

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 overall outcomes.

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



Standards for Emergency Shelters

Performance Goals and Indicators

- ✓ **Standardized Access:** At least 90% of new clients complete intake paperwork within 24 hours of program acceptance; within two weeks, a full assessment is completed with an individual and a housing-based service plan is developed based on the unique needs of the individual.
- ✓ **Prioritization:** Shelter will be prioritized for vulnerable individuals based on acuity and residing in unsafe circumstances (such as the streets, parks, with an abuser, etc.).
- ✓ **Permanent Housing:** The HEART Group will have data from Community Information and Referral by January 2016 to accurately report an exit rate.
- ✓ **Client Safety:** At least 80% of those who complete satisfaction surveys indicate that shelter provided a safe environment for them.
- ✓ **Returns to Homelessness:** This measure will be based on households exiting the homeless system and then returning to shelter within a specified time period.
- ✓ **Permanent Housing Retention:** We are awaiting HUD guidance on measuring returns to homelessness. This measure will be based on households exiting the homeless system for permanent housing and then returning to shelter within a specified time period. * revisit data in one year to provide a baseline. Aspirational 5% decrease per year.

Operating Standards

- ✓ **Coordination:** Where funder allows, each agency will provide 10 % of their beds for bridging through Coordinated Access.
- ✓ **Assessment:** All clients 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 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:** As community, complete basic safety protocol. Caseloads and services will be based on need. Agency maintains a ratio of a maximum of 30 clients to 1 case manager/housing specialist.
- ✓ **Alumni-Involvement & Governance:** Avenues exist for alumni involvement, employment opportunities, and peer support, in the delivery of supportive services for current participants. Agencies may seek input from formerly homeless individuals, and at least one individual will be invited to participate in governance activities.
- ✓ **Safety:** The safety of clients, volunteers, and staff will be prioritized
- ✓ **Involuntary Exits:** ES will reserve right for the involuntary exit of a clients for dire situations such as: putting themselves and/or others at risk, blatant disregard of client's right and responsibilities, and theft.
- ✓ **Compliance:** Shelters are ADA (Americans with Disabilities Act) and Fair-Housing compliant or reasonable accommodations are made.
- ✓ **Food Safety:** Staff who will prepare & serve meals must have a valid food handler card/certificate issued by any county in the State of Arizona, or have a valid card/certificate issued by an American National Standards Institute accredited food handler training program.
- ✓ **Documentation of Stay:** Shelter will maintain documentation of every client's shelter stay in order to provide homeless certification when needed through the Homeless Management Information System (HMIS).
- ✓ **Data:** will be confidentially shared upon client consent.

- ✓ Data collaboration with the appropriate tools shall be used for information tracking.
- ✓ **Grievance:** Every client is given protocols for expressing client rights during shelter stay.
- ✓ **Length of Stay:** Individualized Housing & Service Plans are designed to meet the unique needs of each individual housed and facilitate the shortest possible shelter stay.
- ✓ **HMIS Use:** Provider has fully implemented the program in local HMIS and actively participates in it.
- ✓ **Income:** All clients are assisted in receiving all eligible public benefits (cash & non- cash) and/or achieving earned income.
- ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes.
- ✓ **Identification:** All clients are assisted with obtaining all paperwork needed to access permanent housing. (ie. Social security cards, divorce decrees, DD214s, income or disability verification, etc.)
- ✓ Adopt a client-centered, strengths-based approach to case management (e.g., motivational interviewing).

Suggested Practices

Approaches

- ✓ Safety training for staff and clients should focus in the areas listed below.
 - ✓ De-escalation
 - ✓ Substance abuse and signs
 - ✓ Symptoms of overdose
 - ✓ What to do in emergency situations
 - ✓ Emergency health response
 - ✓ Mental health first aid
 - ✓ Trauma informed care
 - ✓ Motivational interviewing
 - ✓ Harm reduction
 - ✓ Secondary trauma
 - ✓ CPR
 - ✓ Conflict resolution
 - ✓ Communicable diseases
 - ✓ Crisis Intervention
 - ✓ Cultural, gender ,and sexual minority competency
- ✓ Policies should be in place for staff to connect clients to care. Services that should be offered are Detox, and/or substance abuse treatment.
- ✓ Create policies and procedures that connect and improve client services/interactions related to disciplinary actions.
- ✓ When possible, establish a warm hand-off.
- ✓ When exiting client households to permanent housing, provide orientation to the neighborhood and ensure connections with local resources.
- ✓ Plan meals that adhere to or exceed USDA's Dietary Guidelines.

Staffing

- ✓ Employ multilingual staff.
- ✓ 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.

Systems Recommendations for Individuals

Data

- ✓ Utilize standardized assessment to determine acuity levels of client households and inform the housing-based service plans.
- ✓ Use community data to inform community decisions.
- ✓ Establish protocols for standardized data sharing.

Resources

- ✓ Fund housing locators & navigators to allow for more seamless connections between shelters & permanent housing.
- ✓ Assist with transit and costs of moving.
- ✓ Establish a furniture bank with hot boxes for permanent housing move-ins.
- ✓ Develop a regional Emergency Shelter staff training program.

Processes

- ✓ Create a system of coordinated entry to quickly connect persons in shelter to next-step housing.
- ✓ Improve benefits application & receipt processes, including SSI processes connect & SOAR Coordination.
- ✓ Reduce processing time at housing authorities.
- ✓ Improve the identification and collection of “unknown client exits”.

Standards for Permanent Supportive Housing for Singles

(Drafted by Permanent Supportive Housing Work Group 9/16/2015)

Standards for Permanent Supportive Housing (PSH) <i>Performance Goals and Indicators</i>	Dimensions of Quality/Positive PSH Approaches and Outcomes
<p>Housing Stabilization ✓ At least 90% of tenants retain permanent housing (remain in unit or exit to other permanent housing) at 6 months and 85% retain permanent housing after 1 year.</p>	<p>Tenants Stay Housed ✓ Tenants stay in permanent housing. This is inclusive of tenants who exit supportive housing to other permanent housing.</p>
<p>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 Populations. COC and Emergency Solutions 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, as defined by the COC Board.</p>	<p><i>See Mapping Standards for PSH to Dimensions of Quality.</i></p>
<p>Increase in Income and Employment ✓ 100% of tenants are assessed for eligible benefits (at minimum SSI/SSDI, VA, SNAP); of those eligible, 95% apply, within 6 months of program entry. 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.</p>	<p>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 to do so.</p>
<p>Tenant Satisfaction/Quality of Life ✓ At least 80% of tenants are satisfied with housing, as measured through a COC approved satisfaction survey. ✓ At least 80% of tenants, who participate in supportive services, are satisfied with those services available (as measured through a COC approved satisfaction survey).</p>	<p>Tenants are Satisfied with Services and Housing ✓ Tenants are satisfied with their housing. ✓ Tenants are satisfied with the services available.</p> <p>Tenants Improve Their Physical and Mental Health ✓ Tenants improve their access to physical and mental health services.</p> <p>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.</p>

Operating Standards – Hallmarks of high quality programs

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.

Suggested Practices – Strategies for moving forward 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 definitions are in development.)