Greater Richmond Continuum of Care Standards for Rapid Re-Housing Programs 2026

Introduction

The Greater Richmond Continuum of Care (GRCoC) has developed the following standards for partner agencies providing Rapid Re-housing (RRH) services. These standards were created in collaboration with individuals from the City of Richmond Economic and Community Development Department, The Community Foundation and partner agencies including CARITAS, Commonwealth Catholic Charities, Daily Planet, Hanover Safe Place, HomeAgain, Housing Families First, Salvation Army, St. Joseph's Villa, and Virginia Supportive Housing.

These standards were originally developed in June 2017. They were reviewed and revised by the GRCoC System Policy and Process (SPP) Committee and approved by the GRCoC Board. The GRCoC SPP Committee reviews all 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 RRH standards are designed to meet standards set by the National Alliance to End Homelessness and required by the Virginia Department of Housing and Community Development. (Please refer to the NAEH's standards for more details: Rapid Re-Housing Performance Benchmarks and Program Standards - National Alliance to End Homelessness.) These standards will serve as the guiding principles for all RRH programs to ensure RRH programs are applied effectively and efficiently, regardless of funding sources. Each RRH provider must maintain compliance with their grant funder requirements.

Description

Rapid Re-Housing (RRH) is a short to medium-term housing intervention designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. RRH was created as a Housing First intervention, meaning that the primary focus is moving households into housing quickly "without screening out households based on criteria that are assumed to predict successful outcomes, (such as employment status, income, variables related to civil or criminal records (judgements, evictions, or convictions), mental health or physical health history, recovery or sobriety, and evidence of "motivation."). As such, programs should maximize the number of households they can serve by coordinating with GRCoC coordinated entry and outreach efforts and by not screening out households.

Additionally, the primary focus of assessments and assistance should be on resolving the current housing crisis. This means a focus on the circumstances of the crisis, the household's barriers to obtaining and maintaining housing, and the reasons they are unable to solve their housing crisis without the program's help. The resources and services provided are typically tailored to the unique needs of the household. The primary components of a RRH program include housing identification; rental and move-in assistance; and case management and services. While a RRH program must have all three primary services available, it is not required that a single entity provide all three services nor that a household utilize them all.

1. Program staff are trained on the principles of Housing First and oriented to the basic program philosophy of RRH.
2. Program uses the standards as the basis for training and supervising staff.

3. Program has well-defined and written screening processes that use consistent and transparent decision criteria.
4. Eligibility criteria for the program do not include a period of sobriety, a commitment to participation in treatment, or any other criteria designed to "predict" long-term housing stability other than willingness to engage in the program and work on a self-directed housing plan.
5. Prioritized households are those least likely to exit homelessness without assistance— not the households considered most likely to succeed in RRH, regardless of any scores on assessment tools or lack of income.
6. Disabilities are only assessed insofar as they may be a direct factor causing past housing instability or loss and when related to the household's ability to obtain a disability-specific benefit, service, or accessible unit.
7. Leases for program households are legally binding, written leases. Leases with additional requirements, such as drug testing or program participation, are not allowed.
8. Program participates in the Homeward Community Information System (HCIS), collecting all required data standards and takes steps to ensure quality data entry.
9. Program participates in and accepts referrals from the local coordinated entry system and participates in efforts to improve the efficiency and quality of referrals when necessary.
10. Program must maintain and distribute information on alternative, available resources that may intervene effectively and rapidly if the program's services are unavailable or less effective.
11. Program has an ongoing performance improvement process that includes evaluation of household outcomes and household feedback.

Eligibility Criteria

In order to obtain RRH assistance, households must meet specific definitions of homelessness as defined by HUD under 24 CFR 576.2. Eligible households include any individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
2. An individual or family living in a supervised 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, or local government programs for low-income individuals); or
    1. This includes Youth Homeless Demonstration Program defined kinship care.
3. An individual who is exiting an institution where he or she 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;

Eligible households may also include any individual or family who meet the following criteria as long as they live in an emergency shelter or other place described above:

1. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken

place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
2. Has no other residence; and
3. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

Determination of Eligibility and Prioritization

All households will be referred from the Coordinated Entry System of the GRCoC. For all assistance, an initial assessment to determine program eligibility of the household will be conducted by the GRCoC Coordinated Entry System (CES). It will establish the type of assistance needed and prioritize households for assistance. All households entering RRH must complete an intake during which providers verify and document eligibility, assess needs, and initiate supportive services. Households will be assessed using the tool(s) adopted by the GRCoC Board.

Rapid Re-Housing Services

The primary services provided by RRH programs are listed below. While an RRH program must have all three primary services available, it is not required that a single entity provide all three nor that a household utilize them all. RRH core components should be based on the following core principles: housing first approach, household-driven, housing retention focused practices, and collaboration with the household to engage in the community. Specific services provided by RRH programs must be in compliance with grant funding requirements.

Housing Identification

1. Program has designated staff whose responsibility is to identify and recruit landlords and encourage them to rent to households experiencing homelessness
2. Program has designated staff trained on housing identification, landlord tenant rights and responsibilities, and other core competencies as well as the wider array of housing assistance available within a community.
3. Program has written policies and procedures for landlord recruitment activities.
4. Program offers a standard, basic level of support to all landlords who lease to program households. This support is detailed in a written policy distributed to landlords.
5. Program has a detailed policy for the type of assistance provided to help households find and secure housing. Staff explain and distribute this policy to households at entry to the program. Program has a written policy requiring staff to explain to household basic landlord-tenant rights and responsibilities and the requirements of their specific lease.
6. Program continually engages in the recruitment and retention of landlord partners and has methods of tracking landlord partners and unit vacancies, unit locations, characteristics, and costs.
7. Program provides households with multiple housing choices within practical constraints.
8. Program assists households in making an informed housing choice with the goal that the household will be able to maintain their housing after program exit.
9. When closing financial assistance, program provides information to landlords about how they can contact the program again if needed and what kind of follow-up assistance may be available.

Rent and Move-In Assistance

1. Program staff are trained on the regulatory requirements of all RRH funding streams and on the ethical use and application of a program's financial assistance policies.

This training is the responsibility of the agency.

2. Program has clearly defined policies and procedures for determining the amount of financial assistance provided to a household, as well as defined and objective standards for when case management and financial assistance should continue and end.
3. If households are expected to pay an amount toward their housing, program has written policy and procedures for determining that amount, and it must be an amount that is reasonable for their income.
4. A progressive approach is used to determine the duration and amount of rent assistance. Policies detailing approach include decision guidelines and processes for reassessment.
5. Program provides, when needed, financial assistance with housing costs.
6. Program issues checks quickly and on time and has the capacity to track payments to landlords and other vendors.
7. Program has the capacity to pay reasonable back rent and utility arrears that directly prevent a household from being able to sign a lease.
8. Program helps households meet basic needs at move-in.
9. The process to transition the household off financial assistance is coordinated with case management efforts to assist program households assume and sustain their housing costs.

RRH Case Management and Services

1. Case manager's job descriptions direct case managers to focus on housing and to use strengths based practices.
2. Case managers work closely with housing locator staff to match the household to an appropriate unit as quickly as possible. As housing locator staffing is limited, housing focused case managers are trained to be effective housing counselors who can facilitate housing search and placement tasks and landlord engagement, as appropriate. Housing focused case managers ought to engage system movement by targeting services for long stayers as well as newcomers towards housing and/or to bridge housed participants through "move on" housing strategies to access longer term housing solutions and transition from RRH.
3. Case managers are trained on trauma-informed RRH case management strategies and related evidence based practices as well as program policies and community resources.
4. Except where dictated by the funder, program households direct when, where, and how often case management meetings occur.
5. Case managers respect a program household's home as their own, scheduling appointments ahead of time, only entering when invited in, and respecting personal property and wishes.
6. When case management and service compliance is not mandated by federal or state regulation, services offered by a program have voluntary participation.
7. Program has clear safety procedures for home visits that staff are trained on and that are posted clearly visible in office space and shared with program households at intake, and shared with households and staff whenever changes are made.
8. Program has clearly defined relationships with employment and income programs that it can connect program households to when appropriate.
9. Program has clearly defined policies and objective standards for when case management should continue and end.
10. At enrollment or within 72 hours of enrollment, program conducts a tenancy barriers assessment.

11. Program connects households to community resources that help households: resolve or navigate tenant problems that landlords may screen for on rental applications; obtain necessary documentation; prepare households for successful tenancy; and support other move-in activities.
12. Program offers basic tenancy skills coaching and/or learning opportunities to residents to enable them to maintain their tenancy and live independently within their homes (i.e. budgeting, lease compliance, repairs, neighbor interaction.)
13. Program staff work directly with the household and landlord to resolve tenancy issues without threatening the household's tenancy.
14. When appropriate, case managers work with households to build their communication skills to better respond to or negotiate with a landlord.
15. When necessary, case managers help households avoid evictions before they happen, and maintain a positive relationship with the landlord.
16. Housing plans focus on how households can maintain a lease and address barriers to housing retention; improving understanding of landlord/tenant rights and responsibilities; and addressing other issues that have, in the past, resulted in housing crisis or housing loss.
17. Program, at a minimum, maintains a list of community resources to which households can be referred.
18. Case managers make referrals to appropriate community and mainstream resources.
19. As RRH assistance is short-term, case managers pay particular attention to households' incomes moving forward.
20. Case managers work with households to identify pathways for increasing earned income.
21. If necessary, households are assisted in identifying existing familial and personal connections that can help them obtain and maintain housing by providing support.
22. When closing a case, case managers are responsible for ensuring that all appropriate referrals have been made and information on available community assistance has been shared.
23. When a referral to on-going support is made while a case is open or in the process of closing, case managers use a transitional approach and follow up, to assure that assistance is satisfactory.
24. When closing a case, case managers provide information about how to access assistance from the program again, if needed, and what kind of follow-up assistance may be available.

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

- Programs will schedule an intake within three business days of referral.
- 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 must obtain all required Releases of Information (ROIs) at program entry to support service coordination, data sharing in accordance with GRCoC policy, and participation in Coordinated Entry processes, as applicable. ROIs must be completed, signed, and maintained in compliance with applicable privacy, confidentiality, and HMIS requirements.

Amount and Duration of Rapid Re-Housing Assistance

The amount and duration of all RRH services must be provided in compliance with grant funding requirements. RRH providers should refer to regulations or parameters associated with awarded grants for specific guidance on eligible RRH financial assistance.

The maximum amount of rent per month is based on the lesser of Fair Market Rent (FMR) for the family size or rent reasonableness. The duration of RRH financial assistance should not exceed more than 12 consecutive months at a time except in extenuating circumstances, excluding arrears, and will not exceed more than 24 months total over a 36-month period. The percentage or amount of rent that each household must pay while receiving RRH assistance is determined on a case by case basis and is based on each household's assessment and needs. Factors that may impact the amount of rent the households must pay could include income, barriers to housing, etc. The GRCoC expects that households will receive the minimum amount of assistance necessary to stabilize housing. RRH services providers should document the rationale for determining the amount in household case files.

- As a guide, programs will establish a three to six-month projection with households before lease signing with special care to note that:
  a. RRH financial assistance is not meant to function like a subsidy or voucher, but can support rent portions or rent payment strategies such as 'pay ahead' or "incremental pay" methods for households to contribute to the longevity of their new lease and
  b. RRH financial assistance is projected but not guaranteed and determined based upon program enrollment and recertification eligibility.
- Programs will aim to assist households with up to six months of rental assistance but may assist households more than six months of financial assistance with stability benchmarks reviewed at three months, six months, nine months, or even at 12 months:
  a. particularly in circumstances that may bridge the household to a move on strategy or housing resource to exit RRH but retain permanent housing or
  b. in the case of destabilizing health issues that may cause hardship to pay inflated market rate rents.
  c. Households can be determined on a case-by-case basis to receive more than 9 (nine) or 12 months of assistance. Program should be able to demonstrate an internal process for regularly assessing the continuation of each household that receives nine months of assistance or more.

Recertification

Households receiving RRH assistance must be recertified for eligibility at least once every three months from the first instance of financial assistance. Each recertification will include a review of income and service needs, and households must be under 30% Area Median Income to qualify for continued financial assistance. Every 12 months, the program must recertify homeless status so households can continue to receive assistance.

Program Guidelines

Rapid Re-Housing providers will have written program guidelines that outline program policies, procedures and expectations and specify services available. Program guidelines should be minimal to ensure client and staff safety and should not add unnecessary barriers for clients.

Program Transfer

Households may transfer from one RRH program to another under very limited circumstances, including but not limited to: funding availability, discharge for program noncompliance but still

eligible for RRH services; etc.

For a household to transfer, the following steps must be taken:

- The transferring program must internally review the case to ensure that the household's continued enrollment is not a possibility.

- If the household cannot remain enrolled, then case conferencing between the transferring program, the potential receiving program(s), and a member of the Homeward coordinated entry team must occur. Both programs must agree on the client transfer.
- If agreement is reached, the Homeward coordinated entry team will initiate the referral to the receiving program. The transferring program must remain available for documentation and information requests from the receiving organization to ensure a smooth transition.

- If an agreement is not reached, the household will remain part of the transferring program, or if discharge must occur, the household will be considered part of the general prioritization pool.

Program transfers must be rare and only under extraordinary circumstances in order to maintain program stability for households.

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 RRH providers will establish a written policy to ensure household confidentiality, including development and maintenance of signed household confidentiality agreements, which will be reviewed upon entry into the program.

Conflict of Interest
All RRH providers will establish a written policy to:

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

Grievances & 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.

Any grievance involving 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
Providers must have a documented termination policy. Termination policies should include a no tolerance policy for any act of fraud, such as failing to report financial assistance received, failing to report income, or misreporting income. In addition, staff should cease services to the household immediately if there is any real or perceived threat of violence or actual act of violence committed against a Case Manager or staff. In such cases, staff should report the incident to their supervisor and follow agency protocol. Upon termination, all programs must require the completion of a letter of termination.

Data System
RRH Service providers must adhere to the HCIS policies approved by the Greater Richmond Continuum of Care (GRCoC) Board. Providers must use HCIS or a comparable data system if the agency is prohibited from using HCIS.

All households enrolled in RRH 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.

RRH project enrollments should remain open for the duration of program participation. 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.*