Serving High Acuity Households with Available RRH Resources
(UPDATE from 2018 Bridge Policy)

In the event Local Prioritization Community (LPC) agencies and statewide providers do not have any available Permanent Supportive Housing (PSH) funds to house new participants, LPCs should use (with group consensus) Rapid Re-housing (RRH) funds to serve high acuity individuals and households (e.g., VI-SPDAT scores of XYZ for individuals, XYZ for families, XYZ for unaccompanied youth) aligning KY BoS Order of Priority. LPC Lead Agencies will document the LPC decision in making referrals according to CE Compliance Standards and record this decision on HCA Compliance Form 190. RRH providers who house higher acuity individuals and households should ramp up intensive housing-focused case management services accordingly, and should make rental support flexible to the client's unique needs in order to maintain housing stability and prevent returns to homelessness.

This means RRH providers will need to:

- Increase home visit frequency and housing stabilization case management based on acuity.
    - ❖ *For example, if a RRH provider houses an individual who is Chronically Homeless, has no income or benefits and has a VI-SPDAT score of 12, they will need much more intensive and regular housing stabilization services than a household who has been homeless for 6 months, marginally employed and scored a 4 on the VI-SPDAT. RRH providers must provide housing-focused case management that ensures housing stabilization is achieved by the time financial assistance ends. RRH should continue housing-focused case management after financial assistance ends (for up to 90 days).*

- Increase duration of financial/rent assistance and provide flexibility based on unique needs.
    - ❖ *RRH provides will need to provide flexible rent assistance based on unique client circumstance, which is no different than if serving a person with a lower acuity. In considering the two examples above, it is likely the individual who scored a 12 will need more rental assistance (in terms of duration and amount) than the household who scored a 4. RRH must ensure financial assistance meets the needs of the client and is flexible. As a best practice, RRH providers will need to reevaluate household income every 3 months to allow for subsidy adjustment as needed (as housing -focused case management is offered and housing stabilization is achieved). It may be that income is gained and lost while receiving RRH assistance, thus providers should adjust subsidy accordingly to prevent returns to homelessness.*

- Treat the RRH project as the permanent housing intervention that will end the individual or household's homelessness.
    - ❖ *Due to scarce PSH resources and the uncertainty of a PSH resource becoming available while a higher acuity household has moved into RRH, accepting RRH providers should exit the individual or household from the LPC list. It is expected that RRH providers provide appropriate services and rental assistance to end the individual or household's homelessness. It is expected that RRH providers conduct follow up services to prevent returns to homelessness.*

- Must be mindful of their program's capacity and funding availability.
    - ❖ *If an RRH provider does not believe their program has the capacity to deliver RRH according to these guidelines, they must voice concerns to the LPC. Case conferencing will be essential in identifying the appropriate housing provider and resource to match to the high acuity individual or household.*