

## Supportive Housing Services Plan – Template and Guidebook

### ABOUT CSH

CSH (Corporation for Supportive Housing) advances affordable housing aligned with services by advocating for effective policies and funding, investing in communities, and strengthening the supportive housing field. Since our founding in 1991, CSH has been the only national nonprofit intermediary focused solely on increasing the availability of supportive housing. Over the course of our work, we have created more than 467,600 units of affordable and supportive housing and distributed over \$1.5 billion in loans and grants. Our workforce is central to accomplishing this work. We employ approximately 170 people across 30 states and U.S. Territories. As an intermediary, we do not directly develop or operate housing but center our approach on collaboration with a wide range of people, partners, and sectors. For more information, visit [www.csh.org](http://www.csh.org).

### INTRODUCTION

The purpose of this Supportive Housing Services Plan Template and Guidebook (SHSP) is to provide guidance to permanent supportive housing programs, both scattered site and site based, that serve those who have experienced homelessness, are at-risk of experiencing homelessness, and have barriers to housing. Permanent, stable, supportive housing provides a foundation for individuals and their households to meet critical needs such as safety and security and other essential needs such as healthcare, income and employment, education, and community involvement. Service providers should coordinate with property management providers to ensure that tenants are connected to services both on-site and off-site to maintain stable housing. Other components of providing quality supportive services in supportive housing include offering a variety of service offerings, frequencies, and intensities to best meet the needs of individual tenants, ensuring that all services offered to tenants are voluntary, and providing services with a trauma-informed, person-centered, culturally responsive, and strengths-based approach that is grounded in the Housing First philosophy.

The questions in the SHSP can help housing providers create a plan that is responsive to the needs of tenants and the community and ensures quality supportive services will be available for all interested tenants. Although sections in this plan may not all be applicable to every program, they are considered promising practices for operating a supportive housing program.

The Supportive Housing Services Plan Guidebook consists of 16 sections. Each with critical context, promising practice guidance, and key questions that should be considered when developing supportive housing programs and housing services plans.

Please reach out to [consulting@csh.org](mailto:consulting@csh.org) with any questions.

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### KEY TERMS

#### **Assertive Community Treatment (ACT)**

Assertive Community Treatment (ACT) is a multidisciplinary team approach with assertive outreach in the community. The ACT model offers consistent service delivery, caring, person-centered relationships with demonstrated results of a positive effect on outcomes and quality of life. Research shows that ACT reduces hospitalization, increases housing stability, and improves quality of life for people with the most severe symptoms of mental illness. <sup>i</sup>

#### **Critical Time Intervention (CTI)**

Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. <sup>ii</sup>

#### **Housing First**

Housing First is a philosophy that homelessness can be most efficiently ended by providing someone with safe, decent, and affordable housing. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance abuse counseling, participation in these services is not a prerequisite to obtain housing or a condition of maintaining it. In fact, the stability that a housing unit provides bolsters a tenant's ability to participate in these services. The Housing First philosophy focuses on simplifying the process of gaining housing through streamlining the application process and removing unnecessary requirements. It also ensures that supportive housing tenants are not subject to conditions of tenancy exceeding that of a normal leaseholder, including participation in treatment or other services. Research has demonstrated that this approach is effective in promoting housing stability, particularly among people who have been homeless for long periods of time and have serious psychiatric disabilities, substance use disorders and/or other disabilities. <sup>iii</sup>

#### **Harm Reduction**

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. <sup>iv</sup>

### **Housing Related Services (HRS)**

Commonly include tenancy sustaining services and pre/post tenancy services. These services are funded through Medicaid.

### **Intensive Case Management (ICM)**

Intensive Case Management (ICM) is a team-based approach that supports individuals through a case management approach to help participants maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations. ICM has a moderately strong evidence base and it is designed for clients with lower acuity, but who are identified as needing intensive support for a shorter and time-delineated period. <sup>v</sup>

### **Memorandum of Understanding (MOU)**

A formal document between two or more parties, which specifically outlines the scope, purpose (roles and responsibilities), timeline, and expectations of each party for a mutual agreement to achieve a shared goal.

### **Notice of Funding Availability (NOFA)**

The Notice of Funding Opportunity and the Notice of Funding Availability, better known as NOFO and NOFA, are how the federal and state government announces grant opportunities.

### **Person-Centered Care**

Person-Centered Care in which individuals' goals, values, and preferences guide the care they receive. Essential elements include: an individualized, goal-oriented care plan based on the person's preferences, ongoing review of the person's goals and care plan, care supported by an interprofessional team, one lead point of contact on the team, active coordination among all health care and supportive service providers, and performance measurement using feedback from the person and caregivers. <sup>vi</sup>

### **Property Manager**

Handles all aspects of building operations, this includes rent collection, managing tenant leases, management of building staff, maintenance and operating schedule and expenses, and Low-Income Housing Tax Credit (LIHTC) monitoring and certification.

### Service Provider

Provide direct services and community services to meet tenant needs including pre/post-tenancy supports, mental and behavioral health, education, employment, and life skills.

### Strengths-Based Approach

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and being supported, as well as the elements that the person seeking support brings to the process (Duncan and Hubble, 2000). Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services (Morgan and Ziglio, 2007).<sup>vii</sup>



### Tenancy Support Services (TSS)

Tenancy Support Services (TSS) is a voluntary and long-term housing focused case management model that provides supportive housing services at a low caseload ratio. The core supportive housing services are pre-tenancy, tenancy-sustaining, housing stabilization, and care coordination. Behavioral health and other clinical services are not included in this model's service plan, yet coordination with other community providers is key. <sup>viii</sup>

### Transitional Aged Youth (TAY)

Transition Age Youth includes young people, typically between the ages of 16 to 25, who are approaching transition from child-serving system(s) (e.g., child welfare, juvenile justice, education, behavioral health) due to "aging out" – leaving a formal system of care because of reaching a certain age – or other circumstances (i.e., achievement of case plans, graduation, etc.). While TAY have a complex set of needs and face many challenges, they also have the potential to lead successful adult lives when offered resilience-building resources, strategies and support. <sup>ix</sup>

### Trauma-Informed Care

Trauma of all sorts – physical, race, emotional or sexual – is known to be both a cause and a result of homelessness. A variety of studies have shown that domestic violence can lead to homelessness for women and their children and that childhood abuse is a potential risk factor for later homelessness. There is also a correlation between people experiencing homelessness and addictions and/or mental health. People experiencing homelessness often suffer from depression and/or post-traumatic stress disorder. These may be the cause or result of homelessness. All of this means that staff and volunteers working with people experiencing homelessness need to create and implement trauma-informed services to provide the best possible care. <sup>x</sup>

Trauma-informed care is a strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma; that emphasizes physical, psychological, and emotional safety for both providers and survivors; that creates opportunities for survivors to rebuild a sense of control and empowerment." (Hopper, Bassuk, and Olivet, 2010, p.82). <sup>xi</sup>

## 1. Program Philosophy

A supportive housing program's mission, vision, values, and philosophy should be rooted in Housing First principles. Housing First is the philosophy that homelessness can be most effectively ended by providing someone with safe, decent and affordable housing. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance abuse counseling, participation in these services is not a prerequisite to obtain housing or a condition of maintaining it. In fact, the stability that a housing unit provides bolsters a tenant's ability to participate in these services.

The Housing First philosophy focuses on simplifying the process of obtaining housing through streamlining the application process and removing unnecessary requirements. It also ensures that supportive housing tenants are not subject to conditions of tenancy exceeding that of a normal leaseholder, including participation in treatment or other services. Research has demonstrated that this approach is effective in promoting housing stability, particularly among people who have been homeless for long periods of time and have serious psychiatric disabilities, substance use disorders and/or other disabilities.

Housing First core principles include:

- Quick connection to housing
- Units targeted to the most vulnerable
- Providing leases and tenant protections
- Housing is centered around individual choices and preferences
- Robust, wrap-around services with assertive engagement
- Embracing a harm reduction approach
- Tenancy is not dependent on participation in services or sobriety

A supportive housing program's mission should align with how and why select services are being provided. The vision should resonate with where the organization wishes to achieve long-term impact. The values should be consistent with the values of the community, partnering organizations, and the intended population(s) to be served. The property management company and service provider(s) should each have individual but aligned supportive housing philosophies. The service provider's supportive housing philosophy can describe how services are being provided and should include principles of Housing First, trauma-informed care, harm reduction, strengths-based, and person-centered approaches. <sup>xii</sup>

This section should guide and inform the remaining sections of the supportive housing services plan.

**1. Program Philosophy**

<p>What is the supportive housing program’s mission statement?</p>	
<p>What is the supportive housing program’s vision statement?</p>	
<p>What are the supportive housing program’s values?</p>	
<p>What is the property management company’s supportive housing philosophy?</p>	
<p>What is the service provider’s supportive housing philosophy?</p>	
<p>Do all program partners understand the Housing First philosophy?</p>	
<p>How will the program practice Housing First to fidelity?</p>	

## 2. Roles and Responsibilities

Understanding the discrete but coordinated roles and responsibilities of each supportive housing partner is essential for stable operation and tenant success. In this section, define who performs the major tasks of owner, property manager, maintenance, front desk, and supportive service provider(s) and what each role is responsible for to ensure the supportive housing program is operating effectively.

- **Supportive housing program owners** are generally responsible for managing relationships with partners, overseeing legal matters and the implementation of management and service plan, selecting the program team, monitoring tenant satisfaction, overseeing the performance of the property manager and service provider, monitoring program finances, and asset management.
- **Property management staff** are generally responsible for all lease-related items, rent collection, ensuring safety and security of tenants and staff, coordinating referral, application, and move-in processes, and forming partnerships with local Continuum of Care (CoC) and Public Housing Agencies (PHAs).
- **Maintenance staff** are generally responsible for ensuring safety and security of tenants and staff, maintaining clean and welcoming community spaces, and responding to maintenance requests in a timely manner.
- **Front desk staff** are generally responsible for welcoming tenants and their guests into the building, coordinating tenant needs between property management, maintenance, and service provider staff, and ensuring the safety and security of tenants and staff.
- **Service provider staff** are generally responsible for coordinating and delivering quality services to tenants, connecting tenants to community resources and organizations, connecting tenants to applicable benefits, ensuring safety and security of tenants and staff, supporting tenants in building tenancy and housing retention skills, and advocating alongside tenants to ensure their housing is stable, safe, and secure.

In certain instances, service provider staff may be responsible for assisting tenants in navigating the housing search process. This may include assisting tenants with housing applications, document gathering, and communicating with property managers on behalf of the tenant. In supportive housing it is common for staff roles to overlap. While it is critical to understand each staff person's individual roles, supportive housing staff should understand that flexibility and coordination are key to operating a successful supportive housing program.

**2. Roles and Responsibilities**

Role	Who performs this role?	What do they do?
Owner		
Property Manager		
Maintenance		
Front Desk		
Service Provider		

### 3. Partnerships

Clearly establishing partnerships in the supportive housing program is essential for success. Memorandum of Understandings (MOUs) are commonly established between the service provider, property manager, and owner/sponsor. In this section, outline any MOU or contracts in place with program partners. Elements of a Supportive Housing MOU may include:

- Parties and arrangement
- Definitions: how are key terms tied to tenant eligibility and services defined?
- Tenant Eligibility
- Roles and responsibilities of the partners
- Specific scope of services being offered
- Termination of services
- Funding
- Management of the MOU

Programs might also have formal partnerships with services in the community such as community health centers, behavioral health centers, food banks, and employment service centers. Creating formal linkages/partnerships with these providers through MOUs provides more options and opportunities to participants.

**3. Partnerships**

<p>Have MOUs been signed between all supportive housing program partners?</p>	
<p>How are MOUs demonstrating a commitment to Housing First?</p>	
<p>Have MOUs with other community providers been established?</p>	

#### 4. Coordination Between Property Manager and Service Provider

It is imperative for property managers and service providers to closely coordinate and share a commitment to the success of each tenant in the building. The property manager and service providers have distinct roles and responsibilities but must understand each other’s functions and communicate often.

Although there are distinct roles, property management and service providers must coordinate in many areas. This may include creating an eviction prevention policy that details how both partners will work together to promote housing stability or creating rent repayment plans. The property manager is responsible for creating and enforcing plans and the service provider is responsible for advocating for the tenant and ensuring the tenant understands various plans and can accomplish respective milestones.

Communication is key to a successful service provider and property manager relationship. Below are guidelines of common instances when communication is necessary and what can and cannot be shared due to confidentiality. According to HUD guidance, “Information may only be shared with property management staff, service providers, and other parties if the tenant has signed a Consent to Release of Information form. The form protects tenants’ information such as income, benefit amounts, and health status, and specifies which document or information can be shared.” <sup>xiii</sup>

Who	Share Immediately	Can Share	Cannot Share
<b>Property Management/Landlord</b>	<ul style="list-style-type: none"> <li>• Incidents or unusual/concerning behavior</li> <li>• Serious lease violations</li> <li>• Emergencies on property</li> </ul>	<ul style="list-style-type: none"> <li>• Observed changes in behavior</li> <li>• Issues with rent or property maintenance</li> <li>• Other concerns related to health and safety</li> </ul>	<ul style="list-style-type: none"> <li>• Anything in lease agreement that indicates confidentiality</li> </ul>
<b>Service Provider</b>	<ul style="list-style-type: none"> <li>• Incidents or unusual/concerning behavior</li> <li>• Potential lease violations</li> <li>• Relevant emergencies off of the property (e.g. a tenant is hospitalized for extended time)</li> </ul>	<ul style="list-style-type: none"> <li>• Anything allowed under the signed Release of Information or any other agreements (e.g. MOUs)</li> <li>• Tenant complaints/concerns</li> <li>• Major changes in a tenant’s life that impact housing stability (e.g. changes in income, household compositions, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Information not allowed under the signed Release of Information or any other agreements (e.g. MOUs)</li> <li>• Information from other providers</li> </ul>

**4. Coordination Between Property Manager and Service Provider**

<p>Have communication protocols been established? (General communication, emergency communication, email, phone call, etc.)</p>	
<p>Has a regular meeting cadence between property management and service providers been established?</p>	
<p>Have clear roles and responsibilities between property management and service providers been delineated? Including roles and responsibilities where property management and service providers overlap?</p>	
<p>Have there been mechanisms established to transparently and consistently communicate property management and service providers' roles and responsibilities to tenants?</p>	

**5. Program Overview**

Supportive housing programs often have a mixture of unit types. In this section, identify how many units will be dedicated to supportive housing tenants, to affordable housing tenants, and to market-rate tenants.

Supportive housing programs are typically designed to serve specific populations (e.g., transitional-aged youth, families, individual adults, persons with mental illness, disabled persons, etc.) Populations being served through the supportive housing program should respond to community need. While all services should be trauma-informed, person-centered, strengths-based and utilize a harm reduction framework, there are distinct considerations for services based on the population(s) to be served.

Supportive housing programs should be close to community amenities (e.g., grocers, pharmacies, community-based organizations, faith-based organizations, recreational opportunities, and public transportation.)

**5. Program Overview**

Total number of units	
Total number of market-rate units	
Total number of affordable housing units	
Total number of supportive housing units	
Intended population(s) to be served (transitional-aged youth, families, etc.)	
Proximity to amenities (grocery, pharmacy, public transportation, recreation)	

## 6. Program Design

In this section, specify key components of the supportive housing program's design. Program design should be functional and useful for tenants and staff, informed by tenants' needs and preferences, and include multiple community spaces for tenants to enjoy. Community spaces include but are not limited to green spaces, community rooms, technology labs, shared kitchens, and recreational spaces.

Program design should be trauma-informed; design that is trauma-informed centers healing as an integral part of the design process and prioritizes it as an observable outcome in the built environment. The Preservation of Affordable Housing states, "Historically, the housing sector has evaluated community development impact through the lens of the number of units produced or preserved. However, a trauma-informed design approach centers tenants lived experiences and understands success not just in terms of bricks and mortar, but on the well-being of residents and the staff that serve them." <sup>xiv</sup>

The Preservation of Affordable Housing lists key principles of trauma-informed design:

- Clear access and wayfinding – Entrances are easy to find, located throughout the property and the building design has clear wayfinding signage.
- Provide access to nature – Access to nature is linked to promoting positive health impacts, joy, healing, solace, and reflection.
- Flexible, adaptable spaces – Ability to adjust spaces increases sense of safety, comfort, and purpose.
- Offer a variety of spaces – Offering different types and sizes of spaces accommodates varying degrees of socialization/comfort.
- Provide movable furniture – Provide lightweight furnishings that give users the choice to rearrange the space.
- Design for acoustical privacy – Limit or mitigate loud noises and prioritize users' acoustic privacy.
- Offer positive distractions – Design features that alleviate stress and elicit positive reactions, feelings, and hold attention.
- Provide furniture – Space and furnishings are welcoming to all.
- Design for property security – Building provides security measures throughout the property.
- Design for visual safety and privacy – Provide appropriate security measures and allow users to adjust improve their sense of safety and privacy as needed.
- Provide predictable spaces – Organizations of rooms and spaces are intentional, easy to understand and predict, and navigate by users.

- Design unobstructed sightlines – Unobstructed views, ample lighting, soft and wide corners throughout the property exterior, interior spaces, and corridors.
- Offer spatial openness – Perceived sense of open space available that allows residents to choose their path based on their level of comfort.
- Use high quality materials – Durable materials show quality and care for residents
- Offer artful features – Art can create belonging and connection, foster empowerment, and serve as an outlet for self-expression.
- Strive for visually simple and clear design – Simple, uncluttered, and clean design features achieve organized and visually balanced spaces.
- Consider natural materials – Natural materials draw connections to nature, support a healthier environment for people, and promote a sense of calm and clarity.
- Use cool color choices in common areas – In common areas, consider blues, greens, and purples which have calming effects.
- Light-filled spaces – Maximize natural daylight as much as possible in all spaces.
- Provide clear circulation paths – Provide barrier-free, visual transparency and wider-than-usual corridors where appropriate.

Service providers should be able to utilize private offices/spaces to hold conversations with tenants. These spaces should be quiet and conducive to maintaining confidentiality. <sup>xv</sup>

**6. Program Design**

Number of stories	
Number of/type of community spaces	
Number of units per size (studio, 1BD/1BA, 2BD/1BA, 2BD/2BA, etc.)	
On-site or off-site laundry?	
On-site parking?	
Designated smoking areas?	
Green spaces? (indoor or outdoor)	
Will there be spaces for tenants to access technology? (Technology lab, computer lab, etc.)	
Will service provider staff have private offices?	
Will there be security on-site? If so, where will security staff be posted?	

### 7. Analysis of Need for Services/Intended Population(s)

A supportive housing program's analysis of need for services and intended population(s) should be informed by data. By utilizing local, state, and national data such as Housing and Urban Development (HUD) data sources, including Point in Time (PIT) data, Homeless Management Information System (HMIS) data, and regional homelessness plans, supportive housing providers can inform the selected services are being provided and the selected populations that will be served through the program. To understand what specific services should be provided, a supportive housing program must understand the barriers that selected populations face in obtaining and maintaining stable and safe housing.

It is beneficial for supportive housing programs to have close partnerships with Public Housing Agencies (PHAs) to promote stable housing opportunities for some population(s). PHAs offer vouchers like the Family Unification Program (FUP) intended for families, HUD VASH (Veterans Affairs Supportive Housing) intended for veterans, and Non-Elderly Disabled (NED) for special populations. Special Purpose Vouchers (SPVs) are a secure way to subsidize housing/rental costs for specific populations.

**7. Analysis of Need for Services**

<p>What data sources were used to determine the program’s intended population(s)?</p>	
<p>What is the intended population(s) rate of homelessness? In the local area? In the state?</p>	
<p>What will the program’s impact be on homelessness for the intended population(s)?</p>	
<p>What barriers do the intended population(s) face in obtaining stable, permanent housing?</p>	
<p>What public housing authority vouchers exist and are available for the intended population(s)?</p>	

## 8. Staffing

In this section, clarify the various components of staffing a supportive housing program.

Service provider staff generally fall into 2 categories: staff on-site during standard 9:00 AM-5:00 PM working hours and staff on-site 24 hours a day. Service provider staffing can be a combination of both, where a certain number of staff are on-site during working hours, and a lesser number of staff are on-site around the clock. Staff in the latter category are typically provided with a unit in the building to reside in and are always 'on call' for tenants.

Based on intended population(s) to be served and selected service delivery models, staffing ratios can vary. It is important for supportive housing programs to refer to the funding NOFAs and program guidelines to ensure the program meets the staffing ratios required by each funder. Below are general best practice standards based on population:

- Frequent users of crises systems – 10:1
- Transitional aged youth (TAY) – 15:1
- Persons exiting chronic homelessness – 15:1
- Families – 12:1.5
- Non-chronic individuals with mental illness – 20:1

“Professional supervision is defined as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. Supervision encompasses several interrelated functions and responsibilities. Each of these interrelated functions contributes to a larger responsibility or outcome that ensures tenants are protected and that tenants receive competent and ethical services from service providers. During supervision, services received by the tenant are evaluated and adjusted, as needed, to increase the benefit to the tenant. It is the supervisor’s responsibility to ensure that the supervisee provides competent, appropriate, and ethical services to the tenant.”<sup>xvi</sup> Supervision should happen in a private, confidential space and occur 1x/week at minimum.

Comprehensive onboarding procedures should be established for staff being brought into the supportive housing program. Onboarding for all staff should provide an overview of the supportive housing program’s mission, vision, philosophy, and values, should include cultural awareness trainings, crisis and de-escalation strategies, and should provide a baseline for core practices such as Housing First, trauma-informed care, strengths-based, person-centered, and culturally responsive approaches, and utilizing

a harm reduction framework. Onboarding for service provider staff should outline the service provider(s) service delivery models, staffing ratios, community resources, case conferencing methods, local resources and partnerships, and other population-specific considerations.

Staff retention and transition procedures should be carefully outlined in the supportive housing program's planning phase. Tenants can have a difficult time during staff transition, as their existing relationship comes to an end. Ensuring proper care and transparency for all tenants is a critical part of staff transition plans.

There are multiple ways to partner with tenants in the supportive housing program's operations, including hiring peer support workers. Peer support workers are people with lived expertise in housing instability and/or homelessness who can provide a unique level of support to current tenants. Peer support workers should be valued as all other employees are valued and should receive the same levels of onboarding and support during their employment. "We conclude that peers should be respected, valued, supported, and compensated for their work which is often profoundly challenging." <sup>xvii</sup> "People who have experienced homelessness are the best people for the job," Steiner Smith.

**8. Staffing**

<p>Will service provider staff be on-site? If so, will service provider staff be on-site 24/7?</p>	
<p>What is the service provider to participant staffing ratio? (e.g., 1:10, 1:15, etc.)</p>	
<p>How frequently will service provider staff have supervision? (dedicated time with supervisor to case conference, problem-solve, etc.)</p>	
<p>How will service provider staff be onboarded to the supportive housing program?</p>	
<p>What training(s) will be required for service provider staff? (benefits counseling, critical time intervention, trauma-informed care, motivational interviewing, Move-On strategies, etc.)</p>	
<p>What strategies will be utilized to retain service staff?</p>	
<p>What strategies will be utilized as service staff transition out of the supportive housing program?</p>	
<p>What opportunities will there be to hire peer support workers?</p>	

## 9. Services Provided

A supportive housing program can deploy multiple service models to be utilized with different tenants. These services must be rooted in cultural humility and be culturally responsive to the needs of individual tenants. Cultural humility requires an understanding of the historical context of various cultures and populations, as well as an ability to actively engage in self-reflection when interacting with individuals from different cultural backgrounds. Culturally responsive services respect an individual's cultural beliefs, philosophies, practices, and values.

Based on the population being served and the service delivery model being used, staffing ratios can differ. When working with different populations (referenced in Section 8) and utilizing specific service models (mentioned below) there are best practice guidelines on staffing ratios. As supportive housing programs identify populations to be served, service providers can identify service models to utilize and form consensus on appropriate staffing ratios.

Common service provision models in supportive housing include:

- [Assertive Community Treatment \(ACT\)](#)
  - ACT is a multidisciplinary team approach with assertive outreach in the community.
  - Team-based model that is recovery oriented (teams typically include: clinical expert, nurse, peer support worker, general case manager, housing specialist)
  - 1:10 staffing ratio
  - Offers direct behavioral health care
  - 24/7 availability of at least 1 staff/team member
- [Intensive Case Management \(ICM\)](#)
  - ICM is a team-based approach that supports individuals through a case management approach, the goal of which is to help participants maintain their housing and achieve an optimum quality of life.
  - Individual or team-based model
  - 1:12 – 1:15 staffing ratio
  - Includes crisis assessments, interventions, and de-escalation

- [Tenancy Support Services \(TSS\)](#)
  - TSS is a long-term, voluntary case management approach with services targeted in the following buckets: pre-tenancy, tenancy-sustaining, housing stabilization, and care coordination.
  - Individual or team-based approach
  - Long-term, voluntary services
  - 1:10 – 1:20 staffing ratio
  - Individual or team-based approach
  - Services are focused on sustaining tenancy and housing stabilization
- [Critical Time Intervention \(CTI\)](#)
  - CTI is a service provision approach used with participants who are able to work towards independent living within ~9 months.
  - 1:15 staffing ratio
  - 3-phased intervention:
    - 1. Transition to community
    - 2. Try Out
    - 3. Transfer of Care
  - Services focused on building strong systems of community and supports

Each of the service models described includes periodic voluntary assessments for the tenants. These assessments help to identify the tenants' service/housing goals and needs and how they change over time. The assessment should inform a long-term support plan based on thorough understanding, be collaborative, and help to build rapport and trust with the tenant. It is important to use a trauma informed approach that focuses on safety, offers choice and reinforces tenant empowerment, and avoids re-traumatization by not requiring tenants to detail traumatic events.

Community partnerships are also essential to quality supportive housing programs. Service providers are encouraged to make formal and informal relationships with community supports, sometimes referred to ancillary services such as independent living skill training, health and medical services, substance abuse services, employment services, and family support services.

**9. Services Provided**

<p>What service model(s) will be utilized?</p>	
<p>What is the goal of each service model being utilized?</p>	
<p>What assessment tools will be utilized with tenants to understand their needs and goals?</p>	
<p>How will services be trauma-informed and person-centered?</p>	
<p>How will services utilize a harm reduction framework?</p>	
<p>How frequently will services be offered on-site? Will services be offered off-site?</p>	

<p>How will service provider(s) keep records, notes, etc.? How will these records and notes be kept secure and confidential?</p>	
<p>What partnerships with local service organizations exist to refer tenants to services that are not provided on-site?</p>	
<p>How will tenant feedback be embedded in service provision?</p>	
<p>What are the policies for tenants filing grievances, complaints, and/or requests?</p>	
<p>What emergency/crisis services will be available on-site?</p>	
<p>What partnerships with behavioral health teams, SAFE teams, etc. exist for emergencies, crises, and de-escalation scenarios?</p>	
<p>What are the policies/protocols for contacting local police?</p>	

### 10. Tenant Involvement

Tenants living in supportive housing are experts in understanding what quality supportive housing looks like. Tenants should be engaged through each phase of developing, operating, and improving supportive housing. Engagement with tenants should be authentic and meaningful. Engagement can take a variety of forms, including but not limited to:

- Focus groups
- Informational interviews or listening sessions
- Tenant surveys
- Tenant councils
- Tenant advisory boards
- Tenants hired as peer support workers

Supportive housing providers should support and encourage tenants to provide input in ways chosen by tenants. Tenant input should be met with accountability from housing providers, where housing providers ensure that tenants are heard, and that relevant action or changes are implemented. When action or changes are unable to be implemented, housing providers should clearly communicate with tenants.

**10. Tenant Involvement**

<p>How will tenants be authentically engaged in the program’s policies, protocols, and operations?</p>	
<p>What does accountability to tenants look like for property management staff?</p>	
<p>What does accountability to tenants look like for service provider staff?</p>	
<p>How will the supportive housing program encourage the formation and structure of a tenant advisory board, committee, council, etc.?</p>	
<p>What skill-building opportunities will be available to tenants on-site? In the community?</p>	

### 11. Tenant Rights

Protecting tenant rights is one of the primary responsibilities of the service provider. In this section, describe how tenants' confidentiality will be maintained and how they will be informed of their legal rights. Many supportive housing providers utilize a Release of Information (ROI) to share information among a tenant's community providers. It is important to remember that tenants are not required to sign ROIs or authorization forms and that tenants may revoke their release or authorization at any time. Clearly communicating this information to tenants and the protections that come with tenant rights are very important.

Other items to consider when ensuring tenant rights are protected may include:

- Creating and consistently enforcing written policies and procedures
- Ensuring physical environments are secure. This can include separate offices, closed doors, and locked files
- Sharing the minimum necessary with partners to accomplish the mutually agreed upon purpose
- Clearly communicating tenants' rights by posting signs throughout the building on general tenant rights and grievance process

**11. Tenant Rights**

<p>How will tenants be made aware of their legal rights?</p>	
<p>How will tenants' confidentiality be maintained?</p>	
<p>Has a Release of Information form been created?</p>	
<p>How will policies/procedures be communicated to tenants?</p>	
<p>Where will signs be posted around the property reminding tenants of their rights?</p>	

### 12. Commitment to Training

On-going training and support to direct service staff is essential to successful supportive housing programs. In this section, describe the organization-wide training program, including but not limited to, onboarding, on-going training, and professional development opportunities for direct service staff and supervisors. Common training opportunities include; Housing First, harm reduction, trauma informed care, motivational interviewing, HMIS, case conferencing, addressing substance use, mental health 101, service planning, and working with landlords and property managers.

Cross training with on-site property management staff can be extremely beneficial for direct staff to understand each other's distinct roles and responsibilities and where overlap could occur. This is a proven strategy to improve communications and the complexities of each role.

**12. Commitment to Training**

<p>What is the supportive housing program’s overall commitment to staff training?</p>	
<p>What training(s) will be required for staff during onboarding?</p>	
<p>What training(s) will be required for staff on an ongoing basis, and at what frequency?</p>	
<p>Will service provider staff and property management staff have opportunities to cross-train? (e.g., property management staff train service provider staff on their roles, responsibilities, and daily tasks)</p>	

### 13. Fair Housing

The majority of fair housing responsibilities fall upon the property manager, but there must be coordination between the service staff and property manager to ensure that tenants' rights are protected. Supportive service providers' main responsibility around fair housing is assisting tenants who are seeking reasonable accommodations and advocating for tenants' reasonable accommodation requests.

By law, any party engaged in real estate transactions must make reasonable accommodations and modifications for persons with disabilities. <sup>xviii</sup> The accommodation and modifications must be reasonable. "Reasonable" means that the cost of making the accommodation must be financially reasonable, what reasonable means will vary based on the actor as well as the nature of the accommodation. The difference between accommodations and modifications is that accommodations are rules, policies, the way services are provided, parking locations, pet rules for assistance animals, rent due dates, and others. Modifications are structural changes made to existing premises to afford persons with disabilities full enjoyment of the premises, ramps, grab bars, adapting equipment and cabinets, and others. A service provider may help a tenant or prospective tenant request these accommodations and modifications or advocate on behalf of the tenant. A service provider may also inform tenants of how to access legal services and better understand their rights when fair housing concerns might arise.

**13. Fair Housing**

<p>How frequently will Fair Housing training be provided for staff?</p>	
<p>How will staff be accountable to Fair Housing laws?</p>	
<p>What policies/protocols exist to support Fair Housing laws?</p>	
<p>What policies/protocols exist if a Fair Housing law is violated?</p>	

### 14. Outcomes:

Setting goals and program/tenant outcomes early in the program planning phase is essential to ensuring the stability of the program. Outcome metrics can be dictated by various partners including external funders and owners and can then be passed onto services providers and property managers through a MOU. Capital, operating, and service funders may all have different funding and reporting requirements. Property management companies and service providers may also have metrics they report on to ensure quality services within a program.

It should be determined prior to program lease-up who is required to report what outcomes, to whom, and the frequency. Tenant privacy must be considered when reporting on required outcomes. It may be necessary for service providers and property managers to coordinate when completing outcome measure reporting.

Below are examples of positive supportive housing outcome measures and a target goal developed by CSH. It is recommended that organizations know their baseline performance with regard to these outcomes and use them to set aggressive targets for improvement. In addition to understanding baseline performance, programs should be sure to incorporate the outcome measures and target goals outlined in each funding program. For example, the NOFA and/or Funding Guidelines. The goals listed below might not be adequate for all organizations.

<b>Outcome Measures – Service Providers</b>	<b>Goal</b>
The percentage of current and exited tenants who remain in supportive housing for at least 12 months or exit to other permanent housing.	85%
The percentage of tenants who exit to permanent housing (including other supportive housing) after leaving supportive housing.	75%
The percentage of tenants who have been in supportive housing one or more years self-report that their mental health has improved or stabilized since entering supportive housing.	70%
The percentage of all tenants with mental health challenges who have a behavioral health care provider in the community.	70%
The percentage of tenants who have been in supportive housing for one year or more, self-report that their physical health has improved since entering supportive housing.	70%
The percentage of tenants who have a primary health care provider in the community	70%
The percentage of tenants who agree with the statement, "Staff helped me (or will help me) obtain information I needed so that I could take charge of managing my health."	80%
The percentage of tenants who have been in supportive housing for one year or more, have increased their income or maintained their existing entitlement benefits (such as Supplemental Security Income) since entering supportive housing.	60%
The percentage of tenants who have been in supportive housing for at least 12 months, were employed in a part-time, fulltime or transitional job at some point during the past 12 months.	12%
The percentage of tenants who report that they are satisfied with their housing overall	75%
The percentage of tenants who report satisfaction with the location and safety of their housing.	75%
The percentage of tenants who report that they are satisfied with the services that are available to them.	75%
The percentage of tenants who have been in supportive housing for one year or more, report that they participate in one or more community organizations or activities.	60%
The percentage of tenants who have been in supportive housing for one year or more, report that they have strengthened their social support network since moving into supportive housing.	75%
The percentage of tenant households who have voluntarily utilized at least one supportive service in the last year.	70%

Additionally, property management might track their own outcome metrics. Examples of those may include.

- Tenant involvement in PSH site decision-making
- Housing retention rate
- Eviction rate
- Lease violation rate
- Number of incident reports
- Number of/cost of pest control
- Number of/cost of major damages and repairs
- Justice-system involvement rate/recidivism rate
- Successful voucher recertifications
- Rate and reason for denial
- Demographics of tenants vs demographics of homeless system
- Demographics of tenants vs demographics of staff

**14. Outcomes**

<p>What are the program's goals for housing retention, housing stability, and tenant satisfaction?</p>	
<p>What metrics/outcomes will be measured? How frequently? (housing retention, housing stability, eviction rate, service participation, changes in income, health outcomes, referral time etc.)</p>	
<p>What data systems will be utilized? (HMIS, property management database, service provider database?)</p>	

### 15. Eviction Prevention:

In this section, describe your eviction prevention strategy. The strategy should guide all other actions, processes, and procedures relating to eviction prevention. It is important that the strategy is broad and general enough that it can easily be applied to supportive housing programs. The policies created under your eviction prevention strategy should be reviewed and revised on a regularly scheduled basis in collaboration with tenants. Procedures can be changed anytime in response to program changes or quality improvement strategies.

Housing retention and housing stability are critical to successful supportive housing programs. Eviction prevention strategies should focus on promoting stable tenancy through tenant skill-building and proactive intervention. Strong eviction prevention strategies should:

- **Develop** standardized and clear processes
- **Rules are written** to appropriately serve tenants with the greatest need and vulnerability, allowing tenants maximum choice in terms of substance use and housing
- **Integrate commonly used** mitigation strategies into staff trainings and workflows
- **Utilize multi-disciplinary approaches**, creative problem solving, and solutions focused brainstorming
- **Utilize referrals** for additional supports as needed to prevent eviction (legal referrals)

**15. Eviction Prevention**

<p>Does the supportive housing program’s eviction prevention strategy center housing retention and housing stability?</p>	
<p>Are tenants a part of creating and reviewing the program’s eviction prevention strategy?</p>	
<p>Is the program’s eviction prevention strategy prevention-based? (Focused on interventions that support tenants before they are at risk of eviction)</p>	
<p>Do all staff have a clear understanding of the program’s eviction prevention strategy?</p>	
<p>Are there mechanisms established to transparently and consistently communicate the program’s eviction prevention strategy to tenants?</p>	

## 16. Service Financing:

In this section, describe how the supportive housing program's services will be funded. It is important to include all funding sources and their allowable uses. Understanding the cost of services is necessary to be able to ensure that the amount of funding you have secured can adequately cover the costs. The first step to understanding the cost is to create a service budget. The major components of a budget are personnel expenses, operating expenses, and indirect costs. Personnel expenses vary greatly depending on the service model and staffing ratio.

To help programs create their service budget, CSH has created Service Budget Tool, to provide a framework for understanding and planning total service costs in supportive housing programs. There are five drivers that will impact program budget planning including, target population to be served, service staffing model (ACT, ICM, TSS, or CTI), housing model (site-based or scattered site), start-up costs, and revenue structure and reimbursement restrictions. The budget tool can be found [here](#).

Service can be financed through multiple different methods, grants, contracts, developer fees, and Medicaid are a few examples. Medicaid is a newer source of funding and allows states to bring supportive services to scale. Supportive services funding through Medicaid are commonly called Housing Related Services (HRS).

Considerations for implementing Medicaid HRS:

- Medicaid will not fund 100% of your program and additional funding is necessary to cover services for tenants who might not meet the eligibility requirements or who are in the process of obtaining coverage.
- Providing HRS through Medicaid is administratively burdensome and takes time to plan and implement. It is estimated that a new HRS provider will need 18 months for full program implementation.
- HRS works best when services and housing eligibility criteria are aligned.

More information on the status of your state's Medicaid HRS, can be found [here](#). For more general information on Medicaid, please access CSH's ["Using Medicaid's Housing Related Services \(HRS\) to Create New Supportive Housing."](#)

**16. Service Financing**

<p>How will the supportive housing program be funded?</p>	
<p>How will supportive services be funded?</p>	
<p>Will supportive services funding be tied to Medicaid?</p>	
<p>For programs that consider billing Medicaid, what other sources of funding will support your program? Medicaid financing will not support 100% of your program.</p>	
<p>What are the Medicaid HRS eligibility criteria for your state? Does it match your Tenant Selection Plan?</p>	
<p>If you intend to bill Medicaid for HRS, what organization or agency will do the billing?</p>	

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- xvi "Social Work Supervision," <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb4BuwI%3D&portalid=0>
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