Any exceptions to the following standards must have written approval from Hennepin County.

Providers can exceed these minimum standards without approval from Hennepin County.

These standards apply to all Community-Based programs (Demo, HWS-I, LTH).

1. **General**
   1. **Communication with Program Participants:** Providers should have regular communication with program participants about these standards and how they apply to their benefit.

1. **Housing** 
   1. **Housing Location, Type and Features:** Program participants have choice in the location within Hennepin County, housing type, 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 see the unit in person before signing a lease.
   2. **Days-to-House:** Providers will make every effort to limit the number of days from referral to program enrollment, to housed. Organizations working within the HMIS system should routinely be looking at their agency’s average days-to-house and working to reduce delays where possible.
   3. **Tenant Screening in Provider-Controlled Settings:** Providers should use low-barrier screening to support participants with a variety of housing barriers. Examples of low-barrier screening should include more exceptions to credit and criminal history and an appeal process for rental decisions.
   4. **Applying for Housing:** Providers will assist in the rental application process when needed, including appealing the rental decision when possible. Providers will continue to work with participants, including Coordinated Entry (CES) referrals, until all appeals for a specific unit/housing opportunity have been exhausted. Providers should assist with application fees according to their written policies. Limits on the number of application fees, and number of housing options should be conveyed in writing at intake.
   5. **Rehousing:** If a participant requests relocation, the housing provider will assist in a housing relocation plan. Providers will give priority to participants that are at risk of returning to homelessness, in verifiable unsafe living situations, or participants who are waiting for first time housing.

Providers with a scattered site program offer participants access to new housing units on a case-by-case basis according to the provider’s policy outlining relocations, including roles and responsibilities of participant and provider. Providers who only offer site-based settings should consider a transfer as the best practice.

Rehousing, relocation and transfer policies should be provided to program participants at intake.

Participants who have lost their housing due to a lease violation or lack of program compliance must have a plan to address the behaviors that led to the housing loss to prevent repeated loss of housing.

Service providers should follow participants through interruptions in housing (hospitalization, eviction, and incarceration, etc.). Program participants who have lost their housing continue to receive program services to the extent possible if eligible and engaged in the supportive services.

Upon discharge the service provider will complete an exit plan to the extent possible. It is required that each provider has a discharge policy, and this policy should be provided to the program participant at program intake

* 1. **Leases:** Housing is assumed to be permanent, with no actual or expected time limits other than those defined under a standard lease or occupancy agreement. Housing satisfaction should be checked routinely and documented. Program participants have legal rights to the unit with no special provisions added by the service provider.

Providers should not hold leases on behalf of program participants. Lease agreements should be established directly between property management and the program participants. Housing Support (HS) funding is contingent upon the participants’ continued financial eligibility. Participants who no longer require program support services or become ineligible may continue residing in their housing.

* 1. **Roommates:** Participants may choose housing options that share living areas. Participants may choose to live with family members or have a roommate(s). Multiple participants may live in the same unit. For participants choosing to live with others, it is recommended the unit contains at least as many bedrooms as participants. There should be an equitable distribution of costs. Program funds, including pooled funds, should only cover bills in the program participant’s name.
  2. **Transfers:** Participants may move among different units or transfer to other providers within the collaborative and still be considered in permanent housing. Providers should follow the appropriate CES process for participants referred to a program through CES. For participants outside of CES, it is best practice to attempt a transfer to a new provider. Transfers must be initiated by the provider, who will attempt to locate a new provider. Providers commit to considering all transfer requests timely and accepting those transfers they have capacity and skills to support.
  3. Participants may discuss transfer options with their case manager, according to the provider’s policy. Transfers are not guaranteed.
  4. **Prevention:** Providers should attempt to mitigate eviction and mutual lease terminations. The participants’ file should include documentation of all mitigation efforts. It is best practice to attempt a transfer prior to discharge.

1. **Services** 
   1. **Housing First:** Program participants are not required to demonstrate housing readiness to gain access to housing units. Continued tenancy is not linked in any way with adherence to clinical treatment or service provisions. However, the Housing Support grant is dependent on participant’s demonstration of ongoing eligibility.
   2. **Harm Reduction:** Program utilizes a harm-reduction approach to substance use (it does not require abstinence and works to reduce the negative consequences of use).
   3. **People with Disabling Conditions:** Program participants with disabling conditions are not required to take medication or participate in treatment to apply for or maintain their Housing Support benefit. The Housing Support program operates from a Harm Reduction and Housing First Framework. Housing isn’t contingent on treatment. Participants have the right to make decisions about their own health and treatment. Providers should offer support and resources. Services are voluntary. Engagement should be encouraged through trust building and supportive relationships, not through the threat of benefit loss.
   4. **Case management:** Providers must have clear standards for the frequency and type of services offered, with participant input. While participation is voluntary for clients, offering case management is mandatory for providers. Services must be person-centered, flexible, and promote participant autonomy and self-determination. Progressive engagement is considered the best practice if participants cannot be contacted after multiple attempts (ex. text, phone call, letter, home visit, etc.). Case notes should reflect engagement efforts and outcome.

A minimum level of contact is required to ensure participants’ safety and well-being. Service frequency should be individualized—some may need more frequent or extended in-home visits. At a minimum, stable participants should receive one in-home visit per month, with their consent. No participant should be discharged solely for missing case management meetings (although program eligibility is still required). Providers should collaborate with property management, when possible, to see the unit when program participant engagement is decreasing.

* 1. **Complaint and Appeal Process:** The provider’s complaint and appeal process must be disclosed to participants at move-in and when updated. This process should begin with the case manager/provider, with information on how to escalate to the county and other agencies if needed.
  2. **Service Array:** Providers offer services to help participants secure and maintain housing. This may include but is not limited to the following services:
     1. Explanation of the Housing Support program, benefits and allowable expenses
     2. Housing Search
     3. Assistance with application fees and security deposits
     4. Utility setup and ongoing payment
     5. Rental payments
     6. Acquisition of furnishings
     7. Neighborhood orientation
     8. Property management relations
     9. Tenants’ Rights
     10. Assistance with financial applications
     11. Budgeting
  3. **Service Coordination:** Providers assist in arranging services for program participants as needed and coordinate with the service providers. This may include but is not limited to:
     1. Accessing and maintaining financial benefits
     2. Health related services
     3. Social services
     4. Mental Health services
     5. Substance use treatment
     6. Supported employment services
     7. Services supporting social integration
  4. **Crisis Management:** Providers will assist participants with identifying 24-hour crisis intervention options, such as COPE, 988 Suicide Crisis Lifeline, educating participants on requesting mental health crisis responses when calling 911, Crisis Stabilization, etc.
  5. **Service Limitations on Supplemental Service Rate (Rate 2):** When the service rate is reduced due other service options, providers should establish service expectations with participants. This should include the impact of adding or changing services/providers and the impact it will have on existing services/providers.

1. **Program Management** 
   1. **Collaboration:** Providers collaborate by attending provider meetings, offering input on policies, and organizing/sharing training resources.
   2. **Case Loads:** Program should aim to maintain a low staff/participant ratio. Suggested best practice for new providers and/or new case managers is a staff to participant ratio of 1:25 or less. Suggested best practice for established providers and/or case managers is 1:30. Providers may deviate from the ratio when considering staff capacity, participant needs, staff support, etc. but there should be documentation that includes: why deviation is needed, what analysis was done to determine case managers can absorb larger case loads, and plans to support case managers when multiple client crises occur simultaneously. In addition, there should be a process to conduct internal audits of larger caseloads, including complaints and client concerns, to make sure larger case loads aren’t negatively impacting program or participant outcomes. Hennepin County reserves the right to audit more case files for larger case loads and impose corrective actions when warranted.
   3. **Supervision:** Provider program staff meet frequently, at least monthly, for supervision to plan and review services for program participants and the quantity and quality of case notes.
   4. **Vulnerable Adult Mandated Report Training (VAMT):** All program staff must have documented completion as required on our Housing Support Agreement.
   5. **Staff Training:** It is encouraged based on best practice for staff to have documented training in the following areas:
      1. Housing First Model
      2. Working with property management
      3. Tenant Rights & Responsibilities/Fair Housing
      4. Harm Reduction
      5. Motivational Interviewing
      6. Stages of Change
      7. Boundaries
      8. De-Escalation
      9. Staff Safety
      10. Data Privacy/HIPAA
      11. Cultural Competency
      12. Mental and Chemical Health Basics
      13. Person Centered Planning
   6. **Leadership:** Program Managers should have additional training/experience with supervision and management practices.
   7. **Lived Experience:** Programs should offer participants opportunities for representation and input in program operations and policies.
   8. **Base Rate (Rate 1) Dollars:** Providers should track base rate separately. Funds should be used to pay housing related costs based on the prioritization set forth in each program’s budget policy. Housing Support base rate (rate 1) may be used to pay participants’ housing related costs only. Funds should be used in accordance with the DHS Allowable Expenses guidelines.
   9. **Pooled Funds:** Providers should track pooled funds as a running balance, separate from other funds (including from other county Housing Support programs), with receipts for expenditures available. Providers should have a Pooled Funds Policy that determines when and how participants can access pooled funds, for what use(s), etc.
   10. **Supplemental Service Rate (Rate 2) Dollars:** Providers should track service rate dollars separate from Base Rate and Pooled Funds.
   11. **Client Obligation:** Program participants are required to pay the full amount of their client obligation towards their room and board costs. This amount is determined by Hennepin County. If participants fail to pay their obligation, each organization should have a written policy stating expectations and possible consequences of failing to meet them.