions into adulthood.
- Improved social and emotional outcomes.
- Greater likelihood of contributing to their communities.
- Lower rates of depression.

## **Participant Termination & Grievance**

Per HUD's Interim Rule (24 CFR Part 578, Subpart F), CoC programs must provide a formal process for the termination of assistance to participants who violate program requirements or conditions of occupancy. Agency processes must recognize the inclusion of due process protections and make legal services resources available to housing participants. Programs may resume assistance to a participant whose assistance has been terminated. Programs that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. HUD has determined that a participant's assistance should be terminated only in the most severe cases such as when a participant is violent towards themselves or others.

It is the policy of the Austin / Travis County CoC to provide participants with a fair and efficient process to present and resolve complaints and grievances. Each program shall have a grievance policy and shall implement standards for addressing grievances when applicable. Filing a grievance or complaint regarding a program, staff, or service delivery is a right of all program participants. Programs have a responsibility to respond to these complaints in a fair and efficient process. Addressing grievances provide another way to improve upon program service delivery and further gives voice and power to program participants. Participants shall be made aware of the grievance policy upon intake or entry into the program.

All projects must adhere to the [Austin / Travis County Continuum of Care Termination Policy](#).

# PROGRAM MODEL INTERVENTIONS

The following program models have been determined by the community to be effective in preventing and ending homelessness in the Austin / Travis County CoC:

- Homelessness Prevention (HP) *(to be added at a later date)*
- Diversion (DI) *(to be added at a later date)*
- Street Outreach (SO) *(to be added at a later date)*
- Emergency Shelter (ES) *(to be added at a later date)*
- Safe Haven (SH) *(to be added at a later date)*
- Transitional Housing (TH) *(to be added at a later date)*
- Joint Transitional Housing and Rapid Re-Housing (Joint TH-RRH) *(to be added at a later date)*
- **Rapid Re-Housing (RRH) (DRAFT Included for Review)**
- Permanent Supportive Housing (PSH) *(to be added at a later date)*

**Note:** *Population specific models may refer to the non-specific model for certain aspects. For example, Youth Rapid Re-housing to Rapid Re-Housing.*



# Rapid Rehousing (RRH)

Rapid Rehousing (RRH) is an evidence-based housing intervention informed by the Housing First model and designed to help individuals and families to quickly exit homelessness and return to permanent housing. RRH assistance is offered without preconditions such as employment, income, absence of a criminal record, or sobriety, and the resources and services provided are tailored to the unique needs of the household that may include the use of time-limited financial assistance and targeted supportive services. While the RRH intervention is time-limited (up to 24 months of assistance), the permanent housing gained through participating in the project is meant to last beyond the duration of RRH participation.

There are three core components to rapid rehousing: **Housing Identification, Rent & Move-In Assistance, and Case Management**. These core components help people find housing fast, help pay for housing, and connect to income and services. (NAEH)

Although Austin/Travis County RRH programs are funded under various federal and City of Austin local funds with different regulations, our community's RRH Written Standards have been developed with the intent of creating a minimum standard for all community rapid rehousing projects. The overall goal is to ensure consistency in program delivery and to strengthen our local efforts to reduce the number of people who experience literal homelessness in Austin / Travis County.

## Background & Purpose

Under 24 CFR §578.7(a)(9) of the Continuum of Care (CoC) Interim Rule of 2012, authorized by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the U.S. Department of Housing and Urban Development (HUD) requires projects funded through the Austin/Travis County Homelessness Response System (HRS) have Written Standards governing the following:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance [24 CFR §578.7(a)(9)(i)]
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance [24 CFR §578.7(a)(9)(ii)]
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance [24 CFR §578.7(a)(9)(iii)]

- Standards for determining what percentage or amount of rent each project participant must pay while receiving rapid re-housing assistance [24 CFR §58.7(a)(9)(iv)]
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance [24 CFR §578.7(a)(9)(v)]
- Where the Continuum is designated a high-performing community, as described in subpart G of the CoC Interim Rule of 2012, policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix)

The purpose of the Continuum of Care Program is to promote a community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers and State and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation experienced by individuals, families, and communities experiencing homelessness; promote access to and effective utilization of mainstream programs by individuals and families experiencing homelessness; and optimize self-sufficiency among individuals and families experiencing homelessness.

By establishing RRH Written Standards for Service Delivery the Austin/Travis County Homelessness Response System (HRS) seeks to achieve the vision of the Leadership Council Charter and Roadmap and reach the following goals:

- Unite vision and strategy for ending homelessness in the Austin/Travis County HRS geographic area
- Implement effective and evidenced-based best practices for homeless assistance projects
- Provide uniformity across projects in the Austin/Travis County HRS geographic area
- Demonstrate project accountability to individuals and families experiencing homelessness
- Ensure project compliance with HUD regulations

# Evidence-Based Practices Required in RRH Programs

## I. Progressive Engagement

Rapid rehousing projects within the Austin/Travis County Continuum of Care must operate in accordance with a Progressive engagement approach, specifically:

- RRH Providers must meet with clients weekly for the first 30 days in housing.
- RRH Providers must meet with clients at least once per month while receiving services.
- All RRH participants must establish a Housing Stability plan and monthly budget which identifies participant-driven goals for housing stability post-program enrollment.
- Providers must meet with clients monthly to determine rental assistance amounts.

## II. Translation/Interpretation

RRH Providers must provide access to translation and/or interpretation services to participants who need them to sufficiently deliver services. RRH Providers must have program policies and procedures that outline how translation and/or interpretation services will be provided.

## III. Mobile Engagement/Physical Outreach

Participants are not required to meet with staff at the provider's offices as a condition of receiving services. Providers and participants shall jointly agree on locations for eligibility screening and service delivery, deferential to the participant's needs and resources.

# Evaluating RRH Program Participant Eligibility

Rapid Rehousing projects within the Austin/Travis County Continuum of Care may assist a household meeting HUD's definition of "homeless" as located in 24 CFR 578.3 "Homeless". Programs will accept referrals for services per local Coordinated Entry policies.

# RRH Services

Rapid Rehousing programs must provide the following services and assistance to participants: Additional services or assistance may be provided when necessary to meet the unique needs of a subpopulation while ensuring efficient utilization of resources to maximize program impact.

## **I. Housing Location**

RRH projects must provide assistance to participants to identify, secure, and maintain suitable housing.

Eligible activities:

- An assessment of housing needs, preferences, and barriers to housing placement (including tenant screening/credit screening) completed at entry
- Assistance in conducting a targeted housing search including outreach to landlords and property owners
- Assistance with completing rental applications and securing necessary documentation to secure a unit

## **II. Financial Assistance and Move-In Support**

RRH Programs within the Austin/Travis County continuum of care must provide participants financial assistance to acquire, maintain, and assume financial responsibility of identified housing units throughout the duration of the service provision.

Providers may not provide financial assistance unless determined necessary to secure and maintain participant's housing.

Eligible activities:

- Rapid Rehousing programs must, at minimum, provide participants with financial assistance to address costs associated with:
  - Housing Applications
  - Security Deposits
  - Utility Deposit
  - Utility Assistance
- Assistance obtaining utilities and making move-in arrangements

- Monthly Rental Costs
  - Rental Assistance payment may only be provided to participants with 6-month lease terms. One-year leases, terminable for cause, are preferable.
  - Providers must complete a rent reasonability assessment to ensure rental costs are comparable to rental costs of other units in the area considering apartment facets and utilities.

Participants may not receive financial assistance from multiple funding sources for the same costs.

### **III. Duration of Assistance**

Participants may receive up to and no more than 24 months of rent assistance per service experience, regardless of funding source.

Participants may receive housing stability supportive services for no more than 6 months after rental assistance ends.

RRH Programs must ensure sufficient resources to provide 12 months of rental assistance to the minimum number of households expected to be served by the program.

### **IV. Calculation of Rental Assistance**

Incorporating Progressive Engagement, programs must provide minimum rental assistance to ensure the participants' maximum stability. Programs must establish and maintain policies and procedures to equitably establish the amount of assistance a participant may receive per month.

Participants with income are required to contribute a portion of their income towards rental costs. Participants without income are not required to contribute to rental costs. Income must be calculated in accordance with funder guidelines and requirements.

Total rental costs must be calculated in accordance with [CPD Notice 17 - 14](#) so that participants' rental costs are determined against the full rental cost of the unit, including utility cost.

## **RRH Supportive Services**

RRH Projects must provide participants with sufficient supportive services to assist the participants with addressing issues of housing stability and assuming unsupported financial assistance of the unit.

## Eligible Activities

Annual Assessment of Service Needs: Providers must compete, at entry and at least annually, an assessment of service needs to identify services, benefits, and assistance desired by the participant

Case Management: Providers must arrange, coordinate, provide, and monitor the delivery of individualized services to meet the unique needs of program participants. Services must include those which directly relate to the increased housing security of the participants such as the securing of federal benefits, coordinating and securing behavior and physical health services, and increasing financial literacy and income.

- Participants and case managers must meet at least once per month at a location preferable for the participant.

Employment: Providers must directly provide or identify a dedicated community partner to assist with identifying, obtaining, and maintaining employment to increase income.

Childcare: Providers must directly provide or identify a dedicated community partner to assist with identifying, obtaining, and maintaining childcare or connecting participants with education when necessary.

Transportation: Providers must directly provide assistance to attend employment, health care, and other appointments as necessary until participants can maintain transportation costs.

## Program Exit

Throughout service delivery, case management staff should be consistently discussing exit planning, and when it is determined that the client is near program completion, the Housing Stability/Case Management Plans should reflect how the household will maintain housing. This will include ongoing work with the Case Manager and participant until the participant is exited (from both rental assistance and case management). This shall include a plan for preventing a return to homelessness. Programs will be proactive and ensure that exit planning is discussed with the individual or family at enrollment and throughout participation in the RRH program. Exit planning should be proactive with the intent of minimizing returns to homelessness.

# Documentation

Programs must document and maintain records related to participant eligibility and services provided to participants per their specific contract, including the following:

- Homeless status
- Services and assistance provided
- Housing and Services Plan
- A summary of client agreement including start and end date of RRH assistance and description of client contributions and important dates, if applicable. Expectations and renewal policy.
- Annual income
- Signed Copy of Program Agreement

Programs must also have written processes for the following that are documented and accessible to all program participants:

- Client Rights and Accommodations
- Program Expectations