Greater Richmond Continuum of Care

Standards for Permanent Supportive Housing Programs 2026

Introduction

The Greater Richmond Continuum of Care (GRCoC) has developed the following standards for partner agencies providing Permanent Supportive Housing (PSH) services. These standards were created in collaboration with individuals from Richmond Behavioral Health Authority (RBHA), Support Works Housing, HomeAgain, St. Joseph's Villa, and Homeward. These standards were originally developed in June 2017 and revised in June 2022 and May 2024. They were reviewed by the GRCoC System Policy and Process (SPP) Committee and approved by the GRCoC Board. SPP reviews Program Standards every two years to ensure they are current with community needs and priorities. These program standards were last updated in March 2026. These standards will serve as the guidelines for PSH projects. Each PSH provider must maintain compliance with funder requirements.

Description

Permanent Supportive Housing is a combination of low-barrier affordable housing and supportive services designed to help individuals and families experiencing chronic homelessness live independently in their own housing.

- Affordable housing means the tenant household pays no more than 30% of its income towards rent.
- Supportive Services means voluntary, customized supports that help households obtain and maintain permanent housing.

Assistance is offered using a housing first model, without pre-conditions such as employment, income, absence of criminal record, and sobriety.

Eligibility Criteria

HUD CoC Program funded Permanent Supportive Housing or housing following the PSH model supported by other funders is prioritized and targeted to people experiencing chronic homelessness as defined by HUD. The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

a) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
   i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12- month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

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 (a) of this definition, before entering the facility;

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 (a) or (b) of this definition (as described in Section I.D.2. (a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Determination of Eligibility and Prioritization

Households will be referred from the Coordinated Entry system of GRCoC. Households will be assessed using the tool(s) adopted by GRCoC Board. Households will be determined eligible based on HUD approved documentation of homelessness and disability. All households entering PSH must complete an intake during which providers verify and document eligibility, assess needs, and initiate supportive services. Additional eligibility may be required by the funder. This could include income among other factors.

Permanent Supportive Housing Services

The primary services provided by PSH projects are listed below. While a PSH project must have all primary services available, it is not required that a single entity provide all nor that a household utilize them all. PSH case management and services should be based on the following core principles: a housing first approach, client-driven practices, housing retention-focused services and collaboration with households to support engagement in the community. Specific services provided by PSH projects must be in compliance with grant funding requirements.

PSH Primary Services

Housing-Focused Services:

- Recruit landlords for scattered site and address potential barriers to landlord participation;
- Identify and address client barriers (e.g. documentation, credit history, arrears, and legal issues) to securing and retaining housing in conjunction with referring entity
- Assist households to quickly find and secure appropriate rental housing based on household's unique needs, preferences and financial resources; provide options by showing up to three scattered site properties;
- Provide housing-focused services (i.e., tasks necessary to obtain housing) consistently until housed;
- Help individuals and families negotiate manageable and appropriate lease agreements with landlords ensuring lease agreements are identical to tenants not in supportive housing; and
- Educate tenants on their rights and responsibilities as leaseholders, actively soliciting tenant feedback.
- Financial and Housing Related Assistance: Provide assistance to cover rental and/or utility assistance and other allowable expenses; complete rental calculations to determine the appropriate amount of financial assistance that allows individuals and families to move immediately out of homelessness and to stabilize in permanent housing;
- Ensure rental calculations are conducted annually or as required by funder regulations, and;
- All payments are made directly to those owed.
- Staff works closely with service providers and landlords to ensure individuals maintain stable housing.

- While respecting individual rights and privacy, program staff complete HQS/NSPIRE property inspection prior to lease signing, and at least annually afterwards, as required by HUD regulations.

Supportive Services:

- Help households address issues that could impact the households' ability to obtain and maintain housing, including health and recovery services for personal growth;
- Services are voluntary, customized, and comprehensive, reflecting the needs of enrolled household members;
- Support services offered to individuals are documented through an individual service plan or a written record of declination of services;
- Individuals who request services should be contacted at least monthly while those who initially decline services should be contacted again within 90 days to ensure they have an opportunity to receive services;
- Services include connecting individuals to mainstream and community-based resources and supporting them in developing and strengthening connections to their community.

The following guidelines should be used when providing assessment and case management services to PSH households:

- Programs will schedule an intake within three business days of referral. The provider should make efforts to meet people where they are when possible.
- Beginning with assessment, all decisions and case management should be household-driven and housing-focused.
- Program will communicate with household at least weekly during housing identification.
- Case management will be provided at least monthly, once housed, while receiving financial assistance.

Providers are required to obtain all necessary Releases of Information (ROIs) at intake to support service coordination, data sharing in accordance with GRCoC policy, and alignment with Coordinated Entry prioritization and referral processes, as applicable. ROIs must be completed, signed, and maintained in compliance with applicable privacy, confidentiality, and HMIS requirements.

Recertification

Households will follow recertification process as mandated by HUD and/or funder guidelines. This includes, but may not be limited to the below regulations:

- § 578.75 (b)(2) Recipients or sub recipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS/NSPIRE.
- § 578.77 (c)(2) Review. Recipients or sub recipients must examine a program participant's income initially, and at least annually thereafter, to determine the amount of the contribution toward rent payable by the program participant. Adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified.

Project Guidelines

PSH providers will have written project guidelines that outline project policies, procedures and expectations and specify services and rental assistance that are available. These policies should also include grievance policy guidelines as well. Project guidelines should be minimal to ensure client and staff safety and should not add unnecessary barriers for individuals.

Non-Discrimination

Providers must have a policy prohibiting discrimination against participants based on actual or perceived race, ethnicity, color, sex, sexual orientation, gender identity and expression, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, and ensuring that all participants are afforded equal opportunities.

Confidentiality

All PSH providers will establish a written policy to ensure client confidentiality. All individuals should be made aware of the provider's confidentiality agreement.

Conflicts of Interest

All PSH providers will establish a written policy to:

a. formally document conflicts of interest amongst all employees, agents, officers, consultants and board members; and
b. prescribe appropriate action to take to ensure that all aforementioned parties do not use their positions for a purpose that gives the appearance of being motivated by the desire for private gain for themselves or others.

Grievances and Appeals

All providers must have an agency-approved grievance policy and provide specific procedures to be followed for any disputed decision affecting assistance. Any individual receiving assistance must receive written notification of the grievance policy.

A grievance with termination should be reviewed or heard by an individual other than the person (or subordinate of that person) who made or approved the termination decision. Should the client or household disagree with the decision made by the initial reviewer, a second level must be available for an appeal at the CoC level. This two-level process, at a minimum, must consist of: (1) Written notice to the project participant containing a clear statement of the reasons for termination; (2) Prompt written notice of the final decision; and (3) Written policy for continuing assistance to surviving family members, in the event of a death of a head of household, that establishes a reasonable grace period of continued assistance to surviving family.

Termination

Termination from PSH should only occur in the most severe circumstances. All efforts should be made in accordance with housing first policy, to keep a household housed. In the event that an individual is subject to discharge (i.e. lease violation, exceeds income requirements, vacates apartment for 90 days (see HUD rules and regulation below), or requires a higher level of care, the project may terminate the assistance in accordance with a formal written process established by the provider that recognizes the rights of the individuals affected. The provider must exercise judgment and examine all extenuating circumstances in determining termination so that a project participant's assistance is terminated only in the most severe cases. Termination does not bar the provider from providing further assistance at a later date to the same household. Closure to a PSH program will be documented in HCIS.

§ 578.51 (i) Vacancies. If a unit assisted under this section is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person. Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are not considered

vacancies. Providers are encouraged to make accommodations to the best of their abilities.

Data System

PSH Service providers must adhere to the HCIS policies approved by the GRCoC Board. Providers must use HCIS or a comparable data system if the agency is prohibited from using HCIS.

All households enrolled in PSH programs must be entered into the agency's HCIS project in a timely manner. The GRCoC HCIS data requirements outlined below support consistent data collection and inform the Coordinated Entry prioritization process for housing resources. These requirements may be updated as needed to reflect system, software, or vendor changes and to ensure continued alignment with prioritization practices.

PSH project enrollments should remain open for the duration of program participation and must be updated to reflect current housing status and program exits. Data should be entered and updated regularly to ensure accuracy. Providers should routinely review active enrollments to confirm that client records are complete, up to date, and that exits are recorded promptly when participation ends.

For projects participating in Coordinated Entry, required assessment fields, including any Coordinated Entry Assessment components, must be completed and kept current in accordance with GRCoC policy.

Emergency Transfer Plan (ETP) Documentation

All Emergency Transfer Plan (ETP) activity must be documented in an interim update within the client's HCIS record to ensure accurate tracking of transfer requests and related actions. To protect client safety and confidentiality, details related to ETP requests, including safety planning and transfer circumstances, must not be recorded in case notes. All ETP activities follow the GRCoC's CoC-wide Emergency Transfer Plan policy and applicable VAWA and HUD requirements.

**Data outcomes and performance measures will be published in a separate, forthcoming document and are not included in this section.*