



Delaware Continuum of Care

Rapid Re-Housing (RRH) Standards

Overview

In accordance with HUD regulations (24 CFR Part 578), the Delaware Continuum of Care (DE CoC) has developed, in consultation with ESG recipients and Rapid Re-Housing providers, the following written standards for the provision of rapid re-housing (RRH) assistance in Delaware. The standards contained herein apply to Rapid Re-housing projects funded by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program, those located in all jurisdictions covered by the DE CoC, as well as those funded by HUD Emergency Solutions Grant (ESG) funds and other federal, state and local funds, such as the State of Delaware Department of Health and Social Services and DSHA's Housing Development Fund. In addition to compliance with the standards contained herein, Delaware RRH programs that are funded with federal funds must comply with 24 CFR Part 578 (HEARTH Interim Rule).

In compliance with HUD's Final VAWA (Violence Against Women Act) Rule, victim services programs that administer RRH funds will assure the privacy and confidentiality of victims by operating RRH programs in a parallel, but separate manner.

Rapid Rehousing is a housing intervention that rapidly connects families and individuals experiencing homelessness to permanent housing that includes time-limited financial assistance and targeted supportive services. Rapid re-housing assists households experiencing homelessness by helping them move directly into permanent housing in the community using whichever combination of financial assistance and housing-focused services are needed and desired by the household. The 3 core components of Rapid Rehousing programs are: 1) assistance with housing identification, 2) rent and move-in assistance, and 3) case management and housing stabilization services tailored to the needs of the household.

RRH program standards are beneficial to consumers receiving RRH assistance, programs administering RRH assistance, and funders of RRH. Standardizing the manner by which RRH assistance is provided will allow consumers to be better informed about what services they are eligible to receive, and able to receive the same type of high-quality services regardless of where they access it. RRH providers will know what is expected of them regardless of their funding source and will have a general guide for the provision of RRH assistance. Furthermore, by standardizing RRH practices statewide the Delaware CoC will be better able to evaluate the performance of RRH as a key strategy for ending homelessness in Delaware.

I. Participant Eligibility

To be eligible for RRH assistance, at initial evaluation households must:

1. Demonstrate literal homelessness (i.e., HUD Category One¹ or HUD Category Four²).
2. Have completed a VI-SPDAT³ during their current episode of homelessness.
3. Have experienced literal homelessness (i.e., HUD Category One) for 7 days or more: and
4. Be referred to the RRH program through Delaware’s coordinated entry system, Centralized Intake.

To be eligible for DV-RRH assistance provided by a local DV program, individuals or families must:

1. Have fled or are attempting to flee domestic violence, dating violence, sexual assault, stalking, sexual assault, or other life-threatening condition, such as human trafficking (i.e., HUD Category Four); and
2. Have completed a domestic violence-specific prioritization assessment with the victim service provider.

As indicated by HUD, households who are eligible for Permanent Supportive Housing (PSH) and awaiting PSH placement are also considered eligible to receive RRH assistance, and will retain their chronic homeless status while being served by RRH.

II. Participant Prioritization

RRH Participant Prioritization occurs at Centralized Intake. RRH referrals are made to RRH provider agencies based on the prioritization criteria method outlined below. The criteria are listed in order of importance, with Criteria 1 taking precedence over Criteria 2, and so forth.

Prioritization for Domestic Violence RRH will occur within the funded victim service provider using Criteria 1 & Criteria 2 below. However, instead of Criteria 3, victim service providers will use an alternative assessment tool that balances increasing safety and housing stability.

Prioritization Criteria 1: Current Living Situation

¹ To qualify as homeless under HUD Category 1, an individual or family must lack a fixed, regular, and adequate nighttime residence, meaning i) has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) 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); or (iii) 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

² HUD Category 4 literal homelessness includes any individual or family who: i) is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

³ The Vulnerability Index - Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) is a triage tool that is used to objectively determine who should be recommended for housing and support interventions based on their risk or acuity.

- 1) Unsheltered households receive priority for RRH assistance
- 2) Households in emergency shelters receive second priority (this includes households staying in hotels and motels being paid for by the state or other charitable entity)
- 3) Households in transitional housing receive third priority.

(Certain funds may not be used to serve households in transitional housing, such as CoC funds. It is up to the provider to ensure that they are serving households coming from eligible locations)

Prioritization Criteria 2: Multiple Homeless Episodes

Households that have experienced more than one episode of homelessness will be prioritized for assistance.

Prioritization Criteria 3: Severity of Service Needs

Households that score for RRH on the VI-SPDAT will be prioritized by VI-SPDAT score, with those having higher scores (acuity) prioritized over households with lower scores (acuity).

III. Determining the type of assistance & amount or percentage of rent each program participant must pay

Progressive Engagement

RRH programs are required to use a progressive engagement model, i.e., starting with a small amount of assistance for the shortest period of time possible to help resolve homelessness then adding more assistance, only as necessary, if the less intensive intervention is unsuccessful.

Housing First

RRH programs are required to use a housing first model for the provision of 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.

Housing Stabilization services are a critical component of housing first programs. RRH programs are expected to deliver 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](#).

Rental Assistance

Tenant rent contributions may be adjusted at any time including, but not limited to, at each 90- day reassessment. There is no minimum dollar amount rent requirement; tenant rent contribution may be zero for households with no income.

In addition to rental assistance, eligible program costs are defined by funding source. Providers of RRH

assistance should refer to their funding source to determine eligible costs.

IV. Limitations on amount, frequency, and duration of assistance

In accordance with HUD regulations 24 CFR Part 578, participants may receive eligible supportive services for no longer than 6 months after rental assistance stops.

RRH participants may receive eligible supportive services alone or a combination of eligible supportive services and rental assistance. At a minimum, all participants must attend monthly case management meetings in accordance with HUD regulations 24 CFR Part 578.

Participants may also receive eligible supportive services and/or short-term (up to 3 months) and/or medium-term (for 3 to 12 months) tenant-based rental assistance. RRH Assistance, including supportive services or rental assistance, may not be provided to participants for more than 12 months. If the continuation of assistance after 12 months is necessary to avoid the participant from returning to homelessness, the RRH provider must submit an exemption request in writing to Centralized Intake. For DV-specific RRH providers, an internal process and policy must be developed for addressing extension requests.

Participants must be re-evaluated at least every 90 days to determine the need for continued supportive services and/or rental assistance. Through each re-evaluation the recipient or sub recipient must determine and document whether the continuation of assistance is necessary to avoid a return to homelessness.

Providers are required to follow-up with participants at least one time after rental assistance is no longer being provided to ensure that they are stable in their housing, prior to exiting the participant from the program.

RRH providers are limited to a total of \$7,500 in financial assistance per household. Any financial assistance beyond this amount must be approved by Centralized Intake. The provider is required to submit a written request to exceed this cap. Centralized Intake will make decisions on a case-by-case basis in consultation with funders of RRH in Delaware. If an exemption is authorized, the RRH Provider must continue to re-evaluate participants at least every 90 days to determine the need for continued assistance. Under no circumstances may assistance be provided for more than the maximum period authorized by HUD regulations 24 CFR Part 578.

Participants may be eligible for rapid re-housing assistance for multiple episodes of homelessness based on their need. If participants present for RRH assistance after initial assistance has been provided, Centralized Intake or other designated entity will facilitate a case review to determine how to best assist the participant household to establish housing stability and will consider other methods and resources to help the household.

COVID-19 ADDENDUM

Due to the impact of COVID-19 in our community, temporary changes to the DE COC's RRH standards have been put into place. The goal of the changes is to ensure that our community's implementation of RRH:

- Is responsive to the changing needs of the community
- Prioritizes those most vulnerable to the impacts of COVID-19
- Is reflective of new COVID-19 response resources in Delaware (shelter access/availability, RRH funding, CARES Act funding, etc.)

Given the unpredictability inherent in the COVID-19 pandemic response and recovery process, these standards are subject to review and change at any time by the CoC Board.

I. Participant Eligibility

One change has been made under this section.

In order to access CARES Act Funded RRH assistance, homeless households placed in hotels/motels prior to **December 31, 2021** are exempt from eligibility requirements:

- #2, that they have a VI-SPDAT assessment completed, and
- #4, that they be referred to RRH by Centralized Intake

All homeless households placed in hotels/motels after **December 31, 2021** must be assessed using the VI-SPDAT and referred by Centralized Intake to be eligible for RRH assistance.

Reasoning: During Delaware's crisis response to homelessness during COVID-19, hundreds of households were placed in hotels/motels directly by the state or non-profit entities because they were experiencing unsheltered homelessness AND/OR were identified as being at high risk of serious complications if exposed to COVID-19 due to age or medical condition. Many households placed in hotels and motels were families with children. It is critical that these households quickly receive housing assistance with CARES Act funding. These individuals and families were placed quickly and by multiple entities throughout the state. Given the volume of households, requiring these households to go through Centralized Intake would likely delay their access to housing assistance.

II. Participant Prioritization

Two changes have been made under this section.

1. COVID-19 Risk has been added as Prioritization Criteria 2.

2. An exception has been made to prioritization 'Criteria 1 Current Living Situation' to address the needs of homeless households living temporarily in hotels and motels.

NEW Prioritization Criteria 2: COVID-19 Risk

Households with one or more members determined to be at highest risk of serious complications due to COVID-19 will be prioritized for RRH assistance over other households. This criterion includes age (people over the age of 60) and people with medical conditions that put them at higher risk as defined by the CDC (heart condition, moderate to severe respiratory condition or lung disease, diabetes, pregnancy, immunocompromised, or other serious medical condition).

Reasoning: Our community's standards are intended to ensure that the most vulnerable are provided with priority for limited housing resources. Due to COVID-19, our assessment of who is most vulnerable must change temporarily to prioritize those most at risk due to the pandemic.

Prioritization Criteria 1: Current Living Situation

The standard living situation criteria remain in place through Centralized Intake. An exception has been made for homeless households living in hotel/motels in order to expedite access to CARES funded RRH.

Households staying temporarily in hotels/motels paid for by the state or other charitable entity in response to COVID-19 may be prioritized above other households for CARES Act funded RRH assistance so long as the following criteria applies:

- 1) They were homeless (HUD Category One or HUD Category 4) prior to entering the hotel/motel
- 2) They were placed in the hotel/motel prior to December 31, 2021.

Reasoning: During Delaware's crisis response to homelessness during COVID-19, many households were placed in hotels/motels directly by the state or non-profit entities because they were experiencing unsheltered homelessness AND were identified as being at high risk of serious complications if exposed to COVID-19 due to age or medical condition. In addition, congregate shelter capacity was very limited due to the need for congregate shelters to implement distancing and other safety protocols. It is critical that these households can quickly receive housing assistance with CARES Act funding. Given the volume of households, requiring these households to move through Centralized Intake would be likely to delay their access to RRH assistance.

III. Determining the type of assistance & amount or percentage of rent each program participant must pay

No changes were made under this section

IV. Limitations on amount, frequency, and duration of assistance

Two changes were made under this section.

1. Re-evaluation and supportive services may be conducted remotely if necessary to prevent the

spread of COVID-19.

2. RRH providers may provide financial assistance to households up to the monthly Fair Market Rent (FMR) in their county of residence for the unit size (1brdm, 2brdm, etc.), multiplied by 12.

Example

New Castle County	Monthly Fair Market Value (2021)	Total Financial Assistance Allowed
Studio/0 Bedroom	\$900	\$10,800
1 Bedroom Unit	\$1040	\$12,480
2 Bedroom Unit	\$1260	\$15,120
3 Bedroom Unit	\$1567	\$18,804

Reasoning: With widespread unemployment we cannot reasonably anticipate the change in need for financial assistance at this time, but want to ensure that our community's standards do not impeded a household from remaining stably housed. We can assume that households currently in RRH and those newly enrolled may need additional assistance due to COVID-19. This change to the standards significantly increases the amount of financial assistance a household can receive without providers needing to request an exception from Centralized Intake. In addition, it helps to ensure the households enrolled don't return to homelessness during the public health emergency.