The purpose of this letter is to inform County Welfare Departments (CWDs) of a new California law that requires all state-funded or administered programs that provide housing or housing-related services to people experiencing or at risk of homelessness to adopt the core components of Housing First.
December 13, 2019

ALL COUNTY LETTER (ACL) NO. ACL 19-114

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL COUNTY WELFARE-TO-WORK COORDINATORS
CALWORKS HOUSING SUPPORT PROGRAM COORDINATORS
ALL COUNTY CHILD WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
BRINGING FAMILIES HOME PROGRAM COORDINATORS
ALL COUNTY ADULT PROTECTIVE SERVICES HOUSING AND DISABILITY ADVOCACY PROGRAM COORDINATORS
PROGRAM MANAGERS

SUBJECT: IMPLEMENTATION OF SENATE BILL (SB) 1380: HOUSING FIRST REQUIREMENTS FOR ALL STATE-FUNDED PROGRAMS THAT PROVIDE HOUSING OR HOUSING-RELATED SERVICES TO PEOPLE EXPERIENCING OR AT-RISK OF HOMELESSNESS

REFERENCE: Senate Bill (SB) 1380 (Chapter 847, Statutes of 2016); Welfare and Institutions Code (WIC) 8255; United States Interagency Council on Homelessness (USICH); National Alliance to End Homelessness (NAEH)

The purpose of this letter is to inform County Welfare Departments (CWDs) of a new California law that requires all state-funded or administered programs that provide housing or housing-related services to people experiencing or at risk of homelessness to adopt the core components of Housing First. Housing First is defined by statute as an evidence-based approach to addressing homelessness that provides, or connects, homeless individuals and families to permanent housing as quickly as possible without preconditions. Housing First is rooted in the philosophy that safe, stable housing is a fundamental human need that must be secured before other issues that may have contributed to a person’s homelessness can be effectively addressed. It follows a basic principle—that everyone is ready for housing, regardless of the complexity or severity of their needs, and that stable housing is the foundation for achieving other goals. The California Department of Social Services (CDSS) programs subject to Housing First include, but are not limited to, the California Work
Opportunity and Responsibility to Kids (CalWORKs) Housing Support Program (HSP), Bringing Families Home (BFH), and Housing and Disability Advocacy Program (HDAP). Program-specific guidance regarding the incorporation of Housing First principals will be provided under separate cover.

**Background**

Senate Bill (SB) 1380 (Chapter 847, Statutes of 2016) created a Homeless Coordinating and Financing Council (HCFC) and mandated that all state agencies and departments funding or administering state programs that offer housing or housing-related services work with the HCFC to adopt guidelines and regulations incorporating the core components of Housing First no later than July 1, 2019.

The CDSS participates on the council with a goal of coordinating statewide housing and homelessness policy and programs. As the HCFC continues to meet, the council will provide additional information and guidance as necessary.

**Housing First Overview**

As described by the National Alliance to End Homelessness, Housing First counters the traditional concept of “housing readiness”, which required people experiencing homelessness to address certain barriers, including behavioral health or substance-use issues, or to “graduate” through a series of services and programs, before being provided access to housing. Instead of requiring people to stabilize before receiving housing, programs using a Housing First approach focus on helping people achieve housing stability before addressing other barriers that may exist.

Housing First-oriented programs are low or no barrier and client-centered, emphasizing client-choice. Housing is not viewed as a reward or incentive for achieving specific goals or participating in a specific program, but as necessary to help a family or individual stabilize and meaningfully access services, which are offered as needed on a voluntary basis. In practice, this means that programs connect participants to permanent housing as quickly as possible with few to no preconditions, behavioral contingencies, or other barriers at enrollment or throughout the program.

**Evidence**

The Housing First approach is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Additionally, people are more likely to be able to participate in treatment or services and recover once stably housed. Housing First is a proven method of ending all types of homelessness and the most effective approach to ending chronic homelessness. Further, Housing First yields high-housing retention rates, low returns to homelessness, and significant reductions in the use of crisis service and institutions.

California’s Housing First legislation affirms that homelessness is expensive to state and local governments, and that implementing a Housing First philosophy can lead to significant cost savings as well as improved personal and system outcomes. Stably housing a
Californian experiencing chronic homelessness can reduce costs incurred by 80 percent. A study by the Denver Housing First Collaborative found an average cost savings on emergency services of $31,545 per person housed in a Housing First-oriented program over the course of two years. Another study published in The Journal of Primary Prevention showed that a Housing First program could cost up to $23,000 less per person per year than a shelter program.

**Housing First Implementation**

*Housing First is a whole-system orientation.*

Not to be confused with a “program”, the United States Interagency Council on Homelessness (USICH) describes Housing First as a system-wide philosophy, orientation, and response that recognizes that people experiencing homelessness—like all people—need the safety and stability of a home to best address challenges and pursue opportunities. Systematic collaboration is critical to the success of interventions using a Housing First approach in achieving a shared goal of engaging families and individuals experiencing homelessness and housing them as quickly, efficiently, and cost-effectively as possible.

All systems and programs intersecting people or youth experiencing or at-risk of homelessness, including those not necessarily funding or administering housing or housing-related services, are strongly encouraged to evaluate their regulations, policies and procedures to ensure compliance with SB 1380 and the core components of Housing First.

*Housing First is not “Housing Only”.*

Housing First does not mean “housing only”; instead, Housing First acknowledges social services and care coordination are key elements of housing stability and quality of life. Within the Housing First framework, supportive services (e.g., mental health, substance abuse, employment counseling, etc.) are offered to support housing stability and well-being, however, families and individuals are not required to participate in services or treatment, or to achieve specific service or treatment goals, to access or maintain housing. Instead, programs should engage participants to want to participate in supportive services and/or treatment through evidence-based practices.

*Housing First is not one-size-fits-all.*

The Housing First philosophy promotes flexibility, individualized supports, client choice, and autonomy. A Housing First approach can benefit families and individuals experiencing homelessness with any degree of service needs. Housing First programs typically provide flexible rental assistance that varies in duration depending on the household’s needs. Program participants should sign a standard lease to support tenant rights. A variety of voluntary services should be offered to promote housing stability and well-being during and following housing placement.

*Housing First is not just one type of program.*
The Housing First approach can and should be applied to the spectrum of housing interventions – including Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH), as well as other systems where adults, families, and youth experiencing or at-risk of homelessness intersect (e.g. child welfare, CalWORKs CalFresh, or Adult Protective Services). While the core components of RRH (i.e., housing identification, rent and move-in assistance, and case management services) generally operationalize the core components of Housing First, programs must ensure that their individual models follow all of the Housing First core components listed below and enumerated in Attachment One effective July 1, 2019.

In delivering services to people experiencing homelessness, Housing First should be applicable across the full range of homeless service delivery.

Per the National Alliance to End Homelessness (NAEH), Housing First-oriented programs typically share several service delivery components, below, which may be provided by a single agency or through collaboration with other agencies, programs, or resources.

- **Emergency services** that help someone remain stably housed by connecting them to resources for things like past rent or utility payments, or that can help a household find a safe place to stay, such as a shelter, while waiting for a permanent place to live.

- **Housing, Resource, and Support Services Assessment**, which assesses the individual’s or family’s need for diversion, rapid re-housing, or supportive housing by focusing on housing needs, preferences, and barriers; and connecting people to benefits to which they may be entitled.

- **Housing placement assistance, such as housing navigation**, to help individuals and families find housing they can afford; financial assistance with housing costs (e.g., security deposit, first month’s rent, move-in and utilities connection, short- or long-term housing subsidies); and advocacy and assistance in addressing housing barriers (e.g., poor credit history or debt, prior eviction, criminal conviction).

- **Case management services while connecting and once connected to permanent housing** (time-limited if in rapid re-housing) that are specifically focused on maintaining permanent housing, and can include employment services, benefits advocacy, capacity-building to work with landlords and neighbors to resolve disputes, money management, and care coordination.

**Housing First is a paradigm shift.**

Housing First is a paradigm shift – moving away from paternalistic approaches to health and recovery and instead towards recognizing housing as a fundamental pathway to achieving well-being. Instead of requiring people to stabilize before receiving housing, programs using a Housing First approach focus on helping people achieve housing stability prior to addressing other barriers that may exist. Further, Housing First is a systematic change and approach aimed at aligning programs and resources across a community in an efficient and coordinated way to achieve a common goal.
Definitions

For clarity in understanding the following Housing First core components, two essential terms are defined below:

The Continuum of Care (CoC) is the regional or local governing body that coordinates housing and homelessness services funding for families and individuals experiencing homelessness. Stakeholders may include, but are not limited to, community-based organizations, social service providers, governments, advocates, public housing agencies, school districts, mental health agencies, victim service providers, hospitals, universities, affordable housing developers, organizations that serve veterans, people experiencing homelessness, and formerly homeless individuals.

The Coordinated Entry System (CES) facilitates the coordination and management of resources and services through the homelessness response system. The CES allows local programs and services to efficiently and effectively connect people to interventions aimed at rapidly resolving their homelessness. The CES process was developed to ensure that all people experiencing homelessness have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

Housing First Core Components and Examples

Per SB 1380, the core components of Housing First include all of the following. (Note: Below each component is an example of how the Housing First approach can translate to program activities, policies, and procedures).

(1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.

➢ For example: Eligibility criteria that prioritizes rather than excludes people who have no employment or income, who are disabled, or who are experiencing chronic homelessness, etc.

Important note: Programs should not enroll all eligible participants unless they have the resources to meet the unique needs of the entire caseload. However, programs should refer all families and individuals experiencing homelessness to the local CES. One important role the CES is to prioritize resources for the people who need them most when there are not enough resources for the full population of need. If RRH is scarce, for example, programs should be accepting referrals from the CES to serve the most vulnerable families and individuals in need and utilizing CES to connect other people to additional services in the community if available.
Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness.”

➢ **For example:** Eligibility criteria that do not attempt to “predict” long-term housing stability (e.g., requirements of increased income over time). Eligibility criteria could instead include programmatic criteria, such as homelessness and CalWORKS eligibility or homelessness among families at risk of having children placed in foster care. Prioritization could encourage participation among households with poor credit, past evictions, or past convictions, as these populations may be at a higher risk of homelessness.

Staff focus on engaging participants to want to participate in supportive services through strengths-based case management practices.

➢ **In practice:** Program does not exit participants for missed appointments or other conditional reasons. Instead, programs should employ flexible case management strategies that meet participants where they are (e.g., meeting at a participant’s home and/or in a location of the participant’s choosing).

(3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.

➢ **For example:** Programs should coordinate and collaborate with the greater homelessness response system, including actively participating in the local homeless CoC and CE, to allow for referrals into and out of the homelessness response system to ensure programming is accessible to the broader community and that the most vulnerable individuals or families in need are assessed.

(4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.

➢ **For example:** Case management that utilizes strength-based practices focused on participant engagement (such as motivational interviewing, client-centered counseling, harm reduction, and **Critical Time Intervention**) and meeting the needs of each participant/household.

**Housing plans,** also known as **case plans** or **goal plans,** that:

1. focus on how program participants can maintain a lease and address barriers to housing retention, including maximizing their ability to pay rent;
2. improve understanding of landlord/tenant rights and responsibilities;
3. address other issues that have, in the past, resulted in housing insecurity or loss; and,
4. are participant-driven and include only goals created with and agreed to by the participant.
(5) Participation in services or program compliance is not a condition of permanent housing tenancy.

➢ **For example:** Initial or continued enrollment in programming does not require a commitment to participate in treatment, financial literacy classes, tenancy classes, required appointments, or any other criteria designed to “predict” long-term housing stability other than interest in participating in the goals of the program and work on a self-directed housing plan.

➢ **In practice:** Housing program eligibility should not be contingent on a participant’s apparent job readiness or engagement in other benefit program requirements (e.g.; Welfare to Work [WTW], workforce development, child welfare, General Assistance/General Relief, etc.). Homelessness should be considered good cause for failure to meet other benefit program requirements, even if a participant is otherwise not engaged in other benefit program requirements. Further, every effort should be made to engage participants through ongoing case management to help the participant find stable housing and avoid a return to homelessness.

(6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California’s Civil, Health and Safety, and Government codes.

**For example:** Program practices and policies should ensure participants are not presented with and do not sign leases that have restrictions beyond that of a typical tenant. Participants are offered ongoing education on tenant rights and responsibilities as lease holders, including the potential causes for eviction and ways to avoid eviction.

*Program should promote participant choice in housing and rent payment policies should respond to the tenants needs.*

(7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.

➢ **For example:** Program guidelines should emphasize the Fair Housing Act, including that landlords should never evict tenants for use of drugs or alcohol. (Landlords may, however, evict if a tenant’s behavior while using drugs or alcohol violates the lease terms, or rights of others). Programs should not discontinue participants from a program due to lack of compliance with the lease/tenancy requirements. Instead, programs should make every effort to support housing stability and prevent evictions, including but not limited to providing post-housing case management, tenant education, landlord mediation to resolve tenancy issues without threatening the participant's tenancy, and rehousing a participant from one housing situation to another if tenancy is in jeopardy (and possibly identifying a new tenant household for the landlord’s unit). Whenever possible, return to homelessness is avoided and outcomes are tracked to ensure program success.
(8) In communities with coordinated entry and assessment systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than “first-come-first-serve,” including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents.

➢ **For example:** Programs should connect eligible people to the local CoC that uses an assessment tool (e.g., Vulnerability Index – Service Prioritization Decision Making Assistance Tool [VI-SPDAT]) to determine the appropriate housing intervention (i.e., rapid re-housing or supportive housing), and then prioritize a participant for housing and services based on acuity. An assessment tool may also be used to help the family or individual meet their identified needs.

The program should participate in and accept referrals from the local CoC/CES and participate in planning or performance processes to improve efficiency and ensure appropriate referrals. If there is no local CoC organizing body or CES, the program should have clearly defined outreach and referral processes to engage, assess, and prioritize potential program participants, particularly when the volume of requests for assistance exceeds program resources.

**Important note:** Programs should not enroll all eligible participants unless they have the resources to meet the unique needs of the entire caseload. However, programs should refer all families and individuals experiencing homelessness to the local CES.

(9) Case managers and service coordinators are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.

➢ **For example:** Case management strategies utilize strength-based practices focused on participant engagement (such as motivational interviewing, client-centered counseling, harm reduction, and Critical Time Intervention) and meet the unique needs of each participant/household.

Except where dictated by the funder, program participants direct when, where, and how often case management meetings occur. Whenever possible, meetings should occur in a participant’s home and/or in a location of the participant’s choosing.

(10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants’ lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.

➢ **For example:** Case management proactively engages participants in voluntary service participation by creating an environment in which the case plan and goal-
setting are participant-driven, rather than based on what the case manager decides what the participant needs to be successful.

Program policies should not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g., selling illegal substances).

(11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

➢ For example: Program utilizes evidence-based assessment and matching strategies to identify client needs and establish housing plans that will best support a client’s move into permanent housing.

Technical Assistance & Resources

Housing First Screening Tools

USICH released a federal Housing First checklist that may be used as a resource to assess whether local housing programs are following the Housing First philosophy.

Additionally, the United States Department of Housing and Urban Development (HUD) released a detailed Housing First Assessment Tool, which builds on the work of the USICH Housing First checklist. The HUD tool aims to assess and document program alignment with the Housing First model and can be used as an iterative tool to track Housing First alignment over time.

CDSS Support

The CDSS Homelessness Bureau has also provided the following Housing First technical assistance and guidance:

- A Housing First webinar series in partnership with the NAEH.
- Housing First assessments and training at program-specific learning forums from national, state, and local experts in the housing and homelessness field.
- Program-specific technical assistance through regular and ongoing telephone and email correspondence as well as in-person site visits and meetings.

Local programs are required to demonstrate Housing First compliance through the funding application process. The CDSS is committed to providing ongoing Housing First technical assistance and guidance and will continue to initiate individualized grantee-specific technical assistance, including regular and ongoing telephone and email correspondence as well as in-person site visits and meetings, and program-specific learning forums.
If you would like to receive information about technical assistance opportunities, please email, housing@dss.ca.gov with subject line: TA Email Distribution List.

Contact

The CDSS looks forward to working with local program partners to ensure all state-funded housing programs adopt the core components of Housing First. Please contact the Housing and Homelessness Branch at (916) 651-5155 or housing@dss.ca.gov with questions.

Sincerely,

Original Document Signed By:

Jennifer Hernandez, Deputy Director
Housing and Homelessness Branch
Family Engagement and Empowerment Division

Attachments

One: Housing First Core Components and Resources
Two: USICH Housing First Checklist
Three: HUD Housing First: At a Glance and Full Tool
<table>
<thead>
<tr>
<th>ATTACHMENT ONE: HOUSING FIRST RESOURCES</th>
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<tr>
<td>I. SB 1380 (CHAPTER 847, STATUTES OF 2016): Housing First Core Components</td>
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The core components of Housing First, as outlined in Welfare and Institutions Code (WIC) Section 8255, means all of the following:

1. Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.

2. Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness.”

3. Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.

4. Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.

5. Participation in services or program compliance is not a condition of permanent housing tenancy.

6. Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California’s Civil, Health and Safety, and Government codes.

7. The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.

8. In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than “first-come-first-serve,” including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents.

9. Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.

10. Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.

11. The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.
II. Housing First Implementation Resources

- United State Department of Housing and Urban Development (HUD)
  - Housing First Assessment Tool
  - Housing First Implementation Resources

- United States Interagency Council on Homelessness (USICH)
  - Housing First Checklist
  - Deploy Housing First Systemwide
  - Resource Roundup: Understanding and Implementing Housing First
  - Four Clarifications About Housing First
  - The Evidence Behind Approaches that Drive an End to Homelessness

- National Alliance to End Homelessness (NAEH)
  - Housing First Overview
  - Organizational Change: Adopting a Housing First Approach Toolkit
  - Why Housing First? Why Not Housing Second? Or Third?
  - What Housing First Really Means

- Homeless Coordinating and Financing Council (HCFC)

- California Department of Social Services (CDSS) Housing First Webinar Series
  - A System Response to Homelessness Using a Housing First Approach,
    in partnership with the National Alliance to End Homelessness (NAEH)
  - CDSS Housing First Webinar I
    - Housing First Webinar I Recording
    - Housing First I PowerPoint
  - CDSS Housing First Webinar II
    - Housing First Webinar II Recording
    - Housing First II PowerPoint
  - CDSS Housing First Webinar III
    - (No Recording)
    - Housing First III PowerPoint

III. Housing First Intervention-Specific Resources

- Rapid Re-Housing (RRH)
  - HUD/USICH Core Principles of Housing First and Rapid Re-Housing PowerPoint
  - NAEH Housing First and Rapid Re-Housing
  - All County Welfare Directors Letter (ACL) dated May 26, 2016

- Permanent Supportive Housing (PSH)
  - HUD Housing First and Permanent Supportive Housing
  - USICH Implementing Housing First in Permanent Supportive Housing
IV. Continuum of Care (CoC) Resources

- United States Department of Housing and Urban Development (HUD)
  - Continuum of Care (CoC) Program
  - CoC Points of Contact

- Homeless Coordinating and Financing Council (HCFC)
  - CoC Points of Contact

V. Coordinated Entry (CE) System Resources

- United States Department of Housing and Urban Development (HUD)
  - Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System
  - Coordinated Entry Policy Brief
  - Coordinated Entry Community Samples Toolkit
  - Core Principles of Housing First and Rapid Re-Housing PowerPoint

- National Alliance to End Homelessness (NAEH)
  - Coordinated Entry Resource Library

VI. Prioritization and Assessment Resources

Prioritization should be in accordance with Housing First and in tandem with Coordinated Entry.

- United States Department of Housing and Urban Development (HUD)
  - Assessment Tools for Allocating Homelessness Assistance: State of the Evidence

- OrgCode
  - Family Service Prioritization Decision Assistance Tool (F-SPDAT) Assessment Tool for Families
  - Service Prioritization Decision Assistance Tool (SPDAT) Assessment Tool for Single Adults

- Arizona Department of Housing (ADOH)
  - Coordinated Assessment Through HMIS Using SPDAT

VII. Other Collaboration Resources

- United States Department of Housing and Urban Development (HUD)
  - Find Your Local Public Housing Agency (PHA)

- Homeless Coordinating and Financing Council (HCFC)
  - California State Homelessness Funding Programs
  - State Resources to Address California’s Homeless Crisis
Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.1

This checklist was designed to help you make a quick assessment of whether and to what degree housing programs — and entire systems — are employing a Housing First approach. Robust tools and instruments are available elsewhere to quantitatively measure program quality and fidelity to Housing First. This tool is not meant to take the place of those more rigorous assessments, but is intended to help Continuums of Care, individual housing and services providers, funders, and other stakeholders to communicate about, and quickly assess, alignment with key Housing First approaches.

Core Elements of Housing First at the Program/Project Level

For your homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. This portion of the checklist can help you assess the extent to which your local programs are implementing Housing First. You can use this tool for trainings or planning sessions, during a site visit or program audit, as a guide when reviewing funding applications, or for many other uses.

- Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.

- Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”

- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.

Quick Screen: Does Your Project Use Housing First Principles?

1) Are applicants allowed to enter the program without income?
2) Are applicants allowed to enter the program even if they aren’t “clean and sober” or “treatment compliant”?
3) Are applicants allowed to enter the program even if they have criminal justice system involvement?
4) Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?
Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.

Housing and service goals and plans are highly tenant-driven.

Supportive services emphasize engagement and problem-solving over therapeutic goals.

Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.

Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants’ lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Core Elements of Housing First at the Community Level

Housing First should be adopted across your community’s entire homelessness response system, including outreach and emergency shelter, short-term interventions like rapid re-housing, and longer-term interventions like supportive housing. You can use this part of the checklist to assess the extent to which your community has adopted a system-wide Housing First orientation, as well as guide further dialogue and progress.

Your community has a coordinated system that offers a unified, streamlined, and user-friendly community-wide coordinated entry process to quickly assess and match people experiencing homelessness to the most appropriate housing and services, including rapid re-housing, supportive housing, and/or other housing interventions.

Emergency shelter, street outreach, and other parts of your crisis response system implement and promote low barriers to entry or service and quickly identify people experiencing homelessness, provide access to safety, make service connections, and partner directly with housing providers to rapidly connect individuals and families to permanent housing.

Outreach and other crisis response teams are coordinated, trained, and have the ability to engage and quickly connect people experiencing homelessness to the local coordinated entry process in order to apply for and obtain permanent housing.

Your community has a data-driven approach to prioritizing housing assistance, whether through analysis of the shared community assessment and vulnerability indices, system performance measures from the Homeless Management Information System, data on utilization of crisis services, and/or data from other
systems that work with people experiencing homelessness or housing instability, such as hospitals and the criminal justice system.

- Housing providers and owners accept referrals directly from the coordinated entry processes and work to house people as quickly as possible, using standardized application and screening processes and removing restrictive criteria as much as possible.

- Policymakers, funders, and providers conduct joint planning to develop and align resources to increase the availability of affordable and supportive housing and to ensure that a range of options and mainstream services are available to maximize housing choice among people experiencing homelessness.

- Mainstream systems, including social, health, and behavioral health services, benefit and entitlement programs, and other essential services have policies in place that do not inhibit implementation of a Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require treatment completion or sobriety.

- Staff in positions across the entire housing and services system are trained in and actively employ evidence-based practices for client/tenant engagement, such as motivational interviewing, client-centered counseling, critical time interventions, and trauma-informed care.

**Additional Resources**

- [Implementing Housing First in Supportive Housing](USICH, 2014) – discusses supportive housing and Housing First as tools for ending chronic homelessness and helping people with disabilities live independently in the community.

- [Webinar: Core Principles of Housing First and Rapid Re-Housing](USICH, 2014) – describes the core components of the Housing First approach and the rapid re-housing model and how both work together to help end homelessness.

- [Four Clarifications about Housing First](USICH, 2014) – clarifies some common misperceptions about Housing First.

- [It’s Time We Talked the Walk on Housing First](USICH, 2015) – advances our thinking on Housing First.

- [Housing First in Permanent Supportive Housing](HUD, 2014) – provides an overview of the principles and core components of the Housing First model.

- [Permanent Supportive Housing Evidence-Based Practices KIT](SAMHSA, 2010) – outlines the essential components of supportive housing, along with fidelity scales and scoresheets.

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Housing First Standards Assessment Tool

**Overview:** This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system's fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt discussion and to

**Provider Info tab:** The Provider Information tab should be completed prior to beginning the assessment. Specifically, the **Project Name**, **Project Type**, **Target Sub-Population served**, and **Date of Assessment** fields need to be completed in order to populate the assessment standards and report summary with questions that are specific to the project type and population. Please complete this section prior to printing any standards for assessment.

**Standards:** The standards have been arranged into the following categories: **Access**, **Evaluation**, **Services**, **Housing**, **Leases**, and **Project-Specific**. The “Tab” chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be completed,

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Applicable Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinated Entry</td>
<td>Access &amp; Evaluation; Project-specific</td>
</tr>
<tr>
<td>Street Outreach</td>
<td>Access &amp; Evaluation; Project-specific</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Access &amp; Evaluation; Service &amp; Housing; Project-specific</td>
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<tr>
<td>Transitional Housing</td>
<td>Access &amp; Evaluation; Service &amp; Housing; Leases; Project-specific</td>
</tr>
<tr>
<td>Rapid Rehousing</td>
<td>Access &amp; Evaluation; Service &amp; Housing; Leases; Project-specific</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>Access &amp; Evaluation; Service &amp; Housing; Leases; Project-specific</td>
</tr>
</tbody>
</table>

**Safeguarding:** Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

**Scoring:** For each standard, there are three scoring criteria: “Say It”, “Document It”, and “Do It” (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark “Always” for each scoring criteria. Use the drop down in the three columns to the right to select “Always” or “Somewhat” or “Not at

- “Say It” means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.
- “Document It” means that there is written documentation that supports the project’s compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.
- “Do It” means that the assessor was able to find evidence that supports the project’s compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

**Assessor Notes:** A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as

<table>
<thead>
<tr>
<th>Tab</th>
<th>Description</th>
<th>Purpose</th>
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</thead>
<tbody>
<tr>
<td>Instructions</td>
<td>Tool overview and aim</td>
<td>Offers instruction to users on the assessment tool</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Provider Info</td>
<td>Input provider, project and general assessment information</td>
<td>Determines project-specific standards for consideration</td>
</tr>
<tr>
<td>Standards - Access &amp; Evaluation</td>
<td>Input compliance with standards concerning participant access to the project and input, project evaluation and performance management</td>
<td>Assesses whether access and evaluation are compliant with Housing First principles</td>
</tr>
<tr>
<td>Standards - Leases</td>
<td>Input compliance with standards concerning the lease and occupancy agreements, where applicable</td>
<td>Assesses whether leases and occupancy agreements are compliant with Housing First principles</td>
</tr>
<tr>
<td>Standards - Services &amp; Housing</td>
<td>Input compliance with standards concerning the service and housing models and structure, where applicable</td>
<td>Assesses whether services and housing are compliant with Housing First principles</td>
</tr>
<tr>
<td>Standards – Project-Specific</td>
<td>Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable</td>
<td>Assesses whether specific project standards are compliant with Housing First principles</td>
</tr>
<tr>
<td>Report Summary</td>
<td>Displays assessment scores and conclusions, and highlights non-compliant standards</td>
<td>Printable summary of the assessment</td>
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</tbody>
</table>
## Provider Information

Please complete the information below on the organization being assessed.

<table>
<thead>
<tr>
<th>Provider Information</th>
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<tbody>
<tr>
<td><strong>Provider's Legal Name</strong></td>
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<tr>
<td><strong>Acronym (If Applicable)</strong></td>
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<td><strong>Year Incorporated</strong></td>
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<tr>
<td><strong>EIN</strong></td>
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<tr>
<td><strong>Street Address</strong></td>
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<tr>
<td><strong>Zip Code</strong></td>
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## Project Information

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<thead>
<tr>
<th>Project Information</th>
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<tbody>
<tr>
<td><strong>Project Name</strong></td>
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<tr>
<td><strong>Project Budget</strong></td>
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<tr>
<td><strong>Grant Number</strong></td>
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<tr>
<td><strong>Name of Project Director</strong></td>
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<tr>
<td><strong>Project Director Email Address</strong></td>
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<tr>
<td><strong>Project Director Phone Number</strong></td>
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</table>

**Which best describes the project?**

**Joint Transitional Housing & Rapid Rehousing**

*If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing*

Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions. **People in Recovery**

*Please note that when you select a project type, particular standards may not be relevant.*

## Management Information

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<tr>
<th>Management Information</th>
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<tbody>
<tr>
<td><strong>Name of CEO</strong></td>
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<td><strong>CEO Email Address</strong></td>
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<td><strong>CEO Phone Number</strong></td>
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<tr>
<td><strong>Name of Staff Member Guiding Assessment</strong></td>
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<tr>
<td><strong>Staff Email Address</strong></td>
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<tr>
<td><strong>Staff Phone Number</strong></td>
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## Assessment Information

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<th>Assessment Information</th>
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<tbody>
<tr>
<td><strong>Name of Assessor</strong></td>
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<tr>
<td><strong>Organizational Affiliation of Assessor</strong></td>
</tr>
<tr>
<td><strong>Assessor Email Address</strong></td>
</tr>
<tr>
<td><strong>Assessor Phone Number</strong></td>
</tr>
<tr>
<td><strong>Date of Assessment</strong></td>
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</table>
For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Access Definition / Evidence</th>
<th>Say It</th>
<th>Document it</th>
<th>Do it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access 1</td>
<td>Projects are low-barrier</td>
<td>Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, “housing readiness,” history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.</td>
<td>Please select answer</td>
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<td>Optional notes here</td>
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<tr>
<td>Access 2</td>
<td>Projects do not deny assistance for unnecessary reasons</td>
<td>Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1.</td>
<td>Please select answer</td>
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<td>Access 3</td>
<td>Access regardless of sexual orientation, gender identity, or marital status</td>
<td>Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: <a href="https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/">https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/</a></td>
<td>Please select answer</td>
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<td>Optional notes here</td>
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<tr>
<td>Access 4</td>
<td>Admission process is expedited with speed and efficiency</td>
<td>Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable.</td>
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</table>
Intake processes are person-centered and flexible. Intake and assessment procedures are focused on the individual’s or family’s strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project.

Optional notes here

The provider/project accepts and makes referrals directly through Coordinated Entry. Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities’ existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.

Optional notes here

Exits to homelessness are avoided. Projects that can no longer serve particular households utilize the coordinated entry process, or the communities’ existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies’ regulation-adherent policies.

Optional notes here

<table>
<thead>
<tr>
<th>Name</th>
<th>Participant Input Definition / Evidence</th>
<th>Say It</th>
<th>Document it</th>
<th>Do it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Input 1</td>
<td>Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.</td>
<td>Please select answer</td>
<td>Please select answer</td>
<td>Please select answer</td>
</tr>
<tr>
<td>Participant Input 2</td>
<td>Input is welcomed regarding the project’s policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.</td>
<td>Please select answer</td>
<td>Please select answer</td>
<td>Please select answer</td>
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</tbody>
</table>
### Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or “Always”. Marking "Always" signifies full compliance for the standard.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Leases and Occupancy Definition / Evidence</th>
<th>Say It</th>
<th>Document It</th>
<th>Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leases 1</strong></td>
<td>Housing is considered permanent (not applicable for Transitional Housing)</td>
<td>Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party.</td>
<td>Please select answer</td>
<td>Please select answer</td>
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<tr>
<td><strong>Leases 2</strong></td>
<td>Participant choice is fundamental</td>
<td>A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit.</td>
<td>Please select answer</td>
<td>Please select answer</td>
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<tr>
<td><strong>Leases 3</strong></td>
<td>Leases are the same for participants as for other tenants</td>
<td>Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants’ and owner’s choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market.</td>
<td>Please select answer</td>
<td>Please select answer</td>
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<tr>
<td><strong>Leases 4</strong></td>
<td>Participants receive education about their lease or occupancy agreement terms</td>
<td>Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities.</td>
<td>Please select answer</td>
<td>Please select answer</td>
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<tr>
<td>Leases 5</td>
<td>Measures are used to prevent eviction</td>
<td>Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.</td>
<td>Please select answer</td>
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<td>Optional notes here</td>
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<tr>
<td>Leases 6</td>
<td>Providing stable housing is a priority</td>
<td>Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.</td>
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<td>Optional notes here</td>
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<tr>
<td>Leases 7</td>
<td>Rent payment policies respond to tenants’ needs (as applicable)</td>
<td>While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.</td>
<td>Please select answer</td>
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<td>Optional notes here</td>
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</table>
## Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Services Definition / Evidence</th>
<th>Say it</th>
<th>Document it</th>
<th>Do it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services 1</strong></td>
<td>Projects promote participant choice in services</td>
<td>Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services.</td>
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<td><strong>Optional notes here</strong></td>
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<tr>
<td><strong>Services 2</strong></td>
<td>Person Centered Planning is a guiding principle of the service planning process</td>
<td>Person-centered Planning is a guiding principle of the service planning process</td>
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<td><strong>Optional notes here</strong></td>
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<tr>
<td><strong>Services 3</strong></td>
<td>Service support is as permanent as the housing</td>
<td>Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing.</td>
<td>Please select answer</td>
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<tr>
<td><strong>Optional notes here</strong></td>
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<td><strong>Services 4</strong></td>
<td>Services are continued despite change in housing status or placement</td>
<td>Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays.</td>
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### Services 5
Participant engagement is a core component of service delivery

Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time.

Optional notes here

### Services 6
Services are culturally appropriate with translation services available, as needed

Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them).

Optional notes here

### Services 7
Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)

Services support a participant’s ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants’ lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices.

Optional notes here

<table>
<thead>
<tr>
<th>Standard</th>
<th>Housing Definition / Evidence</th>
<th>Say It</th>
<th>Document It</th>
<th>Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing 1</td>
<td>Housing is not dependent on participation in services</td>
<td>Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants.</td>
<td>Please select answer</td>
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Optional notes here

<p>| Housing 2 | Substance use is not a reason for termination | Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD’s Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD’s Recovery Housing brief here: <a href="https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/">https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/</a> | Please select answer | Please select answer | Please select answer |
| Housing 3 | The rules and regulations of the project are centered on participants’ rights | Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets. | Please select answer | Please select answer | Please select answer |
| Housing 4 | Participants have the option to transfer to another project | Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness. | Please select answer | Please select answer | Please select answer |</p>
<table>
<thead>
<tr>
<th>Project</th>
<th>Standard</th>
<th>Project -Specific Standards</th>
<th>Say It</th>
<th>Document it</th>
<th>Do it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project 1</td>
<td>Quick access to RRH assistance</td>
<td>A Rapid Re-housing project ensures quick linkage to rapid re-housing assistance, based on participant choice.</td>
<td>Please select answer</td>
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<tr>
<td>Project 2</td>
<td>RRH services support people in maintaining their housing</td>
<td>Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.</td>
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<tr>
<td>Project 3</td>
<td>Providers continuously assess a participant’s need for assistance</td>
<td>On an ongoing basis, providers assess a participant’s needs for continued assistance and provide tailored assistance based on those assessments.</td>
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<tr>
<td>Project 4</td>
<td>Transitional housing is focused on safe and quick transitions to permanent housing</td>
<td>Participants and staff understand that the primary goals of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the services needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing.</td>
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</table>
TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations) when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing.

Optional notes here

No additional standards

Optional notes here

No additional standards

Optional notes here

No additional standards

Optional notes here

<table>
<thead>
<tr>
<th>Standard</th>
<th>Population Specific Standards</th>
<th>Say It</th>
<th>Document It</th>
<th>Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 1</td>
<td>Recovery housing is offered as one choice among other housing opportunities</td>
<td>Connection to recovery housing reflects individual choice for this path toward recovery. Abstinence-only spaces are incorporated into a Housing First model wherever possible, thus providing this type of recovery option to those who choose it. Recovery supports are offered, particularly connections to community-based treatment options.</td>
<td>Please select answer</td>
<td>Please select answer</td>
</tr>
<tr>
<td>Population</td>
<td>Services</td>
<td>Description</td>
<td>Notes</td>
<td></td>
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<td>------------</td>
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<tr>
<td>Population 2</td>
<td>Services include relapse support</td>
<td>Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.</td>
<td>Please select answer</td>
<td>Please select answer</td>
</tr>
<tr>
<td>Population 3</td>
<td>Services support sustained recovery</td>
<td>Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long-term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options.</td>
<td>Please select answer</td>
<td>Please select answer</td>
</tr>
<tr>
<td>Population 4</td>
<td>Population</td>
<td>No additional standards</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Some standards have not been evaluated. Please return and complete all standards before finalizing report.

Your score: 0
Max potential score: 216

Score is calculated by awarding 1 point for standards answered 'sometimes' and 2 points for standards answered 'always'. Categories that are not applicable for your project are not included in the maximum potential score.