

Rapid Rehousing (RRH) to Permanent Supportive Housing (PSH) Transfer Policy and Procedures

Sacramento County Continuum of Care

Policy

The RRH-PSH policy acknowledges that there are some RRH participants that even after stabilization services will require longer-term or permanent support to maintain their housing. The Sacramento Continuum of Care supports the transfer of program participants who may need specific services or accommodations to support long-term housing stability.

Requests may be used in rare instances when all other options have been exhausted to prevent returns to homelessness. In the case of transfer requests submitted to prevent program termination, documents that show the reason for termination and due diligence of explored options, attempts at resolution and reasons for lack of resolution may be requested.

Vacancies to programs are filled by clients at the top of the priority list when an opening is reported. This excludes transfer requests due to fleeing/experiencing domestic violence, dating violence, sexual assault, stalking and/or human trafficking, which are prioritized over all other requests and follow the specific processes outlined in Sacramento's Continuum of Care Violence Against Women Act (VAWA) Emergency Transfer Plan. This policy also does not cover the process of transferring clients when a HUD-CoC project is closing. When an entire project is closing, SSF will work with the applicable agency and HUD to develop a plan of action to ensure that, to the extent possible, no participants return to homelessness (see the CoC's Defunded Project Policy).

Transfer Eligibility

Transfer requests from RRH to PSH are appropriate when the following criteria have been met:

- The housing provider has diligently met and worked with the client to search for/obtain housing, provided case management services, and done everything possible to stabilize the household in housing while in the RRH program.
- Despite best efforts, the housing provider and household identify needs impacting housing stability that will not be met within 24 months of RRH services and/or the household will exit to homelessness once RRH services end.
- At least one of the two criteria below must be met:
 - Client was housed through RRH, has reached at least 15 months of RRH services, and will need additional assistance with housing and services to remain in housing.
 - Housing provider has been working with household to find housing for at least 5 months and identified other barriers supporting the need for more intensive PSH services.

- The household must have a disability and have met the length of time homeless requirement (last 12 consecutive months homeless or 4 instances within the last 3 years, totaling 12 months) prior to entering the RRH program, to qualify for PSH.
- The household must have all required Permanent Supportive Housing documents ready and uploaded onto HMIS.
- The current housing provider has tried to find another provider/program of the appropriate typology that is willing to accept the household and all coordination. However, if another appropriate provider/program cannot be found, the CES team will add the approved household to a transfer list and wait for the next appropriate vacancy.

Transfer Procedures

A transfer request form is required for all transfer requests and will be reviewed by the CES team. The transfer form should be sent to the Coordinated Entry Referrals inbox (referrals@sacstepsforward.org).

All transfer requests must include:

- Narrative on the efforts made with the household to help them stabilize in RRH housing.
- Narrative including the reason for transfer and the need for PSH services.
- Release of Information if one is not present in HMIS.

Upon denial:

A written response of the determination will be provided to the requesting program, including rationale. For example, there are cases when the type of housing intervention may not meet the needs of the household post-program entry, such as a transfer from single RRH to family PSH.

If the transfer is denied, the housing program will continue to assist the client with their housing situation. Clients can remain on the transfer roster, in order of priority to be considered when housing becomes available if the transfer denial reason was because current existing resources were not able to meet the request. CES staff will regularly monitor the list for vacancies and appropriate matches. If the client has been on the list for more than 6 months, a new request form will need to be submitted by the housing program. Clients will be removed if they have been on the list for more than 6 months without a new request, no longer need a transfer, or turn down more than three housing options. If the client is removed due to not accepting three housing options, the program must wait 3 months before submitting a new request. Requests for exceptions can be submitted on the Transfer Request Form.

Upon approval:

1. Current program will provide all eligibility paperwork to the program accepting the transfer.
2. Current program will request a new referral from CES (ces@sacstepsforward.org) upon completion of the transfer.
3. Receiving provider is responsible for confirming eligibility and enrolling the client.

Please see Appendix A for Transfer Request Form and PSH document ready check list.



RRH to PSH Transfer Request Form

The RRH to PSH Transfer Request Form is used to request for a program participant to be transferred from an eligible rapid rehousing (RRH) program to a permanent supportive housing program (PSH). This form is to be filled out after all other options to stabilize the household in the RRH program have been exhausted.

Please read the RRH to PSH Transfer Policy and Procedure prior to filling out this form. This form is valid for up to 6 months. Please email this form to referrals@sacstepsforward.org

Client Name: _____ **HMIS UID (or DOB):** _____

Section 1. Completed by Requesting Agency

Date: _____
Requestor Name: _____
Requestor's Contact Information: _____
Current Agency and Program: _____

Type of Transfer:

- Internal
- External

Which new agency and/or program are you requesting for?

Transfer Reason(s):

- Conflict and safety concerns
- Reasonable accommodations
- Client needs longer term or permanent support to maintain housing
- Current program project is closing
- Other _____

Is a case conferencing meeting needed for this request?

- Yes
- No

Please include additional details and incidences on the transfer reason(s). Include date(s), time(s), location(s).

Please describe current program barriers that require the program participant to be transferred to a new program.

Please describe all options and interventions used to maintain program participant's enrollment prior to transfer request. Please attach documentation and proof if needed.

Section 2. Client Housing Preference Questionnaire

Which areas would you prefer to live in?	
Which areas are you not willing to accept housing?	
How many household members including yourself are there?	
Is the client self-sufficient- does NOT need assistance with activities of daily living (ADLs)? Examples: Bathing, feeding, medication administration, getting up on their own, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they are not self-sufficient, is there a caretaker who will be assisting the client with their ADLs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a pet or companion/ service animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what type of animal and how many?	
Do you require or request a ground floor unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require or request parking accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you open to shared housing? <i>Shared Housing is a space that has common areas, such as a living room and bathroom but a private bedroom.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other requirements or requests around housing that we need to be aware of (ADA unit, assistance with activities of daily living, clean and sober living, etc.)?	

Permanent Supportive Housing(PSH) Document Ready Checklist- Required

Please ensure all the following is uploaded onto HMIS to proceed with the transfer request:

- VI-SPDAT Assessment within the last year
- Valid Identification Document (ID)
- Social Security Card
- Homeless Certification (Expires after 90 days)
- Disability Certification (Never expires)
 - o Fill out only ONE section of the form:
 - Section 1: Any staff member can fill this section out. Must upload proof of disability by written verification from the Social Security Administration (i.e. SSI, SSDI) or receipt of a disability check (e.g. Veteran Disability Compensation) onto HMIS.
 - Section 2: Must be signed by a license profession and include license number.
- 12 months of verified homelessness within the last three years

Please indicate the type of verification used to prove chronicity:

- Third Party Homelessness History Verification Form/ Third- Party Verification Letter
- Self-Certification: Within the last 3 years; only up to 3 months can be self-certified.

Chronic Homeless Certification (Never Expires)

IF they have dependents/ minors:

Birth Certificates and Social Security Cards (for all dependents)

Section 3. To be completed by Coordinated Entry System (CES) Department:

Date: _____

Transfer Request Status:

- Approved
- Denied

Denial Reason:

- Insufficient transfer reasoning
- No community capacity currently
- Current existing resources are not able to meet the request needs
- Not eligible for PSH/ insufficient PSH documentation
- N/A

Reason	Definition
Insufficient Transfer Reasoning	The documentation submitted does not meet the threshold criteria demonstrating the need for a transfer to be approved.
No Community Capacity Currently	There are currently no projects within the CoC, which has capacity or is expected to have capacity within the near future which could meet the needs outlined in the transfer request.
Current existing resources are not able to meet the request needs	There are currently no projects within the CoC which could meet the participant's identified needs.
Not eligible for PSH/ insufficient PSH documentation	Client does not meet the eligibility requirements to be enrolled into a Permanent Supportive Housing program or lacks the documentation to prove eligibility.

CES Department Statement:

CES Staff Member reviewing the request: _____

CES Staff Member Signature: _____

CES Title: _____