Maricopa Regional Continuum of Care

In collaboration with Street Outreach Collaborative, Standing Strong for Families, HEART Group, and the Permanent Housing Workgroup

STANDARDS OF EXCELLENCE

For Outreach Programs, Emergency Shelters, Permanent Supportive Housing, Rapid Rehousing, and Transitional Housing

2014

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The Standards of Excellence are… are a set of **performance goals** and **quality standards** for homeless outreach programs / engagement services, emergency / crisis /transitional housing, rapid re-housing, and permanent supportive housing. More importantly, they are a framework for applying **Housing First** principles and **coordinated** practices at the programmatic and system level. Concrete, consistent standards are critical to ensuring we **focus** our efforts and resources in the most effective ways possible. In a reality where all resources are extremely limited, we need to **think smarter** about our current strategies and investments in the community, and to push forward solutions that help us **end homelessness**.

Standards are necessary to…

- ✓ Identify **opportunities** for capacity building and creating more effective programs
- ✓ Make it easier for funders to more consistently **acknowledge and incentivize** those that are the most effective
- ✓ **Reduce the complexity** of performance reports and requests for proposals
- ✓ Push our community to **set goals** towards ending homelessness, especially chronic homelessness, and improving outcomes overall

The Standards of Excellence for the Maricopa County Continuum of Care were developed in partnership by Street Outreach Collaborative, Standing Strong for Families, HEART Group, and the Permanent Housing Workgroup, and then sent to the CoC Board for approval.

Standards of Excellence

For Outreach Programs, Emergency Shelters, Permanent Supportive Housing, Rapid Rehousing, and Transitional Housing

Performance Goals and Indicators

- Markers and metrics of programs that make progress

Operating Standards

- Hallmarks of high quality programs

Suggested Practices

- Strategies for moving forward

Systems Recommendations

- Opportunities for effective change

Standards for Outreach Programs

Performance Goals and Indicators

- ✓ **Engagement**: Total persons engaged, and total of unduplicated engagements
- ✓ Targeting:
- ✓ **Services**: 50% of those engaged receive condition-specific services (e.g. mental health, substance use, physical health, case management) from outreach team or via linked provider.
- ✓ **Successful Placements**: Of those who enter the program, 75% are placed into appropriate supportive environments.
- ✓ **Housing Placements**: Of those who exit the supportive housing environment, 50% are placed into permanent housing.
- ✓ **Effective Partnerships**: Of those who exit to permanent housing, 90% retain housing at 6 months, and 85% retain housing after one year.

Operating Standards

- ✓ **Personnel**: Send teams of 2 and no more than 4 (as needed), 18 or older.
- ✓ **Qualifications**: Train on, at minimum, core values, physical & safety (including blood borne pathogens), boundaries, ethical guidelines, cultural competency, triaging, mental health & substance abuse symptoms, best practices, and housing assessment. Teams should provide for language differences and should be trained to use all Continuum of Care approved tools.
- ✓ **Self-Care**: Policies are in place to ensure outreach staff maintains personal physical & mental health well-being, boundaries, and limitations as applicable within their scope of work. Staff must be concerned with the safety of each individual situation. Self-care may include vitals checks, incentives for healthy choices, a staff therapist or referral program, continuous wellness program, etc.
- ✓ **Availability**: Outreach occurs at all times and there is communication available 24/7, through the Continuum of Care collaborators.
- ✓ **Services**: Quick access to crisis services should be provided. Teams should offer referrals, services & housing, including at minimum access to basic needs, shelter beds, IDs, physical & mental health care, substance use treatment and benefits and employment assistance. Client self-determination and client centered services are created, respected, and supported and no prerequisites are required for use of services. When possible, transportation should be provided. Priority should go to those who are most vulnerable in accordance with assessment tools, data and case managing standards.
- ✓ **Effective Partnerships**: Of those who exit to permanent housing, 90% retain housing at 6 months, and 85% retain housing after one year.
- ✓ **Coordination**: Collaboration with the Continuum- Coordinated Assessment and entry systems and community partners, including other faith-based

outreach programs, service providers and housing providers. Participation in the AZOC is encouraged and promotes: the sharing of resources, cross-training, transportation of clients and improved communication. ✓ **Data**: Consistency and conformity for community wide data standards and sharing. Community should agree to Memorandum of Understanding in regards to streamlining data collection through Homeless Managing Information System (HMIS) and Continuum of Care approved tools, to include the Service Prioritization Decision Assessment Tool (SPDAT) and Vulnerability Index – Service Prioritization Decision Assessment Tool (VISPDAT). ✓ **Continuing Education**: A central library of literature on best practices and ongoing education will be offered to encourage volunteer outreach recruitment and support by the National Alliance to End Homelessness. Training should be provided and required for outreach teams to be trained on all Continuum of Care approved tools, to include the Service Prioritization Decision Assessment Tool (SPDAT) and Vulnerability Index – Service Prioritization Decision Assessment Tool (VISPDAT).All outreach workers should be open to constantly learning from their clients. ✓ **Compliance**: Provider is not on any Continuum of Care probation list.	
Suggested Practices	Systems Recommendations
✓ Approaches ✓ Record-Keeping ✓ Staffing ✓ Partnerships	✓ Data ✓ Partnerships ✓ Housing

Standards for Emergency Shelters

Performance Goals and Indicators	
Individuals	**Families**
✓ **Standardized Access:**[Please place corresponding information] ✓ **Targeting:** [Please place corresponding information] ✓ **Next-Step Housing:**[Please place corresponding information] ✓ **Permanent Housing:**[Please place corresponding information] ✓ **Permanent Housing Retention:**[Please place corresponding information] ✓ **Guest Safety:**[Please place	✓ **Standardized access:** At least 90% of new residents complete intake paperwork within 24 hours of program acceptance; within one week, a full assessment is completed with the family and a housing-based service plan is developed based on the unique needs of the household. ✓ **Prioritization:** Shelter will be prioritized for families residing in unsafe circumstances (such as the streets, parks, with an

corresponding information]	abuser, etc.). Acuity level will be considered as a secondary criterion, with higher acuity families being prioritized over those with lower acuity. ✓ **Next-Step Housing:** At least 75% of the families leaving shelter will exit to rapid rehousing, transitional housing, or permanent housing. ✓ **Permanent Housing:** At least 30% of the families leaving shelter will exit to permanent housing. ✓ **Permanent Housing Retention:** TBD ✓ **Client Safety:** At least 80% of those who complete satisfaction surveys indicate that shelter provided a safe environment for their family members.
Operating Standards **Individuals**	**Families**
✓ **Coordination:** Each agency will provide beds (under funding requirements) that are prioritized for those who have been matched to housing through coordinated access system and are waiting placement. The goal will be at least 10%, where funding allows. ✓ **Assessment:** All guests should be screened for diversion, given an orientation, and complete a basic intake within 24 hours. ✓ **Eligibility:** Clients cannot be required to be clean and sober, have completed treatment, be employed (or at a prescribed income level), or be med-compliant to enter shelter. When possible, shelters may make accommodations for people who	✓ **Eligibility:** Families cannot be required to: Have completed treatment, be employed or at a particular income level, or be med-compliant to enter shelter. ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/housing specialist to 20 family households. ✓ **Governance:** Currently or formerly homeless individuals have opportunities to provide feedback to the Board of Directors on the delivery of services. ✓ **Income:** All families with housing-based service plans are assisted in receiving all eligible public benefits (cash and non-cash) and/or achieving earned income.

may be under the influence of drugs or alcohol but are of no imminent danger to self or others. Clients cannot bring drugs or alcohol to the ES. ✓ **Staffing:** Staff will be trained in safety protocol. Case loads and services will be based on need. Agency maintains a ratio of no less than 1 case manager/housing specialist to 30 guests who choose to participate in case management. ✓ **Alumni-Involvement & Governance:** Avenues exist for alumni involvement, employment opportunities, and peer support, in the delivery of supportive services for current participants. Agencies will seek input from formerly homeless individuals, and at least one individual will be invited to participate in governance activities. ✓ **Safety:** ES will ensure the safety of clients, volunteers, and staff. ✓ **Involuntary Exits:** ES will reserve involuntary exiting clients for dire situations such as: putting themselves and/or others at risk, blatant disregard of client's right and responsibilities, and theft. ✓ **Couples/Shelter Households:** In cases of extreme hardship, all attempts will be made to accommodate families without separation. ✓ **Compliance:** Shelters are ADA-compliant or reasonable accommodations are made. ✓ **Food Safety:** Staff who will prepare & serve meals must have a certified Food Service	✓ **Family Separation:** Resources or referrals are in place that will shelter families without separation. ✓ **Compliance:** Shelter is compliant with Fair Housing and reasonable accommodations are made for households with disabilities. ✓ **Food Safety:** Staff who prepares and serves meals has valid Food Handler's Cards; Commercial kitchens pass routine County inspection processes. ✓ **Client Rights:** Every family household is provided protocols for expressing grievances during shelter stay. ✓ **Client Confidentiality:** Shelter maintains documentation of every family household's shelter stay for at least 5 years and takes precautions to protect confidential client information. All resident records and information are kept confidential and shared only with purpose and informed written consent from the resident. ✓ **Length of Stay:** Housing-based service plans are designed to meet the unique needs of each family household and are designed to facilitate the shortest possible shelter stays. ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes.

Worker Card. ✓ **Documentation of Stay:** Shelter will maintain documentation of every guest's shelter stay in order to provide homeless certification when needed through the Human Management Information System (HMIS). ✓ **Grievance:** Every guest is given protocols for expressing grievances during shelter stay. ✓ **Length of Stay:** Individualized Housing & Service Plans are designed to facilitate the shortest possible shelter stay. ✓ **HMIS Use:** Provider has fully implemented the program in local HMIS and actively participates in it.	
Suggested Practices **Individuals**	**Families**
<u>Approaches</u> ✓ Adopt a client-centered, strengths-based approach to case management (e.g., motivational interviewing). ✓ All clients will have access to appropriate services and resources based on their needs. ✓ Employ a harm reduction model, along with trauma-informed care. ✓ Offer alternative reasonable accommodations for those under the influence away from the general population. ✓ These accommodations must be safe and monitored. Staff must be trained in de-escalation, substance abuse and signs and symptoms of overdose. Monitoring staff must also be trained in what to do in emergency situations.	**<u>Approaches</u>** ✓ Adopt a client-centered, strengths-based approach to case management (e.q. motivational interviewing). ✓ Employ a harm reduction model. ✓ Update housing-based service plans over time, based on the dynamic needs of the family households. ✓ When possible, establish contact and ensure continuity of care with new programs or case managers, both interagency and intra-agency. ✓ When exiting family households to permanent housing, provide orientation to the neighborhood and ensure connections with contacts and local resources. ✓ Plan meals that adhere to or exceed USDA's Dietary Guidelines.

✓ Policies should be in place for staff to connect clients to care. Services that should be offered are Detox, and/or substance abuse treatment. In non-violent situations, the person will not be refused shelter the following day or be issued consequences or mandated treatment. ✓ Create policies and procedures that promote involuntary exits as being the last resort. ✓ Train staff on how to connect clients to other shelter resources when an involuntary exit takes place. ✓ Create a policy on how to inform clients being involuntarily excited with information on their future eligibility for re-entering the ES. ✓ If someone is referred to the wet shelter, it will be documented in their HMIS profile. ✓ Drugs and/or alcohol will be confiscated but the person will be allowed to stay in the shelter unless it is a criminal amount. If using/distributing drugs/controlled substances, the individual will be escorted off premises. A policy should be in place to properly document, handle and dispose of all confiscated property. ✓ Training for staff in De-escalation, Crisis Intervention and Cultural Competency will be ongoing. ✓ Update Individual Housing Specialist Plans (IHSP) over time, in recognition of the fact that a traumatized guest may not fully engage for 2 to 3 weeks. ✓ When possible, establish contact	**Staffing** ✓ Employ multilingual staff. ✓ Ensure that all staff are culturally-competent and sensitive. ✓ Employ multi-disciplinary team or partnership, including housing specialists who locate housing and navigate application processes. ✓ Train on emergency health response, secondary trauma, CPR, conflict resolution, and communicable diseases. ✓ Test for TB annually and on occasions of exposure. **Data** ✓ Utilize standard assessment to determine chronically homeless, vulnerable family, and acuity status for family households. ✓ Adjust consent protocols and improve HMIS participation to allow tracking of recidivism. ✓ Merge various triaging assessments into HMIS.

& ensure continuity of care with new case manager. ✓ When making permanent housing placements provide orientation to the neighborhood & ensure connections with contacts & resources. ✓ Upon exit to permanent housing, provide a care kit & household items based on need. ✓ Plan meals that adhere to or exceed USDA's Dietary Guidelines. **Staffing** ✓ Employ multilingual staff. ✓ Ensure that all staff are culturally-competent & sensitive. ✓ Employ multi-disciplinary team or partnership, including housing specialists who locate housing & navigate application processes. ✓ Train on emergency health response, Traumatic Brain Injuries, secondary trauma, CPR, & communicable diseases. ✓ Test for TB annually & on occasions of exposure. ✓ Base case management ratio on acuity level. **Tracking** ✓ Monitor housing replacement length of stay, recidivism outcomes frequently. ✓ Track by acuity level.	
Systems Recommendations for Individuals	
Data ✓ Pending technical assistance. Recommendations on performance measurement. **Resources** ✓ Fund housing locators & navigators to allow for more seamless connections	**Processes** ✓ Create a system of coordinated entry to quickly connect persons in shelter to next-step housing. ✓ Establish a system wide grievances program to support equity, safety, and

between shelters & permanent housing. ✓ Assist with transit and costs of moving. ✓ Establish a furniture bank with hot boxes for permanent housing move-ins.	security, and to administer customer satisfaction surveys. ✓ Improve benefits application & receipt processes, including SSI processes connect & SOAR Coordination. ✓ Reduce processing time at housing authorities.

Standards for Rapid Rehousing

(Drafted by Standing Strong for Families 5.8.14)

Performance Goals and Indicators

- ✓ **Targeting:** Rapid Rehousing units are targeted based on the community-adopted standardized assessment tools.
- ✓ **Housing Stabilization:** Within two weeks of the least start date, a comprehensive standardized assessment is completed with the family and an Individualized Housing Stabilization Plan (IHSP) is developed based on the unique needs of the household.
- ✓ **Permanent Housing:** At least 85% of the family households are able to maintain permanent housing upon program exit (when the subsidy and services end).
- ✓ **Permanent Housing Retention:** TBD
- ✓ **Income:** At least 85% of the family households are able to maintain or increase the household income from program entry to exit (when the subsidy and services end).
- ✓ **Client Satisfaction:** At least 80% of those who complete satisfaction surveys express satisfaction with the services provided by the program.

Operating Standards

- ✓ **Supportive Services:** 1) Easy access to a comprehensive array of services designed to assist tenants in sustaining housing stability and productive lives in the community. 2) At minimum, service coordination and case management must be offered to every family household. 3) Participation in services cannot be a condition of tenancy, unless dictated by funding sources.
- ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/housing specialist to 20 family households. The intensity of services are based on the needs of the family household with a minimum standard of one monthly home visit.

- ✓ **Access to Housing:** To enter or retain housing, family households cannot be required to have completed a program, have had a shelter stay, be clean and sober or be med compliant.
- ✓ **Housing Selection:** Programs ensure family households have choices within a geographic region among housing units which meet the rent reasonableness guidelines and pass basic habitability and lead-based paint screenings.
- ✓ **Tenant Notice:** All family households receive a copy of Arizona Tenants' Rights and Responsibilities Handbook.
- ✓ **Program Duration:** IHSPs are designed to meet the unique needs of each family household. Recertification is required, and continuation of the leasing subsidy is based upon family household needs for additional support in order to maintain permanent housing stability.
- ✓ **Alumni Involvement:** Avenues exist for alumni involvement in the delivery of supportive services.
- ✓ **Governance:** Currently or formerly homeless individuals have opportunities to provide feedback to the Board of Directors on the delivery of services.
- ✓ **Public Benefits:** All families with IHSPs are assisted in receiving all eligible public benefits (cash and non-cash) and/or achieving earned income.
- ✓ **Client Rights:** Every family household is informed of client rights including protocols for expressing grievances during program participation and potential reasons for involuntary exits from the program.
- ✓ **Client Confidentiality:** Program maintains documentation of every family household's rapid rehousing stay for at least 5 years and takes precautions to protect confidential client information. All resident records and information are kept confidential and shared only with purpose and informed written consent from the resident.
- ✓ **Landlord Mediation:** Programs work with landlords and family households to mediate any landlord/tenant issues or leasing concerns that may jeopardize permanent housing stability.
- ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes.

Suggested Practices

Approaches

- ✓ Adopt a client-centered, strengths-based approach to case management (e.q. motivational interviewing)
- ✓ Employ a harm reduction model. Providers recognize the prevalence of substance use and mental health disorders that have contributed to current or past episodes of homelessness and establish collaborative

Staffing

- ✓ Employ multilingual staff.
- ✓ Ensure that all staff are culturally-competent and sensitive.
- ✓ Employ multi-disciplinary team or partnership, including housing specialists who locate housing and navigate application processes.
- ✓ Train on home visitation safety, basic habitability & lead-based

relationships with community partners to address such issues. ✓ Update IHSPs over time, based on the dynamic needs of the family households. ✓ When possible, establish contact and ensure continuity of care with new programs or case managers, both interagency and intra-agency. ✓ Provide orientation to the neighborhood and ensure connections with contacts and local resources.	paint inspections, emergency health response, secondary trauma, CPR, conflict resolution, communicable diseases, and mandatory reporting. ✓ Test for TB regularly and on occasions of exposure. Data ✓ Utilize standard assessment data to inform IHSPs. ✓ Comply with HMIS data standards. ✓ Merge various triaging assessments into HMIS.

Standards for Transitional Housing

(Drafted by Standing Strong for Families 4.9.14; Revised 5.6.14)

Performance Goals and Indicators
✓ **Standardized access:** At least 90% of new families complete intake paperwork within 7 days of program entry; within two weeks, a comprehensive standardized assessment is completed with the family and an individualized case plan is developed based on the unique needs of the household. ✓ **Targeting:** Transitional housing units are targeted based on the community-adopted standardized assessment tools ✓ **Permanent Housing:** At least 80% of the families will exit to permanent housing. ✓ **Permanent Housing Retention:** TBD ✓ **Client Safety:** At least 80% of those who complete satisfaction surveys indicate that shelter provided a safe environment for their family members.
Operating Standards
✓ **Eligibility:** Families cannot be required to: be clean & sober, have completed treatment, be employed, or be med-compliant to enter programs. ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/housing specialist to 20 family households. ✓ **Alumni Involvement:** Avenues exist for alumni involvement in the delivery of supportive services.

- ✓ **Governance:** Currently or formerly homeless individuals have opportunities to provide feedback to the Board of Directors on the delivery of services.
- ✓ **Income:** All families with individualized case plans are assisted in receiving all eligible public benefits (cash and non-cash) and/or achieving earned income.
- ✓ **Family Separation:** Resources or referrals are in place that will shelter families without separation.
- ✓ **Compliance:** Programs are compliant with Fair Housing and ADA. Reasonable accommodations are made for households with disabilities.
- ✓ **Food Safety:** Staff who prepare and serve meals has valid Food Handler's Cards; Commercial kitchens pass routine County inspection processes.
- ✓ **Client Rights:** Every family household is informed of client rights including protocols for expressing grievances during program stay and potential reasons for involuntary exits from the program.
- ✓ **Client Confidentiality:** Program maintains documentation of every family household's shelter stay for at least 5 years and takes precautions to protect confidential client information. All resident records and information are kept confidential and shared only with purpose and informed written consent from the resident.
- ✓ **Length of Stay:** Individualized case plans are designed to meet the unique needs of each family household and are designed to facilitate the shortest possible program stays.
- ✓ **Retention:** Providers adjust program requirements and services for families with disabling conditions such as substance use and mental health disorders. Symptoms related to such disabling conditions do not automatically result in program exit to homelessness.
- ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes.

Suggested Practices	Systems Recommendations
Approaches: ✓ Adopt a client-centered, strengths-based approach to case management (e.q. motivational interviewing) ✓ Employ a harm reduction model. Providers recognize the prevalence of substance abuse and mental health disorders that have contributed to current or past episodes of homelessness and establish collaborative relationships with community partners to address such issues.	**Approaches:** ✓ Adopt a client-centered, strengths-based approach to case management (e.q. motivational interviewing) ✓ Employ a harm reduction model. Providers recognize the prevalence of substance use and mental health disorders that have contributed to current or past episodes of homelessness and establish collaborative relationships with community partners to address such issues.

✓ Update housing-based service plans over time, based on the dynamic needs of the family households. ✓ When possible, establish contact and ensure continuity of care with new programs or case managers, both interagency and intra-agency. ✓ When exiting family households to permanent housing, provide orientation to the neighborhood and ensure connections with contacts and local resources. ✓ Plan meals that adhere to or exceed USDA's Dietary Guidelines. **Staffing:** ✓ Employ multilingual staff. ✓ Ensure that all staff are culturally-competent and sensitive. ✓ Employ multi-disciplinary team or partnership, including housing specialists who locate housing and navigate application processes. ✓ Train on emergency health response, secondary trauma, CPR, conflict resolution, communicable diseases and mandatory reporting. ✓ Test for TB annually and on occasions of exposure. **Data:** ✓ Utilize standard assessment data to inform individualized case plans. ✓ Comply with HMIS data standards. ✓ Merge various triaging assessments into HMIS.	✓ Update individualized case plans over time, based on the dynamic needs of the family households. ✓ When possible, establish contact and ensure continuity of care with new programs or case managers, both interagency and intra-agency. ✓ When exiting family households to permanent housing, provide orientation to the neighborhood and ensure connections with contacts and local resources. **Staffing:** ✓ Employ multilingual staff. ✓ Ensure that all staff are culturally-competent and sensitive. ✓ Employ multi-disciplinary team or partnership, including housing specialists who locate housing and navigate application processes. ✓ Train on emergency health response, secondary trauma, CPR, conflict resolution, communicable diseases, and mandatory reporting. ✓ Test for TB regularly and on occasions of exposure. ✓ **Data:** ✓ Utilize standard assessment data to inform individualized case plans. ✓ Comply with HMIS data standards. ✓ Merge various triaging assessments into HMIS.

Standards for Permanent Supportive Housing for Families

(Drafted by Standing Strong for Families 5.29.14)

Performance Goals and Indicators

- ✓ **Targeting:** Permanent Supportive Housing units are targeted based on the community-adopted standardized assessment tools.
- ✓ **Housing Stabilization:** Within two weeks of the lease start date, an Individualized Housing Stabilization Plan (IHSP) is developed based on the unique needs of the family household. At least 90% of the tenants retain permanent housing (remain in unit or exit to other permanent housing) after 6 months and 85% after 1 year.
- ✓ **Tenant Satisfaction:** At least 80% of families who complete satisfaction surveys express satisfaction with the services provided by the program.

Operating Standards

- ✓ **Supportive Services:** 1) Tenants have easy access to a comprehensive array of services designed to assist them in sustaining housing stability and productive lives in the community. 2) At minimum, service coordination and case management based on the IHSP must be offered to every family household. 3) Services are flexible and individualized to include mental health, substance abuse treatment, life skills development, money management, benefits enrollment, primary health care, legal assistance, job training/placement, and education as appropriate. 4) Written program agreements clarify the services available and roles and responsibilities of both the service provider and tenant.
- ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/service coordinator for every 13 family households. The intensity of services are based on the needs of the family household with a minimum standard of weekly contact initiated by the service provider and at least one monthly home visit.
- ✓ **Access to Housing:** To enter or retain housing, family households cannot be required to have completed a program, have had a shelter stay, be clean and sober or be med compliant, unless dictated by funding source.
- ✓ **Housing Selection:** Service providers ensure family households have choices among housing units which meet the rent reasonableness guidelines and pass basic habitability and lead-based paint screenings.
- ✓ **Lease:** Tenants have a lease with no limits on length of tenancy as long as terms and conditions are met. Participation in services cannot be a

condition of tenancy, unless dictated by funding sources. No curfews or guest fees can be imposed.

- ✓ **Tenant Notice:** All family households receive a copy of Arizona Tenants' Rights and Responsibilities.
- ✓ **Tenant Involvement:** Avenues exist for tenant involvement in the delivery of supportive services.
- ✓ **Governance:** Currently or formerly homeless individuals have opportunities to provide feedback to the Board of Directors on the delivery of services.
- ✓ **Quality of Life:** The wellness of tenants is regularly measured through a community-adopted assessment tool (e.g. FSPDAT).
- ✓ **Public Benefits:** All families with IHSPs are assisted in receiving all eligible public benefits (cash and non-cash) and/or achieving earned income.
- ✓ **Client Rights:** Every family household is informed of client rights including protocols for expressing grievances during program participation and potential reasons for involuntary exits from the program.
- ✓ **Client Confidentiality:** Program maintains documentation of every family household's Permanent Supportive Housing stay and takes precautions to protect confidential client information. All resident records and information are kept confidential and shared only with purpose and informed written consent from the resident. Upon exit, records are maintained for at least 5 years.
- ✓ **Landlord Mediation:** Programs work with landlords and family households to mediate any landlord/tenant issues or leasing concerns that may jeopardize permanent housing stability.
- ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes.

Suggested Practices

Approaches:

- ✓ Adopt a client-centered, strengths-based approach to case management (e.q. motivational interviewing).
- ✓ Employ a harm reduction model. Providers recognize the prevalence of substance use and mental health disorders that have contributed to current or past episodes of homelessness and establish collaborative relationships with community partners to address such issues.
- ✓ Update housing-based service plans over time, based on the dynamic needs of the family households.
- ✓ When possible, establish contact and ensure continuity of care with new programs or case managers, both interagency and intra-agency.
- ✓ When exiting family households to permanent housing, provide orientation to the neighborhood and ensure connections with contacts and local resources.

- ✓ When possible, services should be coordinated with private landlords in scattered-site projects.
- ✓ Ensure that leasing standards are transparent and focused on the hardest to serve, screening in rather than screening out.
- ✓ Options beyond Permanent Supportive Housing, including more independent living situations, should be made available to tenants.
- ✓ Plan meals that adhere to or exceed USDA's Dietary Guidelines.

Staffing:

- ✓ Employ multilingual staff.
- ✓ Ensure that all staff are culturally-competent and sensitive.
- ✓ Train on home visitation safety, emergency health response, secondary trauma, CPR, conflict resolution, communicable diseases, and mandatory reporting.
- ✓ Test for TB annually and on occasions of exposure.

Data:

- ✓ Utilize standard assessment data to inform IHSPs.
- ✓ Comply with HMIS data standards.
- ✓ Merge various triaging assessments into HMIS.

Standards for Permanent Supportive Housing for Singles

(Drafted by Permanent Supportive Housing Work Group 12.1.14)

Standards for Permanent Supportive Housing (PSH) ***Performance Goals and Indicators***	**Dimensions of Quality/Positive PSH Outcomes**
Housing Stabilization ✓ At least 90% of tenants retain permanent housing (remain in unit or exit to other permanent housing) at 6 months and 85% after 1 year.	Tenants Stay Housed ✓ Tenants stay in permanent housing. This is inclusive of tenants who exit supportive housing to other permanent housing.
Prioritization and Access to Housing ✓ Tenants for at least 50% of all new and turnover units are drawn from the Coordinated Entry System for the Continuum of Care (COC) Prioritized	*See Mapping Standards for PSH to Dimensions of Quality.*

Populations. COC and Emergency Shelter Grants will require 100% participation when the Coordinated Access System is 100% implemented. ✓ 100% of tenants are assessed with the Continuum of Care approved Tool	
Increase in Income and Employment ✓ 100% assessed for eligible benefits (at minimum SSI/SSDI, VA, SNAP); of those eligible, 95% apply within 6 months ✓ Increase in income from employment and/or benefits ***HUD Objective: At least 20 percent of participants increased their income from employment.*** ***HUD Objective: At least 54 percent of participants increased their income from sources other than employment.*** ***HUD Objective: At least 56 percent of participants obtained non-cash mainstream benefits.***	Tenants Increase Their Income and Employment ✓ Tenants who have been in supportive housing for one year increase their income if they moved in with no income and those who moved in with income maintain that income. ✓ Tenants who enter supportive housing with income and/or employment have maintained it. ✓ Tenants who express a desire to work are supported and ultimately, successfully employed
Tenant Satisfaction/Quality of Life • *At least 80% of tenants are satisfied with housing* • *At least 80% of tenants, who participate in supportive services, are satisfied with those services available*	Tenants are Satisfied with Services and Housing ✓ Tenants are satisfied with their housing. ✓ Tenants are satisfied with the services available Tenants Improve Their Physical and Mental Health: • Tenants improve their access to physical and mental health services.

	Tenants have Social and Community Connections • Tenants are active community members who choose to participate in organizations such as faith communities and peer associations, and/or in activities such as volunteering, voting, community gardens or block parties. • Tenants report an appropriate social support network.

<u>Operating Standards – Hallmarks of high quality programs</u>

All PSH programs should integrate and follow these and the Corporation for Supportive Housing Mapping Standards for Permanent Supportive Housing to Dimensions of Quality (separate document).

- ✓ Supportive Services: 1) Easy access to a comprehensive array of services designed to assist tenants in sustaining stability and productive lives in the community. 2) At minimum, service coordination and client centered case management must be offered to every tenant.
- ✓ Lease: Tenants have lease or similar form of occupancy agreement with 1) no limits on length of tenancy as long as terms and conditions of agreement are met, 2) Participation in services cannot be a condition of tenancy, unless dictated by funding sources, and 3) No curfews or guest fees can be imposed on a tenant.
- ✓ Access to Housing: To enter or retain housing, tenants cannot be required to have completed a program, have had a shelter stay, be clean and sober, or medication compliant.
- ✓ Tenant Notice: All receive and are given notice of a list of Arizona's Tenant Rights and Responsibilities.
- ✓ Every resident in both scattered and single-site housing should have a housing retention plan to both maintain and prevent recidivism.
- ✓ Rent: Tenant ideally pays no more than 30% of their income and never pays more than 40% of income toward rent.
- ✓ Income and Employment: Providers engage in the SOAR process for rapid enrollment of eligible tenants in SSI/SSDI.
- ✓ Providers will promote and support the tenant in increasing their income.
- ✓ Quality of Life: The wellness of clients is regularly measured through the Continuum of Care approved assessment tool (e.g. SPDAT).
- ✓ HMIS Use: Provider has fully implemented the program in the local HMIS and actively participates in it.

<u>Suggested Practices – Strategies for moving forward</u>

Services

- ✓ Services will be flexible and client centered, including mental health, substance abuse treatment, life skills development, money management, benefits enrollment, primary health care (and referrals to legal assistance, job training/placement, and education).
- ✓ Every resident in both scattered and single-site housing will have a housing retention plan.
- ✓ Residents in danger of eviction will be assisted to find other suitable permanent housing that will allow them to maintain their current housing voucher.

Approaches

- ✓ Property Management (PM) and Social Services (SS) need to be coordinated and have same approach/philosophy in project-based housing, have clear delineation of roles and communicate regularly.
- ✓ Harm reduction and motivational interviewing are effective methods in stabilizing clients and setting goals. When possible services should be coordinated with Housing Specialists and liaisons in scattered-site projects. Case Managers should be trained in these and other best practice interventions.
- ✓ Transparent leasing standards should focus on the hardest to serve, screening in rather than screening out.
- ✓ Options beyond permanent supportive housing, including more independent living situations or other appropriate levels of care, should be made available to clients.

Systems Recommendations – Opportunities for effective change

Coordination

- ✓ Funding will match needs for services and align to the right-size of interventions (e.g., funding for chronic homeless populations will provide sufficient funding of services needed for the population; $2,500-$15,000/year/resident.)
- ✓ Training will be provided to all staff at the agency level on PSH best practices, COC approved tools and housing based case management.
- ✓ Standards will increase success and expand permanent supportive housing.
- ✓ Housing Authority processes will be improved in order to increase access to housing & quicken placement rates. Admin plans will include local preferences and improve the ability for providers and tenants to navigate housing systems.
- ✓ Housing Authorities will collaborate with the Coordinated Access system.

- Housing Authorities will align their voucher strategy to meet the right size of interventions to end homelessness in our communities.
- Move on strategies will be created and implemented to graduate people into their highest level of financial independence.
- Housing Authorities will consult the COC Standards of Excellence when creating their consolidated plans.

✓ The Regional Behavioral Health Authority will improve collaboration with PSH providers to reduce and prevent recidivism.

✓ Voluntary services is a key aspect of PSH and funding will not mandate a certain level of treatment or service.

✓ Public funding streams (e.g., State LIHTC, Federal Home Loan) will remove unnecessary requirements and consolidate conflicting requirements for financing.

✓ The COC will use program data and HUD approved measures to continually monitor and improve performance. This will include monitoring and maintaining a robust and effective Homeless Management Information System (HMIS) that is accountable to the needs of the community.

Glossary:

Permanent Housing: Housing that is governed by a lease with no limits on length of stay. In terms of housing placement goals, the permanent housing category includes permanent supportive housing, rental by client (no ongoing subsidy), owned by client (no ongoing subsidy), rental by client (with ongoing housing subsidy), owned by client (with ongoing housing subsidy), and staying or living with family or friends (permanent tenure).

Permanent Supportive Housing: Affordable housing where the tenant pays no more than 30 to 40 percent of their income for housing costs. The tenants have a lease and there is an indefinite length of stay as long as the tenant complies with lease and/or funding requirements. Tenants should have easy access to a comprehensive array of individualized and flexible services, either on-site or in proximity to the housing site, that are designed to assist tenants in sustaining stability and productive lives in the community.

Recidivism: In homeless programs, "recidivism" refers to a return to homelessness after moving into permanent housing, as documented by HMIS.

PSH Successful Destinations: The Standards of Excellence employ the same successful destinations as for households exiting outreach programs, which are: emergency shelter, including hotel/motel with emergency shelter voucher,

transitional housing, permanent supportive housing, substance abuse treatment facility or detox center, rental by client (no ongoing subsidy), owned by client (no ongoing subsidy), hotel or motel paid by client, safe haven, rental by client (with ongoing housing subsidy), owned by client (with ongoing housing subsidy), staying or living with family or friends (permanent tenure), and deceased.

Voluntary Services: The term "supportive" in supportive housing refers to voluntary, flexible services designed primarily to help tenants maintain housing. Voluntary services are those that are available to but not demanded of tenants, such as service coordination, case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children's programs, and money management. Services are voluntary for the tenant, but required engagement is expected from the service provider.

Warm Hand-Off: The transfer of a client from one provider to another, typically with a face-to-face introduction, in order to facilitate the transfer of the trust and rapport the client has developed, to the new provider. In homeless services, such transfers often occur between outreach workers and interim housing providers and between emergency shelter case managers and permanent supportive housing service coordinators.

Additional glossary terms are under development and will be added upon completion.