North Dakota Permanent Supportive Housing Guidance

NORTH Dakota | Health & Human Services
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Purpose

This guidance is for Permanent Supportive Housing (PSH) providers who receive grant funding for supportive services through the North Dakota Department of Health and Human Services (HHS).

It is intended to outline best practices in providing services, as well as the Department's expectations of providers receiving the appropriated funding.

This guidance was created by HHS in collaboration with the North Dakota Housing Finance Agency.

Background

A North Dakota study* identified two needs and recommendations specifically related to housing:

- **Address housing needs alongside behavioral health needs.**
- **Promote timely linkage to community-based services following crisis, inpatient, and residential treatment.**

Permanent supportive housing funding is distributed by HHS to qualified entities who:

- **Utilize best practices for permanent supportive housing.**
- **Provide recovery-oriented and person-centered services.**
- **Submit process and outcome measures to the Department.**

*Source: North Dakota Behavioral Health System Study, 2018.

Permanent Supportive Housing Defined

PSH is affordable and offers services to support individuals with the most complex challenges in increasing their housing stability.

Guiding Principles

Permanent: Tenants meet the basic obligations of a lease agreement. Lease-based tenancy is based on a legally enforceable lease, there are no limits to a person's length of tenancy as long as they abide by the conditions of the lease.

Supportive: Tenants have access to supportive services that they need and want which support them to retain their housing. Services are person-centered and individualized to meet the unique needs of each tenant.

Housing: Tenants have a private, independent, and secure place to make their home, which is integrated within their community of choice. Tenants are entitled to the same legal rights as any other renter, including protections against unlawful eviction and the right to a safe and habitable living environment.

Characteristics of Permanent Supportive Housing

Services and supports are designed to strengthen the tenant's ability to maintain housing and fulfill their responsibilities as a tenant. They abide by the following ideals:

1. **Housing first:** Housing first prioritizes providing permanent housing to persons experiencing homelessness. It's based on the idea that stable housing is a foundation on which people can build to pursue their personal goals and improve the quality of their lives.

2. **Person-centered:** Providers treat tenants with dignity and respect and ensure they maintain the right to make decisions about their lives, including their housing and service plan goals. Case management focuses on helping tenants understand and adhere to their personal responsibilities as a tenant, supporting increased housing stability, and ensuring minimal adverse impacts on fellow tenants. Providers employ widely accepted best practices such as Motivational Interviewing and ensure the delivery of culturally responsive, recovery-oriented, and trauma-informed care.

3. **Low barrier:** Housing is not contingent upon minimum income, sobriety, or participation in services.

4. **Harm reduction:** Harm reduction is a public health approach focused on reducing the negative effects of behaviors like substance use. It recognizes that substance use may be part of some individuals' lives and promotes nonjudgmental support and education on safer practices for those not ready to abstain. This approach also applies to mental health, using practical strategies to lessen the impact of the tenant's behavior on housing and overall well-being.

5. **Community-based:** Tenants are offered services within their community.

6. **Navigation:** Tenants are assisted with navigation services and support to maintain housing.

7. **Choice:** Supportive services are voluntary. The tenant's housing is not contingent upon their participation in supportive services.

8. **Health services:** Services should assist tenants in accessing healthcare, including both physical and behavioral health services. Support should be tailored to help individuals navigate the healthcare system and connect with appropriate providers.

9. **Trauma-informed care:** Services recognize the impact of trauma on tenants' lives and emphasize safety, choice, collaboration and empowerment in service delivery.

10. **Functional separation of housing and services:** PSH calls for offering both permanent housing and supportive services, which operate independently. Separating housing provision from service provision helps ensure tenants' rights. If a single agency has both property management and supportive service responsibilities, vigilance is needed to maintain confidentiality. This is typically done by assigning individual staff members either property management or supportive service duties.

11. **Unconditional positive regard:** The practice of accepting and supporting tenants without judgment or conditions. Showing someone care and respect regardless of their actions, thoughts, or behaviors.

Supportive Services

PSH is intended for people who need supportive services in addition to financial assistance in order to maintain housing. Combining affordable housing with supportive services has proved to foster housing stability and improved quality of life.

Supportive services are voluntary and flexible and promote growth, independence, and social inclusion. Each tenant should receive guidance on which services and supports are available and choose what they would like to receive. Services and supports should be continuously offered and designed with the intent to increase housing stability and quality of life. Key tenets of supportive housing services include:

1. **On-site support:** Support for tenants residing at the property, including 24/7 staffing when appropriate, ensures tenants' needs are met. Supportive service providers work with the property management company to ensure the property is safe and well-maintained.
2. **Service coordination:** Each tenant who chooses to participate receives support to navigate and connect with services in the community. This may include assistance with enrolling in health insurance, coordinating medical appointments, exploring substance use disorder or mental health treatment options, securing food and economic assistance, navigating public transportation, etc.
3. **Housing stabilization and service plans:** Plans are developed for tenants who choose to participate in supportive services, and the development process includes the tenant, supportive services staff, and any others involved in the provision of care to the tenant. All plans are reviewed and updated regularly.
4. **Tenant rights and responsibilities:** Tenants are supported to understand their rights and responsibilities as renters.
5. **Independent living skills support:** Tenants are provided with the opportunity to receive support and services aimed at strengthening their ability to maintain housing and fulfill their responsibilities as a renter.
6. **Healthcare services:** Tenants are supported to access essential healthcare, including physical and behavioral health services. Support is tailored to help individuals navigate the healthcare system and connect with appropriate providers.
7. **Vocational and employment services:** Tenants receive support to stabilize their income.
8. **Harm reduction:** Tenants are educated on safer substance use practices and overdose prevention. Support is offered for managing behavior that may impact housing retention or health. Symptoms are addressed with practical tools that reduce disruption and enhance quality of life.
9. **Crisis prevention and intervention:** Tenants have access to 24/7 support, as needed. Individual crisis plans are developed with tenants. Appropriate responses are provided during behavioral health crises or housing-related emergencies. Collaborations occur with local crisis teams and emergency services as needed.
10. **Housing retention and eviction prevention:** Housing stabilization plans are created. Housing stability is regularly addressed and interventions to prevent eviction occur early. Tenants are supported to resolve lease violations or conflicts with property management. Mediation and problem-solving strategies are facilitated as necessary to ensure housing stability.
11. **Braided funding & building interdisciplinary teams:** Supportive service providers utilize a braided funding approach to service delivery, which may include private funding, Medicaid, and other federal and state funds, ensuring services meet the individualized needs of the tenants.
12. **Education on appeals and grievance procedures:** Providers ensure transparency and accountability. They empower tenants by informing them of their right to file appeals and grievances.
    a. Initial orientation: At move-in, providers should clearly explain the appeals and grievance procedures, including a written overview in plain, accessible language. The overview should also include contact information for the relevant staff or departments.
    b. Reminders (through signage or staff communication) of the tenant's right to raise concerns or appeal decisions without fear of retaliation should occur regularly.
    c. Ensure materials related to appeals and grievance procedures are available in multiple languages as needed, provided in accessible formats for individuals with disabilities, posted in common areas, and included in tenant handbooks or welcome packets.

    d. Ensure staff are able to clearly explain the grievance and appeal process and respond respectfully when tenants express concerns or initiate a grievance and provide support to tenants in navigating the process.

    e. Ensure that there are no negative consequences for submitting a grievance. All issues raised should be addressed promptly, with follow-up on the outcome. Feedback should also be used to improve service quality and tenant satisfaction.

13. **Incorporating tenant feedback into service delivery:** Incorporating tenant feedback is a core element of the provision of ethical, effective, and person-centered PSH. Providers create regular, accessible, and meaningful opportunities for tenants to voice their experiences and show how that feedback directly informs service improvements.

    a. Implement a structure to gather tenant feedback through the use of regular surveys, suggestion boxes, tenant advisory councils or committees.

    b. Share outcomes or action plans through newsletters, bulletin boards, or tenant meetings.

    c. Prioritize transparency and accountability by documenting how tenant input leads to specific changes in policy or practice.

    d. Empower tenants and encourage leadership and peer involvement by supporting the formation and operation of tenant-led councils and inviting tenants to participate in program evaluation and staff training to ensure their perspectives are reflected.

14. **Tenant outreach and engagement:** Staff engage in consistent, person-centered outreach efforts that foster trust and support tenant autonomy. Effective engagement is trauma-informed, culturally responsive, and focused on forming relationships. Outreach is flexible and persistent, recognizing that readiness to engage may take time.

15. **Providing emotional support:** Staff talk with tenants about what is important to them, providing support during the transition into housing, easing feelings of fear and vulnerability. Support is enthusiastic and centered around celebrating all successes.

Working with Landlords

In PSH, both property managers and supportive service providers play distinct but equally important roles. These responsibilities must be clearly understood by both the landlord and the agency providing supportive services. If an agency handles both property management and supportive services, these duties should be assigned to separate staff members.

Property management tasks: Ensure the physical stability and compliance of the housing.
1. Enforce the lease and communicate effectively with tenants and service staff.
2. Property maintenance and management: responsible for maintaining the property, upkeep of common areas, and ensuring safety and habitability.
3. Tenant screening and leasing: tenant selection and leasing processes, ensuring tenants meet eligibility criteria while adhering to fair housing laws.
4. Rent collection and financial management: manage rent collection, including subsidies, ensure financial arrangements are in place, and have knowledge of and provide information to tenants on available payment assistance programs.
5. Compliance with local, state and federal housing regulations.
6. Collaboration with service providers: with a focus on housing stability, they collaborate with supportive service providers to address any tenant needs.

Personnel

Personnel recommended include full and part-time staff positions. These roles may be embedded with the supportive services provider or may be met through a partnership with an external partner. While the titles of these positions may vary between provider agencies, each of these roles and their corresponding responsibilities are critical.
- **Team lead:** provides supervision for the team.
- **Tenant support coordinator:** staff responsible for engaging with tenants to complete service plan assessment, facilitating provision of supportive services by connecting tenants with appropriate providers, identifying needs for assistance, and educating tenants on available resources.
- **Clinician:** a nurse or other medical expert who provides medical assessment and services.
- **Behavioral health specialist:** has specialized expertise in providing behavioral health services. These services may include medication management, skills integration, substance use treatment, and/or mental health treatment for persons with behavioral health challenges.
- **Peer support specialist:** a staff member who has been the recipient of mental health or substance use treatment, and/or who has other lived experience facing challenges of homelessness. They can provide a wide range of supports and services for tenants and they are often instrumental in reaching and engaging with tenants to help them navigate to services and supports.

Training

Each team member working in a PSH setting should, at a minimum, receive initial and ongoing training related to:

- Housing First and Harm Reduction
- Stages of Change
- Mandated Reporting
- Trauma-Informed Care
- Cultural Humility
- Confidentiality
- CPR/First Aid
- Opioid Overdose Response
- Motivational Interviewing
- Explaining tenant grievance and appeal process
- Mental Health Awareness
- Person-Centered and Strengths-Based Approaches
- Conflict Resolution and Mediation
- Safety and Emergency Procedures
- Benefits Programs
- Advocacy

Required Prioritization Process

PSH projects must fill open units based on the Prioritization Policy as designed by the North Dakota Coordinated Access, Referral and Entry Stabilization System (ND CARES).

PSH is for individuals who are chronically homeless and/or literally homeless as prioritized by the region's Coordinated Entry System. This process is designed to equitably prioritize housing dedicated to persons who entered as homeless based on vulnerability criteria, system use, client choice, and regional preferences. CARES utilizes the Housing Prioritization Tool (HPT) as the primary source to determine priority.

1. When a housing opening occurs, housing agencies will notify a CARES Priority List Manager (PLM) within three business days via the appropriate referral request form.
2. The PLM will sort the CARES Priority List according to program eligibility, program type, and need, then provide agencies with a list of households within five business days after the Referral Request has been received. The PLM will utilize the HMIS.
3. Agencies will have up to five business days to contact the household and make an offer.
   a. Agencies must attempt to contact referred households a minimum of three times and if unable to make contact, wait at least two weeks before closing the offer. This allows the referred household time to respond to the housing offer. If all contact information is invalid (i.e., phone is disconnected, email address no longer works, case manager or assessing agency has not had contact, etc.), the two-week period may be waived.
   b. Agencies are responsible for assuring that attempts to contact referrals include: the original assessor, case managers, email, phone, social media, back-up phone, and alternative contact.
   c. Agencies must document attempts and make them available to PLM if requested, documentation can be done in HMIS.
   d. If the client does not respond within the time frame and three attempted contacts, they will be given a phone call and/or letter stating the offer is closed from the housing provider.
   e. If the client returns after the offer time frame has passed, they will need to update their contact information and will need to wait for the next referral.
   f. Agencies have the right to refuse to make an offer if there is a conflict of interest, pending litigation with a member of the household, or if there is a safety concern. Refusals for any other reason must be approved by the PLM.
   g. CARES staff must be notified within three days of a denial and provided a copy of the denial form.
4. Households have the right to refuse any referral.
   a. Denials must be documented in HMIS, including the reason why they refused.
   b. If a household is unable to be contacted, this is considered a denial.
   c. If the household denies or does not respond to three offers, they will be removed from the Priority List and will need to have a new assessment completed to be placed back on the list. If the client wishes to be placed back on the priority list, their request must first be reviewed by the PLM.
   d. If not already completed, agencies must verify eligibility before enrollment.

Process and Outcome Measures

Providers are required to collect and report process and outcome measures for each tenant. All data and process and outcome measures are collected within HMIS.

Collected upon admission, after six months, at one year, and annually thereafter.

- **Is the tenant engaged in behavioral health services?** (Yes/No) (Behavioral Health services include any services designed to support an individual's mental health, substance use, or overall well-being, for example--mental health services, substance use counseling, peer support, care coordination, state-operated behavioral health clinics, counseling, medication management)
- **Is the tenant engaged with a medical provider to address their healthcare needs?** (Yes/No)
- **Does the tenant have health insurance?** (Yes/No)
- **Which services and supports is the tenant engaged in?**
  Select all that are applicable.
  - Substance Use Treatment
  - Mental Health Treatment
  - 1915i
  - Free Through Recovery
  - Community Connect
  - State-Operated Behavioral Health Clinic
  - Home and Community Based Services
  - Representative Payee
  - Waiting for Representative Payee
  - SNAP (Supplemental Nutritional Assistance Program)
  - TANF (Temporary Assistance for Needy Families)
  - Guardianship
  - Waiting for guardianship
  - Medicaid or Medicaid Expansion
  - Other-free space

Recovery and social supports? (Yes/No)

If any of the following apply, select yes above.

- The tenant is engaged with or taking steps toward engaging in their professional and/or informal support network.
- The tenant engages in discussions of the relative risks and benefits of their current substance use and/or engages in "safer-use strategies" (includes ways to stay healthier when using, changing the manner of use for safety, and/or reducing use if that is their wish)
- The tenant is refraining from using non-prescribed, mood-altering substances.
- The tenant is demonstrating engagement in improving their wellness/wellbeing and/or reporting an increase in their quality of life.

No new criminal justice involvement? (Yes/No)

If any of the following apply, select yes above.

- If the tenant is on state or federal probation/parole, they had no violation resulting in revocation.

- The tenant has not been arrested for a new offense.

Employment and financial? (Yes/No)
If any of the following apply, select yes above.
- The tenant is employed
- The tenant is actively job hunting.
- The tenant can meet their basic needs from their economic resources.
- The tenant is enrolled in school or workforce training.
- The tenant has been approved and is receiving disability.
- The tenant is enrolled in a treatment program that does not allow them to work or earn an income.

Dimensions of recovery
- **Health:** How well do they make informed healthy choices supporting their physical health and emotional wellbeing? (physical activity, attending medical appointments, taking medications as prescribed etc.).
- **Home:** How safe and stable is your living environment?
- **Community:** To what extent do your relationships and social networks provide support, friendship, love, and hope for overall wellbeing?
- **Purpose:** To what extent do you participate in meaningful daily activities? (employment, school, volunteering, family caretaking, other activities, etc.).
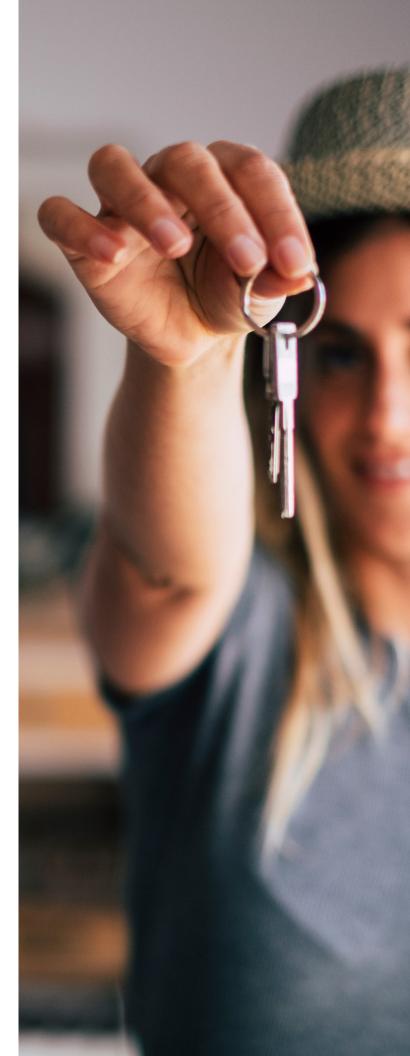
Income and/or benefits
- None
- Employed part-time or full-time
- Unemployed
- SSI/SSDI
- Applying for SSI/SSDI

Upon Discharge
Exit destination (select one)
- Permanent housing
- Temporary housing
- Sheltered homelessness
- Unsheltered homelessness
- Nursing home or basic care facility
- Jail/prison
- Death
- Unknown

Was the tenant evicted? (Yes/No)

Transitions

Tenants may transition or be discharged from PSH. Ideally, this will be a move to a more independent living arrangement due to achieving their desired level of self-sufficiency. The tenant may also choose to move due to a change in their life which necessitates a higher level of care and support.

Tenants have the right to choose to move out if they desire, PSH is not meant to limit those rights.

A primary goal of PSH is to help tenants achieve their desired level of self-sufficiency. Transitioning is a way to demonstrate and maintain independence. Not all tenants will want to transition, this type of decision must be driven by the tenant with support from the supportive service provider.

To prepare for or upon discharge from PSH, the supportive service provider should work with the tenant to secure another housing option that meets their needs, access financial assistance, and/or navigate to any additional supportive services they may want.

Braided Funding

Funding for services in supportive housing can be accessed through a range of public, private, and philanthropic funding sources, and is paid to service providers utilizing a number of payment mechanisms. Braided funding refers to a process of weaving different funding sources together to support a particular program or service, where a single source of funding is insufficient to fully support the range of service needs of the residents. Braided funding often includes state, federal, and private funding streams, and may also require integration of program strategies or different outcomes tracking. Braided funding is most effective when funders have common goals.

PSH projects shall utilize a braided funding approach to service delivery, which includes private funding, Medicaid, and other federal and state funds to ensure services meet the needs of the tenants.

Types of Funding
- **Grants and contracts:** Award of funding for performance of activity or delivery of service in response to a solicitation of funding from the funder. Grant and contract service funding can be sourced from governmental entities, private sources, or philanthropy. Disbursement of funding may vary based on time, performance, and documentation of expenditures.
- **Donations:** Award of cash or in-kind funding to provide either general or specific support for proposed activity. Donations are typically awarded from philanthropy or private corporations. Funding is typically released in a lump-sum based on performance or in advance to set-up or prepare for delivery of the defined service.

Payment Mechanisms
- **Lump sum:** partially or entirely released in advance and/or periodically during the performance period based on compliance with grant or contract requirements.
- **Unrestricted:** for general costs related to the scope of work but not tied to specific activities. Unrestricted funding can be used to pay indirect costs of an organization necessary to carry out and support performance of the grant/contract activity.
- **Fixed-rate deliverable:** for defined payment related to delivery of specific work product or activity(s).
- **Entitlements:** funding awards allocated to a jurisdiction based on established legislative criteria i.e. poverty rate, per capita, housing condition or prevalence of health conditions across the population.
- **Cost reimbursement:** funding is released to service provider based on actual costs to deliver the activity or service.
- **Outcome or value-based payment:** pre-determine payment released for defined service that delivers set outcome.

Additional Funding Sources

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral, and physical health, ensuring a holistic approach to individual and community well-being. The Department administers and provides services that help vulnerable North Dakotans of all ages to maintain or enhance their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions, or an inability to protect themselves. HHS supports the provision of services and care as close to home as possible to maximize each person's independence while preserving the dignity of all individuals and respecting their constitutional and civil rights. Please visit www.hhs.nd.gov for more information.

- **The North Dakota Substance Use Disorder (SUD) Voucher program** was established to increase access to quality services for individuals to reach their full potential. Please visit www.hhs.nd.gov/behavioral-health/sudvoucher for more information.
- **The North Dakota Continuum of Care** receives funds from HUD for permanent housing, transitional housing, supportive services, and HMIS projects. Ranking and rating project applications helps the Continuum

of Care maximize the limited HUD funds to further our goal of preventing and ending homelessness. Please visit ndcontinuumofcare.org for more information.

- **The North Dakota Homeless Grant** is a state program designed to provide financial assistance to facilities and programs within North Dakota to identify sheltered and unsheltered homeless persons, as well as those at risk of homelessness, and provide the services necessary to help those persons quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. Please visit www.commerce. nd.gov/community-services for more information.
- **The Emergency Solutions Grant** is a federal program designed to provide financial assistance facilities and programs within North Dakota to identify sheltered and unsheltered homeless persons, as well as those at risk of homelessness, and provide the services necessary to help those persons quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. Please visit www.ndhfa.org/ index.php/homeless-programs for more information.
- **Medicaid** combines federal and state funding to pay for medical costs for people with limited income and resources. Mandated program parameters are established at the federal level, such as inpatient and outpatient hospital services, nursing facilities, medical transportation, and laboratory services and limited home health services. Additional local parameters are established at the state level in the State Medicaid Plan and various Plan amendments. In North Dakota, the Medicaid 1915(i) State Plan Amendment for home and community-based services includes supportive housing as eligible for Medicaid reimbursement. Funding from grants and private funders will still be necessary to cover costs not eligible under Medicaid.

Medicaid Billing Structures and Options

Becoming a Medicaid provider agency requires building the necessary infrastructure, including technology, licensing, and staffing, to bill directly for Medicaid-eligible services. Alternatively, a housing agency can collaborate with an existing service provider that delivers Medicaid services, ensuring the partner has the capacity to both deliver and bill for eligible services. Another option is to contract with an administrative services organization that can handle the billing for Medicaid-eligible services the agency is delivering.

- CSH Webinar Series: Six Strategies to Scale Supportive Housing with Medicaid Coverage of Housing Related Services
- Substance Abuse and Mental Health Service (SAMHSA) is a federal agency in the U.S. Department of Health & Human Services which provides funding to local jurisdictions and private organizations to deliver mental health and substance use disorder services. Range of funding may include specific grants for delivery of a specific type of service and/or multi-year cooperative agreement to a community to coordinate services. The Grants for the Benefit of Homeless Individuals supports broad community efforts to provide behavioral health treatment and recovery-oriented services within permanent supportive housing.
- Homeless assistance program grants are administered by the U.S. Department of Housing and Urban Development provide annual funding to local communities for services to address the needs of individuals and families facing homelessness. Applications for Homeless assistance program grants are coordinated annually by the local Continuum of Care.
- HOME-ARP (American Rescue Plan) is funding targeted to provide housing and services for person facing homelessness, including those in supportive housing. HOME ARP: can provide funding for capital development, services, planning and technical assistance, shelter and/or temporary housing.

Definitions and Best Practices

- **Chronic homeless and homeless individuals** live in a place not meant for human habitation, in an institutional care facility (less than 90 days) or other shelter or non-permanent housing continuously for at least 12 months, or on at least four separate occasions over three years for a total of 12 months. CoC and ESG Homeless Eligibility - Definition of Chronic Homelessness - HUD Exchange.

  HUD's definition of homeless includes four categories:
  1. Literally homeless
  2. Imminent risk of homelessness
  3. Homeless Under other Federal Statutes
  4. Fleeing/Attempting to Flee Domestic Violence

- **Continuum of Care** is a regional or local planning body that coordinates a strategic system of housing and services of homeless families and individuals within a defined geographic area. The CoC is mandated by federal legislation to:
  o Establish and operate a coordinated assessment system.
  o Establish written standards on how individuals will be prioritized for housing.
  o Establish and monitor performance standards.
  o Establish a community-wide plan to end homelessness, implement it, and report progress against the plan to HUD.

- **Coordinated entry system** ensures a standardized system to assess individuals and connect them to the right housing intervention based on their needs. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

- **Harm reduction** offers strategies for individuals to understand and make choices to manage alcohol use, drug use, and other risky behaviors that lead to safer use, moderation, or abstinence. Core principles of Harm Reduction recognize the importance of dignity and respect for the individual; the impact of poverty, social inequities, discrimination, and past traumas; advancing choice and self-determination in a path towards quality of life; and building collaborative therapeutic relationships.

- **Homeless Management Information System (HMIS)** is the local information technology used to collect client-level data and data on the provision of housing and services to individuals and families facing homelessness. Each Continuum of Care is responsible for implementing an HMIS system in their community to track activity, outcomes, and gaps in the system, with participation from homeless housing and service providers. HMIS: Homeless Management Information System - HUD Exchange

- **Housing first** is an approach that quickly connects individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation. Supportive services are offered to maximize housing stability and prevent returns to homelessness.

- **Lease-based tenancy** is based on a legally enforceable lease or similar form of occupancy agreement, and there are no limits to a person's length of tenancy as long as they abide by the conditions of the lease or agreement. Leases do not include additional requirements for tenancy beyond the market standards. Requirements such as drug testing, unannounced access to the unit, service participation requirements, curfews, unreasonable restrictions on visits, and excessive inspections are not consistent with a Housing First program. Units must be low barrier to entry with limited restrictions on criminal background, credit, and eviction history and not requirements for mental health stability and/or sobriety.

- **Low-barrier admissions** "screen in" tenants by reducing barriers such as no or very low income, poor rental history, past evictions, or criminal histories. Screening policies regarding criminal histories should emphasize the mitigating conditions, the potential impact on the health and safety of other tenants, the severity of the criminal activity, and the amount of time that has passed since the criminal activity. The applicant must submit

a property management plan that has or will adopt tenant selection criteria guidelines that: pose minimal barriers to entry, have a minimal number of steps; and have clear mitigation steps that recognize the needs of homeless persons, chronically homeless persons, and individuals with disabling conditions.

- **Motivational interviewing** is a method that facilitates and engages an individual in actions to change their behavior. Motivational Interviewing focuses on client-centered and client-led dialogue and goal setting and is trauma-informed, empathetic, and adaptive to the client's statements and needs.
- **Supportive services** are comprehensive, on-going package of wraparound services to fully support a supportive housing tenant to sustain housing stability and meet life goals. These services may be provided by the project's designated primary service provider or by collaborating organizations. The primary service provider ensures that tenants can access the services needed on an ongoing basis.
- **Tenancy support services** assist individuals with sustaining tenancy in an integrated setting that supports access to the full and greater community.
- **Supportive housing** is a combination of affordable community-based housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery, and personal growth. In supportive housing, tenants have the right of tenancy under a standard lease that is not time limited. Services in supportive housing are most effective when designed as tenant-centered and collaborative. Participation is voluntary and not a requirement for tenancy. Supportive housing is effective for households and individuals facing multiple barriers to housing stability including homelessness, a history of institutional living, and coping with mental illness or other chronic or disabling conditions.
- **Housing stabilization** plan is created with the household and is designed to establish their housing goals. This plan outlines the steps needed to maintain or stabilize housing risks and barriers. It is meant to be flexible and can adjust to account for changes.
- **Outreach and engagement** create an environment where tenants receive early and continual offers for supportive services. Continuous engagement is the cornerstone of effective provision of supportive housing services. This includes assistance with meeting basic needs, social and recreational activities, check-ins with tenants, and friendly visits, and includes those who may not currently be participating in services. Recommended interactions include:
  - Face-to-face visits each month with opportunity for higher rates of engagement as tenant needs are addressed.
  - Additional support offered for activities such as bill paying, food collection, and meeting with guardian or health provider may be necessary and should also be accounted for when reporting tenant engagements.
- **Tenant support coordinator** ensures availability and monitoring ongoing effectiveness of comprehensive service coordination for high-risk or high-needs families and individuals through referral and advocacy with appropriate community agencies, services may include:
  - **Behavioral health support:** Ongoing observation of tenant's behavioral health status, communication with involved professionals, assistance with care coordination, and advocacy for increased services as necessary. For tenants with suspected but undiagnosed behavioral health issues that are perceived to be interfering with housing and quality of life, staff will make referrals for appropriate assessment, counseling, or treatment, and will help the tenant navigate the public behavioral health system as necessary.
  - **Medical care:** Coordination of health care services as needed, including referrals to public insurance or indigent care programs. Staff may be required to act as patient advocate, monitoring care advice, providing transportation, and accompany tenant to appointments.
  - **Conflict mediation:** Facilitation of house or building meetings, fostering effective communication around issues about noise, guests, behavior, parking, etc., especially for tenants whose perceptions may be compromised by a mental illness or substance abuse problem.
  - **Coordination of public assistance:** Assistance with the application, appeal process, problem-solving, and referrals to Legal Services as indicated.

- o **Employment support:** Referrals and help with enrollment in jobs and skills training programs. Staff should assist with employment applications, and preparations for interviews (including role-playing) as necessary.
- o **Money management and financial literacy:** Assistance with budgeting, making payment arrangements, securing emergency funds including loans, and if indicated, providing referrals and advocacy support for representative payee. HHS may also support tenants in learning the basics of banking, credit and debt management, electronic payment of bills, and automatic deposit of benefits.
- o **Household support:** Assist with grocery shopping, cleaning, laundry, meal preparation, and other basic living skills as needed to maintain the health and hygiene of tenant and housing unit.
- o **Education:** Assistance to tenants planning for educational advancement, including the application process, including documentation for financial aid, registration, and preparing for participation in classes.
- o **Transportation:** Aid tenants in negotiating public transportation system as needed for work, school, or recreation. Provide transport to places not accessible by public transportation, or as indicated by the status of the individual's physical or mental health. Staff may transport tenants to a hospital for issues requiring immediate attention—excluding emergency medical situations—when no other transportation options are available, unless otherwise specified in the tenant's Housing Permanency Plan.
- o **Socialization and recreation:** Development of positive social networks, and community sponsored activities. Tenants will be regularly polled to determine the level of interest in the type, quality, and quantity of activities.
- o **Legal assistance:** Referrals to legal services for a range of assistance including personal protection orders access to entitlement programs, and issues around child support. Staff will assist tenants in following through with documentation and appointments in support of legal process.
- o **Creative problem-solving and advocacy:** Provider shall offer advocacy and problem-solving efforts focusing on finding creative solutions and engaging any necessary stakeholders from the community. This may include acting as the tenant's advocate with other nonprofit service providers, mainstream public service systems, the legal system, schools, and others.

- **Trauma-informed care** focuses on how trauma affects people's lives and recognizes that past traumatic experiences may impact how individuals respond to services. Core principles of trauma-informed care recognize the importance of rebuilding a sense of personal safety, trustworthiness, choice, empowerment, and collaboration. In addition, it is important to recognize cultural sensitivity when practicing trauma-informed care.
- **Cultural responsiveness** is the recognition that bias is ever-present in yourself and others. It is maintaining a sensitivity to and an awareness of systems which contribute to both the positive and negative reinforcement of that bias. Culturally responsive providers are able to guide tenants through navigating similarities and differences in people while acknowledging the effects that those differences have on the lives of the individuals they serve.
- **Recovery-oriented** care and recovery support systems help people with mental and substance use disorders manage their conditions successfully. Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four dimensions that are the guiding pillars of recovery:
  1. **Health:** Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
  2. **Home:** Having a stable and safe place to live.
  3. **Purpose:** Conducting meaningful daily activities and having the independence, income, and resources necessary for this.
  4. **Community:** Having relationships and social networks that provide support, friendship, love, and hope.