STANDARDS
of EXCELLENCE

For Outreach Programs, Emergency Shelters, and Permanent Supportive Housing

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WORKS
What are the Standards of Excellence?

The Standards of Excellence are a set of performance and quality goals for permanent supportive housing, emergency shelters, and outreach programs. They are a list of the most critical outcomes necessary to effectively reduce and end homelessness and are a set of best practices to which service providers should aspire.

Why do we need Standards?

Concrete, consistent standards are critical to ensuring we are focusing our efforts and resources in the most effective ways possible. In a reality where funding and resources are limited, we need to think smarter about our current strategies and investments in the community, and to push forward solutions that help us end homelessness.

What do the Standards do for us?

The Standards of Excellence are a framework for recognizing those who are “moving the needle” in ending homelessness. They will help service providers identify opportunities for capacity building and create more effective programs. They will make it easier for funders to more consistently acknowledge and reward the service providers that are most effective in accomplishing their programs’ goals. They can help reduce the complexity of performance reports and requests for proposals. And in a larger sense they will help our community set real goals towards ending homelessness and improve overall.

How were the Standards created?

The Standards of Excellence were first proposed by the Los Angeles Business Leaders Task Force in 2011. There was a strong desire to create a “LEED”-like certification process for homeless service providers, in which the performance of agencies that most effectively serve the homeless could be more easily identified. Home For Good collaborated with thought leaders in the community to push the efforts forward, including the Corporation for Supportive Housing (CSH), Shelter Partnership, Center for Urban Community Services (CUCS), and Housing Innovations. Under Home For Good’s guidance, these groups researched national best practices, looked at local performance goals, and organized service provider work groups to develop standards from the perspective of those who know the work the best.

What’s next?

A steering committee has been formed to finalize the tools and process by which the Standards will be implemented, with the goal of fully launching the Standards in Spring of 2014. In preparation for that launch, capacity-building technical assistance and training sessions will be offered throughout the year, based on community feedback about the aspects of performance and service provision that have proven to be most challenging. Home For Good is committed to not only recognizing those that are successfully working to end homelessness, but to ensuring that those who face challenges are given the skills and tools necessary to achieve the Standards as well.
Standards of Excellence
For Outreach Programs Emergency Shelters, and Permanent Supportive Housing

Performance Goals and Indicators
Markers and metrics of programs that make progress

Operating Standards
Hallmarks of high quality programs

Suggested Practices
Strategies for moving forward

Systems Recommendations
Opportunities for effective change
# Standards for Outreach Programs

## Performance Goals and Indicators

**Engagement:** Total persons engaged, engagements made, # of unique engagements.

**Targeting:** 75% of engagements are with the chronically homeless.

**Services:** 35% of those engaged receive condition-specific services (e.g., mental health, substance use, physical health, case management) from outreach team or via linked provider.

**Successful Placements:** Of those who exit the program, 75% are placed into successful destinations.

**Housing Placements:** Of those who exit the program, 25% are placed into permanent housing.

**Effective Partnerships:** Of those who exit to permanent housing, 90% retain housing at 6 months, and 85% retain housing after 1 year.

## Operating Standards

- **Personnel:** Send teams of 2 or more, 18 or older.
- **Qualifications:** Train on, at minimum, core values, physical & health safety (including bloodborne pathogens), boundaries, ethical guidelines, triaging, mental health & substance abuse symptoms, and housing assessment.
- **Self-Care:** Policies are in place to ensure outreach staff maintain physical & mental well-being.
- **Availability:** Outreach occurs at times other than M-F, 9-5, as needed.
- **Services:** Offer referrals, services, & housing, including at minimum access to shelter beds, IDs, physical & mental health care, substance use treatment and benefits and employment assistance, based on what the client wants without prerequisites (such as sobriety, program completion, or medication-compliance).
- **Coordination:** Collaborate with Continuum-coordinated entry systems and community partners, including other outreach programs, service providers & housing providers.
- **Compliance:** Provider is not on any Continuum of Care probation list.
**Approaches**
- Individualized, consistent, progressive engagement
- Motivational interviewing
- Anchor identification
- Warm hand-offs by integrating other staff into outreach team

**Record-Keeping**
- Map locations of client interactions to establish movement patterns.
- Document all interactions daily.
- Measure refusal rate to understand sentiments toward services offered in specific populations and geographies.

**Staffing**
- Employ multilingual staff.
- Ensure that all staff are culturally-competent & -sensitive.
- Employ a multi-disciplinary team or partnership (including legal supports).
- Ensure outreach team is certified in CPR.
- Train on emergency health response & secondary trauma.
- Carry cell phone & business cards; have access to van with child safety seats.
- Promote peer/alumni representation on teams.
- Test for TB annually & on occasions of exposure.
- Maintain 8-hour days to prevent burnout.

**Partnerships**
- Effective partnership includes proper choice of partner, proper hand-offs with partner, & continued engagement in follow-up even after hand-off.
- Proactive engagement with law enforcement (e.g., introduce at roll call, contact senior lead officer)
- Involve businesses in outreach efforts
- Advocate for clients (with law enforcement, Housing Authorities, service providers, discharge sites, landlords)

**Data**
- Facilitate mobile data entry with regular trainings on data standards.
- Adjust consent protocols to allow supportive service providers to communicate with outreach workers regarding housed clients.
- Allow partial record entry into HMIS by using alternative identifier (e.g. picture, nickname) instead of name or SSN
- Encourage broader HMIS use across system & data sharing to allow tracking.

**Partnerships**
- Create strategy regarding balance between outreach & housing retention functions for programs that do both.
- Create outreach ID to present to law enforcement.
- Encourage tempered law enforcement tactics to prevent arrests that endanger housing placements.

**Housing**
- Create a system of coordinated entry to quickly connect persons on the street to appropriate housing.
- Create interim housing options for those awaiting permanent housing.

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**Suggested Practices**

**Systems Recommendations**
Standards for Emergency Shelters

Performance Goals and Indicators

**Standardized Access:** 90% of new guests are screened for diversion & complete a basic intake within 24 hours; of new guests who have stayed at the shelter for 1 week, 85% complete an Individualized Targeting: 25%* of individual guests are chronically homeless (*or most recent PIT %).

**Next-Step Housing:** 65% of exiting guests are placed in appropriate next-step housing.

**Permanent Housing:** 35% of guests exit to permanent housing

**Permanent Housing Retention:** Of those who exit to permanent housing, 90% retain housing at 6 months, and 85% retain housing after 1 year.

**Guest Safety:** 80% of those who complete satisfaction surveys would recommend the shelter to someone else in need.

Operating Standards

- **Eligibility:** Guests cannot be required to: be clean & sober, have completed treatment, be employed (or at a prescribed income level), or be med-compliant to enter shelter
- **Staffing:** Agency maintains a ratio of no less than 1 case manager/housing specialist to 30 guests who choose to participate in case management.
- **Alumni Involvement:** Avenues exist for alumni involvement & peer support in the delivery of supportive services.
- **Governance:** At least one currently or formerly homeless individual serves on the board of directors.
- **Income:** All guests with IHSPs are assisted in receiving all eligible benefits (at minimum, VA, UIB, CalWORKs, Social Security, CalFresh, GR, SDI/SSI/SSDI, Medi-Cal, Healthy Way LA) &/or achieving earned income.
- **Family Separation:** Resources or referrals are in place that will shelter families without separation.
- **Compliance:** Shelter is ADA-compliant & not on any CoC probation list.
- **Food Safety:** Staff who prepare & serve meals must have completed County’s Safe Serve certification.
- **Documentation of Shelter Stay:** Shelter will maintain documentation of every guest’s shelter stay in order to provide homeless certification when needed.
- **Grievances:** Every guest is given protocols for expressing grievances during shelter stay.
- **Length of Stay:** Individualized Housing & Service Plans are designed to facilitate the shortest possible shelter stays.
Approaches
- Adopt a client-centered, strengths-based approach to case management (e.g., motivational interviewing)
- Employ a harm reduction model.
- Update IHSPs over time, in recognition of the fact that a traumatized guest may not fully engage for 2 to 3 weeks.
- When possible, establish contact & ensure continuity of care with new case manager.
- When making permanent housing placements, provide orientation to the neighborhood & ensure connections with contacts & resources.
- Upon exit to permanent housing, provide a care kit & household items.
- Plan meals that adhere to or exceed USDA’s Dietary Guidelines.

Staffing
- Employ multilingual staff.
- Ensure that all staff are culturally-competent & sensitive.
- Employ multi-disciplinary team or partnership, including housing specialists who locate housing & navigate application processes.
- Train on emergency health response, secondary trauma, CPR, & communicable diseases.
- Test for TB annually & on occasions of exposure.

Tracking
- Monitor retention outcomes frequently.
- Utilize alumni for follow-up & tracking.
- Follow up immediately after placement.

Data
- Utilize standard assessment to determine chronically homeless status for guests.
- Adjust consent protocols & improve HMIS participation to allow tracking of recidivism & follow-up of past guests.
- Merge various triaging assessments (e.g., Vulnerability Index) into HMIS.

Resources
- Fund housing locators & navigators to allow for more seamless connections between shelters & PSH.
- Fund flexible move-in accounts ($1,200-$1,800 for singles; up to $3,000 for families) to offset costs of security deposit/first-last, utility turn-on fees, & moving costs.
- Establish a furniture bank with hot boxes for permanent housing move-ins.

Processes
- Create a system of coordinated access to quickly connect persons in shelter to next-step housing.
- Establish an independent party for grievances to support equity, safety, and security, and to administer customer satisfaction surveys.
- Improve benefits application & receipt processes, including SSI processes.
- Reduce processing times at housing authorities.
Standards for Permanent Supportive Housing

Performance Goals and Indicators

**Housing Stabilization**: At least 90% of tenants retain permanent housing (remain in unit or exit to other permanent housing) at 6 months and 85% after 1 year.

**Access to Housing**: At least 90% of new or turnover PSH units for individuals and at least 50% of all new or turnover PSH units are dedicated to the chronically homeless.

**Increase in Benefits**: 100% assessed for eligible benefits (at minimum SSI/SSDI, GR, CalWORKs, VA); of those eligible, 95% apply within 6 months; of those applying, 90% received within 1 year.

**Tenant Satisfaction / Quality of Life**: TBD (*a standardized survey instrument to gauge tenant satisfaction survey with services/property management, state of health/wellness, community integration, & quality of life)

Operating Standards

- **Supportive Services**: 1) Easy access to a comprehensive array of services designed to assist tenants in sustaining stability and productive lives in the community. 2) At minimum, service coordination and case management must be offered to every tenant.

- **Lease**: Tenants have lease or similar form of occupancy agreement with 1) no limits on length of tenancy as long as terms and conditions of agreement are met, 2) Participation in services cannot be a condition of tenancy, unless dictated by funding sources, and 3) No curfews or guest fees can be imposed.

- **Access to Housing**: To enter or retain housing, tenants cannot be required to have completed a program, have had a shelter stay, be clean and sober, or med compliant.

- **Tenant Notice**: All receive a list of CA Tenant’s Rights and Responsibilities.

- **Rent**: Tenant ideally pays no more than 30% of their income and never pays more than 40% of income toward rent.

- **Continuum Participation**: Provider is not on any CoC probation list and enrolls all applicable programs/beds on HMIS.
Services
- Services should be flexible and tenant-based, including mental health, substance abuse treatment, life skills development, money management, benefits enrollment, primary health care (and referrals to legal assistance, job training/placement, and education).
- Every resident in both scattered and single-site housing should have a housing retention plan.
- Case management/service coordination should be staffed at a ratio of 1:15 for singles, 1:10 for families.

Coordinated
- Funding should match needs for services (e.g., funding for chronic homeless populations should provide enough dollars for level of services needed for the population; $2,500-$15,000/year/resident -> more study needed)
- Standards should increase success and expand permanent supportive housing.
- Housing Authority processes must be improved in order to increase access to housing & quicken placement rates.
- Voluntary services are considered a key aspect of PSH and funding should not mandate a certain level of treatment or service (e.g., MHSA, VASH, S+C).
- Public funding streams (e.g., County CDC, MHSA, HCD, LAHD, Cal FHA, Federal Home Loan) should remove unnecessary requirements (e.g., minimum unit size) and consolidate conflicting requirements for financing.

Approaches
- Property Management (PM) and Social Services (SS) need to be coordinated and have same approach/philosophy in project-based housing, have clear delineation of roles and communicate regularly.
- When possible services should be coordinated with private landlords in scattered-site projects.
- Harm reduction & motivational interviewing are effective methods in stabilizing clients and setting goals.
- Transparent leasing standards that focus on the hardest to serve, screening in rather than screening out.

Suggested Practices
Systems Recommendations
HOME FOR GOOD
An initiative of United Way of Greater Los Angeles & L.A. Area Chamber of Commerce

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