



Permanent Supportive Housing Written Standards

In accordance with HUD regulations (24 CFR Part 578), the Delaware Continuum of Care (DE CoC) has developed the following written standards for the provision of Permanent Supportive Housing (PSH) assistance in Delaware. The standards contained herein adopt the order of priority and recordkeeping requirements as outlined in HUD Notice CPD-16-11.

Housing leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable housing quality standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance.

These standards apply to PSH projects funded by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and located in jurisdictions covered by the DE CoC. In addition to compliance with the standards contained herein, Delaware PSH programs must comply with 24 CFR Part 578 (HEARTH Interim Rule) and the applicable CoC Program NOFA.

I. *PSH Participant Eligibility*

To be eligible for DE CoC PSH assistance, at initial evaluation households must:

1. Demonstrate literal homelessness (i.e., HUD Category One), and
2. Meet HUD's definition of Chronically Homeless¹ (as contained in the CoC Program Interim Rule 24 CFR 578.3), and
3. Are referred to the PSH program by Centralized Intake.

II. *PSH Participant Prioritization*

100% of PSH beds in Delaware are dedicated to people and families experiencing chronic homelessness.

A homeless household that does not meet the HUD definition of chronic homelessness may be eligible for PSH assistance in Delaware only if outreach efforts have been conducted and there are no other households in Delaware who meet the chronic homeless definition that are eligible to receive the assistance.

To receive permission to serve a household that is not chronically homeless requires documentation

from Centralized Intake in the form of a “waiver.” The CI Committee will be notified of all “waivers” provided to PSH projects. The documentation provided by Centralized Intake to the project is required to meet the criteria set forth by HUD in CPD-16-11 Section.

Until such time that there are no chronically homeless veterans in Delaware, the Delaware CoC will prioritize chronically homeless veteran households for PSH who are unable to access VA supportive housing resources due to lack of availability.

Order of Priority:

1. Chronically Homeless veteran households who are unable to access VA supportive housing resources due to lack of availability.
2. Chronically Homeless households with the longest histories of homelessness
3. Chronically homeless households with the most severe service needs
4. All Other Chronically Homeless households

III. *HUD Definition of Chronically Homeless*

- a. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year, or on at least four separate occasions in the last 3 years for a cumulative total of 12 months or more; and
 - i. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Billof Rights Act of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- b. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- c. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

IV. *Recordkeeping Requirements*

The Continuum of Care

The administrator of Centralized Intake in Delaware (Housing Alliance Delaware) will keep in its policies and procedures that the CoC’s PSH Standards are to be followed by Centralized Intake in process of coordinating and making referrals for clients to PSH.

The Centralized Intake administrator will make referrals to PSH according to the order of priority outlined in this document from a single by-name prioritized list.

The Centralized Intake administrator will continue to offer all prioritized households available units for which they are eligible until the household is permanently housed. Households will never be forced to

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accept housing, nor will they lose their priority if they decline an available housing opportunity.

The Centralized Intake administrator will partner with street outreach providers in Delaware to ensure that the highest need households are prioritized for available PSH.

All Board votes (or votes by other approved groups or committees) to adopt or edit these standards will be kept on file by the CoC Lead Agency.

Recipient Requirements In compliance with HUD Notice CPD-16-11

Recipients of HUD CoC PSH funds in Delaware must keep on record and implement an intake procedure in their CoC funded PSH project that establishes a written priority for obtaining evidence of a household's homeless status of: (1) 3rd party documentation (including a CMIS record), (2) intake worker observation, and (3) certification from person seeking assistance.

Recipients of HUD CoC PSH funds in Delaware must keep on record evidence of each household's chronic homeless status, including length of time homeless and disability status.

Recipients of HUD CoC PSH funds in Delaware must keep on record evidence of the household's literal homeless status at project entry.

To ensure full compliance with these requirements recipients should review HUD's Notice CPD-16-11.

V. *Housing First*

All PSH programs are required to use a housing first model for the provision of PSH assistance, i.e. providing permanent housing assistance to homeless households without programmatic prerequisites, such as credit, rental history, etc., or clinical prerequisites, such the completion of a treatment program, evidence of sobriety, or other prerequisites outside of the standards set forth in this document or those that are found in standard lease agreements.

Housing Stabilization services are a critical component of housing first programs. PSH programs are expected to deliver intensive housing stabilization services in alignment with the housing first model. More information about this evidence based practice can be found [here](#), and a comprehensive review of the evidence supporting this model is available [here](#).

Record of Updates and Changes		
DATE	CHANGES	NOTES
March 2015	Adopted by CoC Board	CoC Board E-Vote
October 2015	PSH Standards Revised to prioritize CH Vets over other CH households with similar severity of services needs and length of time homeless	CoC Board E-Vote
July 2016	Updated to include adoption of recordkeeping requirements in HUD NoticeCPD-14-012	CoC Board E-Vote
July 2017	Updated to include adoption of HUD Notice CPD-16-11.	CoC Board Vote
May 2020	Updated to prioritize people with highest COVID risk	CoC Board Vote
Nov 2022	Updated for post-VI-SPDAT and post-COVID crisis; minor change in prioritization to simplify process and to add Housing First to align with RRH standards	CoC Board E-Vote