Long-term Homeless Supportive Housing Fidelity Standards (4/2019)

Any exceptions to the following standards must have written approval from Hennepin County’s Housing Stability team

1. **Housing Choice and Structure**
	1. Program participants have choice in the location and other features of their housing. Intake procedures should include a list of housing needs and preferences. Participants should be given as much choice as possible given the constraints of the market and funding. Participants must, at the minimum, see the unit before signing a lease. Housing satisfaction should be reviewed annually. If a client requests relocation, the housing provider will assist in a housing relocation plan. Providers will give priority to clients that are at risk for returning to homelessness or clients who are waiting for first time housing.
	2. Providers will implement Coordinated Entry standards for intake and placement.
	3. Housing is assumed to be permanent, with no actual or expected time limits other than those defined under a standard lease or occupancy agreement.
	4. Providers should not master lease apartments. Leases should be directly between landlords and the program participants. The funding for Housing Support (HS) is contingent on the participant remaining financially eligible. Participants, who no longer need program support services or lose eligibility may remain in their housing. Participants may move among different units or transfer to other providers within the collaborative and still be considered in permanent housing. \*these standards may be different for site-based providers\*
	5. Base rate dollars should be used to pay housing related cost based on the prioritization set forth in the LTH Housing Support Best Practices document created by the collaborative. Housing Support base rate (rate 1) may be used to pay participants’ housing related costs only.

* 1. Program participants are required to pay client obligation as determined by Hennepin County. If client fails to pay their obligation, each organization should have a written policy stating expectations and possible consequences of failing to meet them.
	2. Program participants may live in scattered site market units or site-based units. The number of units within an apartment building that a provider may use shall not exceed 20% of the total units in the building. This standard does not apply to buildings with 6 or fewer units.
	3. No participant is required to share living areas. Participants may choose to live with family members or have a roommate(s). For participants choosing to live with others, it is recommended the unit contain at least as many bedrooms as participants.
1. **Separation of Housing and Services**
	1. Program participants are not required to demonstrate housing readiness to gain access to housing units.
	2. Continued tenancy is not linked in any way with adherence to clinical treatment or service provisions. However, the Housing Support grant is dependent on participants demonstration of ongoing eligibility.
	3. Service providers are expected to offer services at least once a month. Clients should be able to choose the style and frequency of services.
	4. Program participants have legal rights to the unit with no special provisions added by the service provider.
	5. Program offers participants who have lost their housing access to a new housing unit with no standardized limits on the number of relocations. Participants who have lost their housing due to a lease violation must have a plan to address the behaviors that led to the housing loss to prevent repeated loss of housing. Service providers should follow residents through interruptions in housing (hospitalization, eviction, and incarceration, etc.).
	6. Program participants who have lost their housing continue to receive program services to the extent possible for the provider. Upon discharge the service provider will complete an exit plan to the extent possible.
2. **Service Philosophy**
	1. Service philosophy is consistent with the Housing First model. Program participants choose the type, sequence, and intensity of services on an ongoing basis.
	2. Case management should have set standards and clients should have a say in those standards. Services are voluntary for the clients, but it is mandatory for housing providers to offer case management.
	3. Program participants with psychiatric disabilities are not required to take medication or attend treatment.
	4. Program utilizes a harm-reduction approach to substance use (it does not require abstinence and works to reduce the negative consequences of use).
	5. Providers are expected to offer person centered intensive case management services, as needed.
	6. Providers deliver interventions to address housing instability.
	7. Providers increase, and are strong advocates for, participants' self-determination and autonomy.
3. **Service Array**
	1. Providers offer services to help participants secure and maintain housing. This may include the following services:
		1. Assistance with application fees and security deposits
		2. Utility setup and ongoing payment
		3. Rental payments
		4. Furnishings
		5. Neighborhood orientation
		6. Landlord relations
		7. Financial applications
		8. Budgeting
	2. Providers assist in arranging services for program participants as needed and coordinate with the service providers. Including, but not limited to:
4. Accessing and maintain financial benefits
5. Health related services
6. Social services
7. Psychiatric services
8. Substance use treatment
9. Supported employment services
10. Services supporting social integration
	1. Providers will assist participants with identifying 24-hour crisis intervention options, such as COPE.
11. **Program Structure**
	1. Providers collaborate by attending provider meetings, offering input on policies, and organizing/sharing training resources.
	2. Hennepin County’s Coordinated Entry System must refer all participants; providers can determine housing priority.
	3. Program consistently maintains a low staff/participant ratio. Providers must maintain a staff to participant ratio of 1:25 or less. The staff to participant ratio for families should not exceed 1:20.
	4. Program has a minimum threshold of contact with participants to ensure safety and well-being. Service frequency should be tailored to each individual participant. Some participants will need a higher frequency of in-home visits than the minimum standard or need a higher frequency of visits for a longer duration. The minimum standard for providers is to provide clients whatever level of support they need for the first year. Participants who have been stable as defined by the program’s criterion for a year may decrease in-home visits to once a month, if the client agrees. One in-home visit each month is the minimum allowed for full service funding through Housing Support. Participants should not be exited/discharged for missing meetings.
	5. Provider program staff meet frequently for supervision to plan and review services for program participants.
	6. Providers use a frequent internal organizational meeting to conduct a brief review of all participants.
	7. All program staff must have documented training in the following areas:
12. Vulnerable Adult Mandated Reporter
13. Housing First Model
14. Working with Landlords
15. Tenant Rights & Responsibilities
16. Harm Reduction
17. Motivational Interviewing
18. Stages of Change
19. Boundaries
20. De-Escalation
21. Staff Safety
	1. Program Managers should have additional training/experience with supervision and management practices.
	2. Programs should offer participants opportunities for representation and input in program operations and policies.