

# Miami-Dade Homeless Continuum of Care Permanent Supportive Housing Standards of Care and Policies

## I. PURPOSE OF CoC PERMANENT SUPPORTIVE HOUSING PROGRAMS

Permanent Supportive Housing (PSH) within the Miami-Dade County Continuum of Care is permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Such programs are operated by local community-based agencies and/or housing providers and may be supported by multiple funding sources.

Access to the Miami-Dade County's CoC-funded PSH Programs and CoC-participating housing projects is coordinated through the Miami-Dade County Homeless Trust's Coordinated Outreach and Assessment Process as described below.

The Standards of Care for the provision of PSH Programs funded by and/or through the Miami-Dade County Homeless Trust (Homeless Trust) are set forth below. PSH programs must also comply with CoC Systemwide Housing First Framework.

## II. DEFINITIONS

### A. Permanent Supportive Housing

PSH provides long-term housing with indefinite term of stay as long as the program participant complies with the terms of the lease. Participants may not be required to participate in disability-related services, however, a PSH program may require participation in supportive services through client-centered case management planning to assist them in maintaining tenancy (see Article VI below).

### B. Definition of Person with Disabilities and Disability

*Person with disabilities* means a household composed of one or more persons at least one of whom is an adult who has a disability.

HUD-funded PSH is subject to the definitions of *disability* and *developmental disability* set forth in 24 CFR 582.5.

Certain PSH funded under Florida Housing Finance Corporation programs, such as the LINK Program, are subject to the definition of disability and disabling condition found under Section 420.0004 of the Florida Statutes.

### **C. Trauma-Informed Service Provision**

Trauma-Informed service provision takes into account knowledge about trauma — its impact, interpersonal dynamic, and paths to recovery — and incorporates this knowledge into all aspects of service delivery.

Trauma Informed Service provision:

- Integrates an understanding of trauma, substance abuse and mental illness throughout the program.
- Reviews service policies and procedures to ensure prevention of retraumatization.
- Involves consumers in designing/evaluating services.
- Sees trauma as a defining and organizing experience that can shape survivors' sense of self and others.
- Creates a collaborative relationship between providers and consumers, and place priority on consumer safety, choice and control.
- Focuses on empowerment and emphasize strengths.

### **D. Strength-Based Client-Centered Case Management**

Strength-based client-centered case management includes strategies to identify and build on clients' strengths and goals rather than focusing primarily on their problem areas. Staff, in partnership with clients, tap into clients' motivation and identify clients' skills and capacities, existing resources, challenges, and the supports they need to meet their short- and long-term goals. This approach also recognizes the importance of drawing from the strengths of an individual's family and community when developing a plan.

Strengths-based approaches employ a holistic approach to working with clients, recognizing their intrinsic value, and working with the individual's strengths and capacities in addition to his/her unmet needs. When employed together, client-centered case management and strength-based approaches aim to reduce stigmatization and marginalization experienced by clients by promoting their self-worth and value, and targeting the spectrum of challenges causing conflict in their lives rather than focusing exclusively on individual problems.

### **E. Motivational Interviewing**

Motivational Interviewing (MI) is defined as a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. This approach contrasts to approaches that would directly inform the client that the person has a problem and needs to change; offers direct advice or prescribes solutions to the problem without the person's permission or without actively encouraging the person to make his or her own choices; uses an authoritative/expert stance leaving the client in a passive role; and/or imposes a diagnostic label.

### **F. Critical Time Intervention**

Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties

to their community and support systems during these critical periods. CTI has been applied with veterans, people with mental illness, people who have been homeless or in prison, and many other groups.

### **III. HOUSING PLACEMENT CES SCREENING, REFERRAL, HMIS PARTICIPATION AND CONFIDENTIALITY PROVISIONS**

#### **A. Eligibility**

All HUD CoC-funded PSH require a household member with a disability as defined by HUD. Some PSH have preferences for, or is limited to, specific homeless sub-populations or needs (i.e. chronic homeless, persons with AIDS, veterans, elderly, sober living).

#### **B. Assessment, Referral and Placement**

1. Homeless families and individuals seeking assistance will first be assessed through the Homeless Continuum of Care's Coordinated Entry System (CES). Referral to CoC PSH is based on program eligibility, a chronic homeless preference, and vulnerability factors reviewed annually through the Homeless Trust's Continuum of Care Subcommittee.
2. All PSH providers must participate in the Miami-Dade County Homeless Trust Homeless Management Information System (HMIS) under an HMIS Participation Agreement. PSH providers are subject to the Homeless Trust's HMIS Standards, Policies and Procedures and Confidentiality Policies and Procedures.
3. CoC funded agencies may not place persons into their PSH projects without an HMIS referral by the Homeless Trust Housing Coordinator.
4. Upon receiving a referral from the Homeless Trust Housing Coordinator, the provider must meet with the client to determine eligibility within seven (7) days.
5. The referral disposition (acceptance or rejection) must be completed in the HMIS. Clients who are preliminarily accepted into the program must be entered into the project's HMIS record. The move-in date must be completed once the client signs a lease and moves into their dwelling.

#### **C. Screen In/Not Screen-Out Policies**

Under Housing First, applicant screening criteria for CoC-funded PSH cannot restrict admission based on a positive drug or alcohol screen, non-violent criminal history, and poor credit history. In addition, clients must be screened in, not out of, PSH Programs. At a minimum, applicants cannot be denied admission for the following reasons:

- Eviction for non-payment of rent.
- Collections for utilities or rents.
- Criminal history except for felonies and misdemeanors for violent crimes against persons.

- Non-employment for less than three months.
- Current alcohol use (unless Sober Living PSH Program).
- Not agreeing to participate in behavioral health services outside of housing stability case management or to transfer their behavioral health care from one provider to another provider.

## IV. DOCUMENTATION REQUIREMENTS FOR PLACEMENT

### A. CoC Required Documentation Checklist for Placement

In order to lower the barriers to and expedite PSH placement, only the minimum documentation is necessary to approve the client for placement. The **CoC Required Documentation Checklist for Placement** sets forth the only documents required for placement at the time of referral.

### B. Eligibility Verification

#### 1. Homeless Verification

- The Homeless Trust Housing Coordinator is responsible for issuing a **CoC Homeless Verification** form to the PSH provider at the time that the Coordinator refers the client for placement. The Housing Coordinator may rely upon certain sources of verification consistent with Trust policy (HMIS record, third party verification or client self-certification). At least 75% of all verification of homelessness must be either through an HMIS record or third-party verification.
- The client's Homeless Verification Form, including evidence of Chronic Homelessness when applicable, must be kept on file by the PSH provider for the life of the client's participation in the provider's PSH project. The Homeless Trust requires this record be maintained in HMIS.
- In the event that the client is transferred from one PSH project to another (lateral move within the provider's PSH projects or to another provider's PSH project), a copy of the Homeless Verification Form along with the Disability documentation collected at placement (see below) must be provided to the PSH program to which the client is transferred for placement in that program's client file for the life of the client's participation in the new program.

#### 2. Disability Verification:

- At the time of placement, the agency must secure written verification of current disability in the form of:
  - **CoC Disability Verification** form signed by a licensed professional with the credentials to treat the disability; OR
  - Social Security or Veterans Disability Compensation written verification of disability (disability benefits letter, TPQY or copy of disability check); OR

- Intake staff observations demonstrating the household is disabled and the disability is expected to be of long duration with one of the forms of documentation above received no later than 45 days upon program entry.

### 3. HMIS Upload of Eligibility Documentation

The Homeless Verification form and Disability Verification Document(s) must be uploaded onto HMIS using the document ready sub-assessment.

### 4. Responsible Party to Collect Required Documents

In the event that an applicant is currently residing in a CoC emergency or transitional housing program, such program will assist the applicant in collecting the documentation listed on the CoC Required Document Checklist and uploading required documents onto HMIS. Otherwise, the CoC PSH Program will assist the applicant in securing documents, uploading them onto HMIS and completing the application.

## V. HOUSING SEARCH AND PLACEMENT

### A. Housing Placement

#### 1. Single Placement List

There is a single list for placement into tenant-based rental assistance or, project or sponsor-based housing. Such list is managed in accordance with Article III above and all efforts are made to place households in the type of housing most appropriate for their permanent housing needs, rather than first available housing opportunity.

#### 2. Tenant-Based Rental Assistance Housing Search and Placement

In the case of tenant-based rental assistance (TBRA), assigned housing specialists or case managers will assist households in locating rental properties that are within the household's current or projected budget. Households are expected to be in a unit under lease within **45** days of referral.

##### a. Tenant-Choice

Selection of a housing unit is based on applicant or prospective participant's choice.

##### b. 45-Day Limit to Housing Search and Move-In

The prospective participant must select and move into an HQS-approved unit within **45** days of the date of the PSH Program's written approval of assistance unless extensions are granted by the PSH provider for difficulty locating a suitable unit or other good cause. Failure to do so, without approved extensions, will result in the withdrawal of the opportunity for TBRA and referral back to the CoC Housing Coordinator for alternative referral.

The number of units viewed and rejected by the prospective participant will not adversely impact such participant's prospective assistance or current assistance in the event of a request to move to another unit at the end of a lease term.

### **3. Limit on Rejection of Project or Sponsored-Based Housing Assistance**

Following referral to a project or sponsor-based unit, an applicant must accept or reject the unit within 5 days. If the applicant rejects the unit, the applicant will be referred back to the CoC Housing Coordinator for referral.

If the applicant accepts the unit and approved for assistance, the applicant must take occupancy within 5 days of Move-In approval, unless extensions are granted by the PSH provider for good cause. Failure to take occupancy without approved extensions will result in the unit being offered to another applicant.

An individual or household listed for PSH placement may reject no more than three units in a program's given property. Upon the third rejection, the individual or household will no longer be offered a unit in such property should one become vacant.

### **B. Rental Assistance Landlord Participation Agreement**

Any unit that receives rental assistance payments must have a CoC Rental Assistance Landlord Participation Agreement between the CoC PSH program paying the rent assistance and the property owner/project sponsor or its management company authorized to enter into the agreement and take payments on behalf of the owner/project sponsor. Such agreement shall incorporate language requiring the property owner/sponsor or its authorized property manager to request the assistance of the participant's case manager or housing specialist to address behavior which may lead to possible eviction in advance of taking any action toward evicting the participant. The CoC Rental Assistance Landlord Participation Agreement form will be issued by the Homeless Trust and may be amended from time to time.

### **C. All Forms of Assistance - Lease Between Property and Participant**

1. Under all forms of PSH housing (TBRA, project or sponsor-based), the participant must enter into a lease with an initial term of not less than one year, terminable for cause and automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.
2. In addition, the property owner/sponsor or authorized property manager and participant must enter into a CoC PSH Program Lease Addendum issued by the Homeless Trust as may be amended from time to time.
3. PSH providers must comply with 24 CFR 578.51(k) and 24 CFR 578.77 governing rents and occupancy fees and 24 CFR 578.87(d) that prohibits providers from charging program fees.

## **D. HQS Standards**

Except for PSH projects receiving only operating funds, CoC-assisted PSH units must meet HUD Housing Quality Standards found at 24 CFR § 982.401 per federal requirements set forth in 24 CFR 578.75(b). HUD CoC-funded PSH providers must use HUD's HQS Inspection Checklist Form 52580.

# **VI. CLIENT ENGAGEMENT, CASE MANAGEMENT AND SERVICES**

## **A. Engagement and Service Methods**

### **1. Evidence-Based Methodologies**

Harm reduction philosophy must be embedded in engagement methods which shall employ evidence-based strength-based and client-centered case management and counseling practices such as MI.

Staff must be trained in such evidence-based methodology and practice.

### **2. Harm-Reduction Philosophy and Trauma-Informed Service Provision**

The harm-reduction philosophy and trauma-informed service provision must be holistically incorporated into case management program policies and procedures and exercised by all housing program staff. Such staff shall be trained in such harm reduction philosophy and trauma-informed service provision and application.

## **B. Housing Support Objectives and Policies**

### **1. Focus of Housing Program Support**

The primary objective of the PSH programs is to ensure that assisted households maintain long-term housing stability. In order for participants, as tenants, to maintain housing and avoid future homelessness as a result of eviction, three behaviors are necessary:

- Pay their portion of the rent on time every month;
- Maintain their home in a safe and sanitary condition and in the condition in which it was initially rented to them, except normal wear and tear;
- Avoid behavior (their own or that of a household member or guest) that would disturb their neighbors' peaceful enjoyment of their own home (i.e. yelling, loud music or noise, violence, drug use, other illegal activity, damage to, or theft of, others' property, blocking or cluttering common areas or right-of-ways); and
- All other conditions of the lease agreement.

## **2. Support Services Assessment and Housing Stability Plan**

- a. PSH providers must conduct an ongoing assessment of the supportive services needed by the program participant, the availability of such services, and the coordination of services needed to ensure long-term housing stability and make adjustments, as appropriate.
- b. A participant must be assisted through one of the evidence-based strength-based client-centered case management methodologies, such as MI techniques, to perform such assessment and to assist them in developing and updating a Housing Stability Plan over time.
- c. The provider must assist a participant in developing a Housing Stability Plan (HSP) no later than 30 days of the PSH referral. The Plan must take into account the client-centered assessment of issues and barriers to their own housing stability and assist the participant in identifying their own goals to enhance their own housing stability directly related to the tenancy obligations described above and their life goals. The Plan must be regularly reviewed with the participant and updated as needed.
- d. A PSH program may require participation in supportive services through client-centered case management planning to assist the participant in maintaining tenancy. PSH programs cannot require participation in disability-related services (see Subsection C below).
- e. The PSH provider may require a monthly contact with one of the members of the support services team to verify the tenant is occupying the apartment.

## **3. Minimum Case Management Services**

- a. Case management engagement (including location(s) and frequency of case management meetings, including home visits) shall be established specific to the needs of the client and governed by the strength-based, client-centered case management methodologies employed by the provider consistent with these Standards.
- b. If the participant desires disability or behavioral health-related services, the case manager or housing specialist shall promptly assist the participant in accessing such services: medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living;
- c. The case manager or housing specialist will work with the participant to secure government and private benefits and financial assistance including, but not limited to Medicaid; SNAP; WIC; unemployment; SSDI/SSI, Food Stamps) for which the participant is entitled in compliance with the Homeless Trust's Mainstream Benefits Policies.
- d. The case manager or housing specialist will also work with households with children to access services for minors, including child care, school enrollment,



early childhood programs, after-school programs, health care, special need assistance and services, school-based services and family services.

### **C. Disability-Related Support Services May Not Be Required and Exceptions**

1. Permanent supportive housing proactively offers support services to help tenants achieve and maintain housing stability, however, the program may not require participation in disability-related services except as provided below. 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.
2. All program participants must meet all terms and conditions of tenancy, including lease requirements.
  - a. If, as a result of a person's behavior stemming from substance use and/or mental health, a person violates the terms of the lease, a PSH provider may consider requiring participation in disability-related services or any other action necessary in order for such a person to successfully meet the requirements of tenancy.
  - b. The case manager should employ evidenced based techniques offering harm reduction or motivational interviewing as a methodology to voluntarily engage a tenant at risk of eviction in the development of a support services agreement incorporating behavior-based obligations or disability-related services.
3. If the purpose of a PSH program is to provide a supportive sober living environment with services for persons with substance abuse histories, a PSH provider can require program participants to take part in related services as a condition of continued participation in the program.

By contrast, in a program that offers services but whose purpose is not substance abuse treatment, a PSH provider may not require a person who is an alcoholic, for example, to sign a supportive service agreement at initial occupancy stating that he or she will participate in substance abuse treatment services as a condition of occupancy.

4. A PSH Provider that also provides behavioral health services cannot require a CoC-referred person to: (1) accept behavioral health services; (2) enroll in the PSH Provider or an affiliate's services over another behavioral health provider; nor (3) transfer their care from their current behavioral health provider to the PSH Provider or an affiliate as a condition of receiving PSH. A PSH Provider cannot threaten to, or imply that it will only provide, or that it will withhold, PSH housing assistance unless the client enrolls in their behavioral health services.

However, if PSH Provider administering a program specifically designed to integrate intensive behavioral health services with housing for severely mentally ill utilizing an ACT Program model can require that the client participate in the PSH Provider's behavioral health services funded specifically for such program.

#### **D. Staff Competency**

CoC PSH staff must have the qualifications, licensing, proper training and supervision necessary and appropriate to the job function(s) with which the staff members are entrusted.

#### **E. Separation of Property Management and Housing Stability Case Management**

Property management and/or operations must be staffed separately from case management or housing specialist services. Case managers or housing specialists must not be responsible for enforcement of lease or occupancy agreement terms.

#### **F. Non-Discrimination in Provision of Services**

There shall be no discrimination on the basis of race, color, gender, sexual orientation, disability, religion, or national origin in the provision of services to participants by agencies. No religious practice or affiliation requirement shall be imposed upon participants.

Providers shall demonstrate sensitivity to participants' primary language and cultural background.

### **VII.**

#### **DENIAL OR TERMINATION OF PSH ASSISTANCE**

- A.** Applicants denied CoC PSH assistance must receive written notice by certified mail explaining the reason for denial, the method for making an appeal of the decision to deny assistance and contact information (including name, mailing address, email and phone number) for the person designated by the CoC PSH provider to receive an appeal. Review of the decision to deny assistance if appealed shall be the same as set forth below for terminations of assistance.

The CoC PSH providers must use the standard **Denial Notice** form issued by the Homeless Trust, as may be amended from time-to-time (**Attachment B**).

- B.** To terminate PSH to a program participant, the required formal process, at a minimum, must consist of:
1. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
  2. An agency must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases.
    - a. A participant may not be terminated for refusing services or terminating participation in services.
    - b. Use of alcohol or drugs in and of itself and other behavioral health issues (without other serious lease violations or a pattern of lease violations) are not considered a

reason for eviction from housing provider-managed housing or termination from a program (unless sober living PSH program).

- c. Underlying issues leading to difficulties with lease compliance must be taken into consideration as mitigating factors against termination.
  - d. Tenants in permanent supportive housing must be given reasonable flexibility in paying their tenant share of rent (after subsidy) on time and offered special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management (including representative payee arrangements) whenever possible.
  - e. Every effort must be made to offer a transfer to a tenant from one housing situation to another, if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness must be avoided.
- 3. Written notice to the program participant containing a clear statement of the reasons for termination;
  - 4. A 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
  - 5. Prompt written notice of the final decision to the program participant.
- C. Termination under this section does not bar further assistance at a later date to the same family or individual.