



MD-514

Written Standards for Service Delivery



MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE

VERSION 1.0
EFFECTIVE DATE: JANUARY X, 2026

PROJECT GUIDANCE

OVERVIEW

HUD requires that Continuums of Care develop written guidance to develop consistent implementation of eligibility and prioritization for assistance by project types. These guidelines are to be implemented by CoC, ESG and HSP funded projects across the MD Bos CoC.

Project Guidance is divided into three main sections: Engagement Projects/ Services, Temporary Housing and Permanent Housing. Each section contains guidance for project types that fit within each category. For each project type, the following topics are addressed:

ESSENTIAL PROJECT ELEMENTS

This section details the essential services and characteristics that define each project type.

PARTICIPANT ELIGIBILITY

This section indicates which households are eligible to participate in the project.

PRIORITIZATION

Acknowledging that there often are not enough resources to serve every eligible household that approaches a service provider, this section defines characteristics of households and provides an order of priority for which households should receive services first, based on those characteristics.

NOTE: For purposes of this document, prioritization applies only to permanent housing projects, including Rapid Rehousing and Permanent Supportive Housing.

AMOUNT/DURATION OF ASSISTANCE

This section defines limits on the amount and duration of financial assistance and other services. This section appears only in the Rapid Rehousing (RRH) project type.

PERFORMANCE METRICS

This section defines the expected outcomes for the project.

ENGAGEMENT PROJECTS/SERVICES

Engagement Projects/Services are those services provided to participants before they enter the homeless services system, typically before the household reaches the point where they need to spend the night in a shelter. These may include services for households at imminent risk of homelessness and for individuals already experiencing homelessness but not yet enrolled in a formal homeless services project.

There are three types of Engagement Projects/Services recognized by the MD BoS CoC at this time: Homelessness Prevention (HP), Diversion, and Street Outreach (SO).

Homelessness Prevention (HP) refers to a project that may only serve people at imminent risk of homelessness (Category 2 of the HEARTH definition of “homeless”), people fleeing domestic violence (Category 4 of the HEARTH definition of “homeless”) or people who meet the “at risk of homelessness” definition per the ESG Interim Rule. HP projects typically provide housing relocation and stabilization services and short-term and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in Category 1 of the HEARTH definition of “homeless.”

Diversion is a crisis response service for households who are on the verge of an episode of homelessness, but who have not yet entered into homeless services. Diversion services are provided immediately before intake into shelter or another homeless service and are used to assist households in finding safe and appropriate alternatives to using shelter/homeless services.

Diversion services typically involve a trained staff person having a conversation with a household to help problem-solve and identify safe, affordable housing options to prevent them from entering into the homeless services system. There may or may not be a financial component to this service; however, if financial assistance is provided, it should be short-term, low-cost, -cost, and flexible.

Street Outreach (SO) refers to a project that provides essential services necessary to reach out to unsheltered people experiencing homelessness; connects them with emergency shelter, housing, or critical services; and provides urgent, non-facility-based care to unsheltered people experiencing homelessness who are reluctant or unable to access emergency shelter, housing, or an appropriate health facility. Contact and engagement by project staff with people experiencing homelessness are typically done outdoors or apart from a homeless services building under this project type.

HOMELESSNESS PREVENTION (HP)

At this time, most HP projects are funded with ESG, State HSP, Local or Private dollars. The use of funding under the CoC Program is disallowed until such time as the MD BoS CoC is designated as a High Performing Community by HUD.

At this time, no CoC in the country has obtained this designation, therefore these standards apply only to ESG and HSP funded HP projects. At such time when the MD BoS CoC does obtain the High Performing Community designation, these Written Standards will be revised.

ESSENTIAL PROJECT ELEMENTS

Assessment

The MD BoS CoC has not established standardized assessment protocols or requirements for HP projects at this time. However, designated HP staff should complete individualized assessments that evaluate household needs, financial needs and eligibility for mainstream resources.

Please note, the standard CES Assessment should not be used with households who are not literally homeless; therefore, it may not be used with at-risk households. The MD BoS CoC will identify an

appropriate assessment for triage and prioritization for households at-risk of homelessness, as required by HUD Notice CPD-17-019.

Case Management/Navigation

Case managers/navigators approach all participants using progressive engagement to provide the “lightest touch” intervention possible. Progressive engagement is a model of service delivery that intentionally provides the smallest amount of helpful services (called a “light touch”) to help someone maintain or return to permanent housing. For those who do not obtain permanent housing after the “light touch” services, additional services are then added until the household is able to stabilize. Case managers must show due diligence in efforts to meet with participant households at least once per month. HP staff and households should partner together to create a housing stabilization plan. HP staff should provide (or refer) needed housing stabilization services and mainstream resources, as appropriate. Services typically include, but are not limited to, mediation, legal services, housing navigation and employment support.

Financial Assistance

Financial assistance should be provided in adherence to a progressive engagement model, in order to provide the “lightest touch” intervention possible. Financial assistance typically includes short- to medium-term rent/utility assistance, deposit assistance, and/or relocation assistance. Eligible activities for financial assistance will depend on the project’s funding source(s).

PARTICIPANT ELIGIBILITY

Individuals and families who meet the criteria under the “at risk of homelessness” definition per the ESG Interim Rule, or who meet the criteria in paragraph (2), or (4) of the “homeless” definition in 24 CFR § 576.2, i.e. households who meet Category 2 or 4 of the HEARTH Act definition of “homeless”.

PRIORITIZATION

Not yet established.

PERFORMANCE METRICS

- Number of persons served, compared to the number proposed in the application
- Percentage of successful diversions to permanent housing
- Length of time from entry to exit
- Percentage of participants with increased income at program exit
- Percentage of participants with increased non-cash benefits (e.g., SNAP, TANF) at program exit
- Percentage of participants with health insurance coverage at program exit

DIVERSION

Diversion in a crisis response strategy used with households who are on the verge of homelessness but have not yet entered the homeless services system. Diversion occurs immediately prior to shelter intake or enrollment into another homeless service project. It is intended to help households identify safe, appropriate alternatives to shelter or homelessness services.

Diversion services typically involve a trained staff person engaging in a conversation with the household to problem-solve and identify safe, affordable housing options within their existing support networks.

Example of successful diversion: A single mother and her two sons go to a local family shelter because they have been evicted following the mother's job loss. The family's temporary housing arrangement with the children's grandmother is deteriorating due to neighbor complaints. At shelter intake, staff talk with the mother about other housing options in her support network. The staff discovers the family could remain with the grandmother if the children had after-school care. Shelter staff identify after-school care options and funding to support this. That day, the family returns to the grandmother's home while staff continue working with the mother to secure permanent housing.

ESSENTIAL PROJECT ELEMENTS

ASSESSMENT

Diversion staff should complete, at minimum, a HUD entry assessment, and any identified diversion focused assessment tools. If diversion is not possible and the household must enter into the homeless services system, then staff should complete the full Coordinated Entry Assessment form. The assessment should be entered into HMIS within 2 business days.

SPECIALIZED SERVICES

The goal of diversion is to prevent a household's entry into shelter by diverting them to other safe, appropriate housing options within the household's social support network and/or in the community. To this end, diversion services typically include conflict mediation, housing location/stabilization, and linkage/referral to mainstream resources.

FLEXIBLE FINANCIAL ASSISTANCE

While diversion does not always have a financial assistance component, the most effective diversion services provide access to a small pool of flexible funds to support households in securing or maintaining safe housing (e.g. car repairs, child care, grocery gift cards, bus tickets, etc.). If a community does not have a pool of flexible funds available, households meeting Category 1 or 4 of the HEARTH Act definition of "homeless" may also be offered Rapid Rehousing (RRH) financial assistance through the CoC or ESG Program.

PARTICIPANT ELIGIBILITY

Diversion should be attempted with all households seeking homeless services assistance.

PRIORITIZATION

Not yet established.

PERFORMANCE METRICS

Not yet established.

STREET OUTREACH (SO)

ESSENTIAL PROJECT ELEMENTS

Engagement

Activities that locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance projects and/or mainstream social services and housing programs. Engagement should take place outdoors or apart from a homeless services building. SO staff should perform engagement activities both within and outside of traditional business hours.

Assessment

To the maximum extent practicable, SO staff should complete, at minimum, a HUD entry assessment and the Self Sufficiency Matrix. SO workers should be well-versed in using the information collected through the assessment process to make appropriate referrals to services. The assessment should be entered into HMIS within 2 business days. SO workers should also work to determine a household's eligibility for services.

Navigation

Assist households experiencing homelessness to enroll in services/shelter. Provide access to basic needs, including identification, health care services, mainstream benefit enrollments, food, clothes, hygiene items, and other supports.

Case Management

Once engagement has occurred, SO staff may provide case management focused on assessing housing and service needs, and on arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the project participant. SO staff should also engage participants in an individualized housing and service plan, including planning a path to permanent housing stability by participating in Coordinated Entry. Service plans should be participant-centered, aim to help the participant obtain housing, and emphasize participant choice and autonomy.

Coordination

SO staff must coordinate with other outreach teams within the community to avoid duplication of services and to optimize coverage.

PARTICIPANT ELIGIBILITY

Individuals and families who qualify as homeless under paragraph (1)(i) of the "homeless" definition under 24 CFR § 576.2, i.e. households who meet Category 1 of the HEARTH Act definition of "homeless."

PRIORITIZATION

Not Applicable.

PERFORMANCE METRICS

- The total number of individuals contacted, engaged, and served through SO, compared to the number of persons proposed in the project application.
- Successful placements from SO to a positive housing destination, including exits to permanent housing, transitional housing, or institutional settings.
- Average length of time a participant is engaged in SO services.
- Percentage of participants with earned income, unearned income, and health insurance at the time of exit, as applicable.

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