Section 2

Continuum of Care Standards of Care

Harford County Office of Community & Economic Development

2018

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With permission, portions of this information have been adapted from Baltimore City's The Journey Home, Standards of Care.

Introduction

The Operating Manual describes a philosophy for homeless services provision in Harford County and implements best practices and standards for programs of all types. These standards of care serve as a tool for service providers to use in their own strategic planning, fulfills federal requirements to have written standards for delivering assistance and ensures persons experiencing homelessness receive equitable, high-quality and consistent services. These efforts will help improve the quality of care given to people experiencing homelessness and elevate the overall performance of the Continuum of Care.

These standards of care are influenced and grounded in the following principles that promote a philosophy of service delivery within the CoC. These guiding principles are:

1. Trauma-Informed/Trauma-Responsive Care,
2. Housing First,
3. Person-Centered Services and
4. Cultural Competency

Trauma-Informed/Trauma-Responsive Care

Homelessness in and of itself is a traumatic experience for most individuals—the loss of stability in a person's living situation can create feelings of helplessness, uncertainty, and vulnerability. Most people experiencing homelessness also have trauma in other areas of their lives, such as the loss of family and support networks, history of abuse or neglect, domestic violence, or struggles with severe mental illness or substance dependency.

Because people who have experienced multiple traumas do not relate to the world in the same way as those who have not had these experiences, they require services and responses that are sensitive to their experiences and needs. Meeting the needs of trauma survivors requires that programs become first "trauma-informed"—this means looking at all aspects of programming through a trauma lens, constantly keeping in mind how traumatic experiences impact participants.

Programs that are informed by an understanding of trauma can then become "trauma-responsive" –this means responding best to participant needs and avoiding engaging in re-traumatizing practices. Trauma-responsive organizations ensure that their mission, values, culture and practice of the entire organization

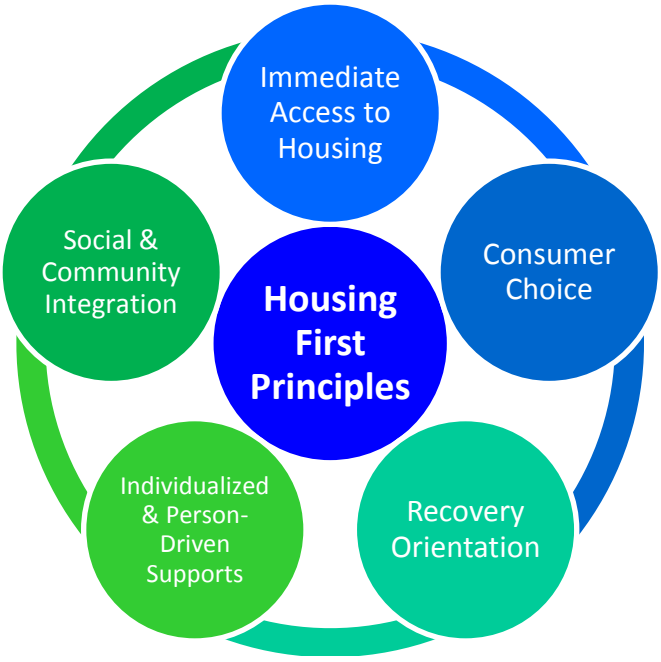
Trauma-Informed Care shifts the focus from: "What's wrong with you?" to "What happened to you?"

operates from a trauma-informed perspective. This may require changing some of the policies and procedures of an organization.

Housing First

Housing First is an approach and framework for ending homelessness that is centered on the belief that everyone can achieve stability in permanent housing directly from homelessness and that stable housing is the foundation for pursuing other health and social services goals. It is a system-wide orientation that impacts the entire make-up of how a community responds to those experiencing homelessness. The Housing First approach is guided by the following:

- Homelessness is first and foremost a housing problem and should be treated as such,
- Housing is a right to which all are entitled,
- People experiencing homelessness have a right to self-determination and should be treated with dignity and respect,
- People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing, and
- Issues that may have contributed to a household's homelessness can best be addressed once they are housed.



People experiencing homelessness no longer need to show they are "housing ready." This approach screened out some of the individuals with the highest barriers or ended in termination from programs for non-compliance. Housing first is housing without preconditions and barriers to entry such as sobriety, treatment requirements and expectation of income. Where possible, barriers to entry are reduced, services are voluntary and individuals are not evicted or prematurely discharged from the services they need except in extreme circumstances.

Implementing housing first at the community-level means that the homeless crisis response system is oriented to help people obtain permanent housing as quickly, and with as few intermediate steps as possible.

The Harford County Continuum of Care operates from this framework and requires all sub-recipients of federal, state and local funding to align their programs and services with this principle.

Person-Centered Services

Person-centered services ensure that the expressed needs and desires of the individual receiving the services, shapes the goal planning process. Person-centered services consider the strengths and abilities of the individual being served and promotes maximum independence and choice.

This type of case management acknowledges that every person is resilient, capable of growth, and can be successful in addressing their barriers.

The core principles of strengths-based case management are:

- *Person-Centered*: The focus is continually on the participant with whom the plan is being developed, and not on fitting the person into available services and supports in a standard program.

- *Person Directed:* The individual controls the planning process.

- *Outcome-Based*: The plan focuses on increasing the experiences identified as valuable by the individual during the planning process.

- *Capacity Building*: Planning focuses on a participant's gifts, abilities, talent, and skills, rather than deficits.

- *Presumed Competence*: All participants are presumed to have the capacity to be actively involved in the planning process.

- *Information and Guidance*: The planning process must address the participants need for information, guidance, and support.

- *Health and Welfare*: The planning process addresses the health and welfare needs of the participant, as well as strategies identified by them to maintain their life in the community setting of their choice.

- *Documentation*: The planning results should be documented in ways that are meaningful to the participant and useful to people with responsibilities for implementing the plan.

Motivational Interviewing

A useful tool in working with individuals experiencing homelessness, who struggle with mental health issues, substance use and trauma, is Motivational Interviewing (MI). It is rooted in an understanding of how hard it is to change learned behaviors, many of which have been essential to survival on the streets.

Motivational Interviewing (MI) is a collaborative, person-centered approach to elicit and strengthen motivation to change. It is a conversational approach that can help individuals examine their ambivalence about change, plan for and begin the process of change and promote and strengthen "change-talk"-statements that express desire, ability and reasons to change. Changing the service approach and organizational culture using this approach leads to:

- Increased positive outcomes,
- Better quality of life for individual,
- Increased engagement and retention,
- Decrease in client confrontations and "no-shows," and
- Decrease in staff burnout.

There are four core principles of MI:

- Expressing Empathy

  We cannot change other people, but we can create an empathic environment in which people are more likely to move toward positive change. By creating a welcoming space, we invite people to safely explore conflicts and face difficult realities. MI

A typical MI Interaction will include:

- ***Open-Ended Questions***
- ***Affirmations***
- ***Reflections***
- ***Summaries***
- ***Change Talk***

relies on asking ample open questions and skillful use of reflective listening – both of which demonstrate genuine empathy. If a person is not yet ready to change, pressure from others may prevent him from moving toward it. Pressure rarely helps to facilitate change. Providers should strive to be non-judgmental.

- Rolling with Resistance

  The concept of resistance in MI is understood to be relational. Providers have the ability to influence people's motivation to change – for good or for bad. When a provider argues for why someone should change, the common participant response is to resist "being told what to do." On the other hand, when a provider works in a collaborative manner by helping the person develop his own arguments for change, participant resistance is likely to diminish. When resistance occurs, it is a signal to the provider to change strategies.

- Supporting Self-Efficacy

  A primary goal of MI is to provide hope and enhance confidence that change is possible. A person will always encounter obstacles in his life. An individual's level of self-efficacy – a belief and confidence in one's ability to change – is a key piece of motivating change. It is also a good predictor of treatment outcomes. Often, we can help people increase self-efficacy by helping participants to see the strengths they already possess and have used in past situations to effect change.

- Developing Discrepancy

  People are more likely to choose to change when they recognize that their behavior is in direct conflict with their own personal values and goals. A provider using MI with someone who is not thoughtfully focusing on change can help by "amplifying discrepancy." In this way, the provider helps to shine a light on the difference between what the person says they want and their actions. Amplifying discrepancy can help a person explore her own motivation to change. It is critical that reasons for change are not presented by the provider, but rather by the individual. Research shows that people come to know what they believe by hearing themselves say it.

Cultural Competence

Cultural competence involves understanding and appropriately responding to the unique combination of cultural variables—including ability, age, beliefs, ethnicity, experience, gender, gender identity, linguistic background, national origin, race, religion, sexual orientation, and socioeconomic status—the providers and the

individuals being served bring to the helping interaction. These all can have an effect on the effectiveness of the homeless services being provided.
Cultural competence is dynamic and evolves over time. Cultural competence is increasingly important as a response to changes in the demographics of those being served. Organizations and providers should examine their intake procedures, assessment procedures and tools and be ready to adapt them based on the cultural background of the person experiencing homelessness who is being served.

Universal Standards

Coordinated Entry/Assessment

All service providers receiving funding are required to participate in Coordinated Access for assessing, prioritizing, and referring households experiencing homelessness to needed housing and services as outlined in the Coordinated Entry/Assessment Guide attached to this manual.

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Participant Involvement

All service providers must have a mechanism in place that allows for stakeholder and client input into the services offered. This could be a quarterly survey, resident meeting or other tool that gives an opportunity for feedback about the program. Sub-recipients must provide for the participation of not less than one individual currently experiencing homelessness or formerly experienced homelessness, on the board of directors or other equivalent policymaking entity of the sub-recipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part.

SOAR (SSI/SSDI Outreach, Access, and Recovery)

SOAR is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). This national project is designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are homeless or at risk of homelessness and

"To be culturally competent doesn't mean you are an authority in the values & beliefs of every cultural. What it means is you hold a deep respect for cultural differences and are eager to learn, and willing to except, that there are many ways of viewing the world."
~
Okokon O. Udo, Ph.D.

have a mental illness and/or a co-occurring substance use disorder. Providers should have at least one staff member trained in SOAR and should be actively utilizing this resource when appropriate.

Case Management Standards

Each service provider must provide case management services that are tailored to meet the needs of that project type and population served. At a minimum, providers that offer case management services must provide services that include the following components:

- *Assessment* detailing service needs and the resources, both internal and external, needed to meet those needs;
- *Service plan* that is client centered and reflects clear measurable goals;
- *Referrals* to internal and/or external services that correspond with the client's goal plan;
- *Advocacy* efforts that intercede on behalf of the client in order to ensure services are accessible;
- *Evaluation* that continuously monitors progress towards goals and reassesses the need for changing existing goals or creating new goals at least annually;
- *Collaboration* with appropriate community service providers to coordinate and link clients to needed services; and
- *Follow-Up* with clients who have been discharged to offer support or additional referrals that will promote continued success in the community.

Minimum Standards & Competencies

- Case management should be provided in a way that is confidential.
- Purpose and process of case management services should be clearly defined

"Homeless case management is built on the understanding that coordinated, holistic services are far more effective at addressing both surface needs and the underlying causes of homelessness."
~
Scott Johnson, 3 Keys to Effective Homeless Case Management

and communicated to the participant.

- Documentation should be organized, accessible and clearly outline and record goal progress and the services being provided, including notes of refusal for services.

- Reassessments are performed regularly at the following minimum intervals:

    - Street Outreach, Emergency Shelter, Rapid Re-housing: Every 30 days

    - Transitional Housing: Every 90 days

    - Permanent Supportive Housing: At least every 6 months but may be more depending on the needs of the individual.

- Transition plans should be in place for clients exiting the program that outline the steps and referrals provided.

- A Discharge Summary that includes an exit assessment, when possible, should be completed and included with the case file.

- Clients should generally receive case management services as dictated by their needs, at a minimum, every 30 days.

Confidentiality

Each sub-recipient should comply with the following as it pertains to their project:

- Maintain the confidentiality of records pertaining to any individual or family that was provided family violence prevention or treatment services through the project;

- Do not make public the address or location of any family violence project assisted with CoC funds, except with express written authorization of the person responsible for the operation of such project;

- Develop and implement written procedures to ensure all records containing protected identifying information is kept secure and confidential and

- Do not make public the address or location of any program participant except as provided under preexisting privacy policies and is consistent with State and local laws regarding privacy and obligations of confidentiality.

Criminal Backgrounds

Congregate living shelters or shelters serving families with children may consider criminal ***convictions*** that include sex offenses or arson as part of the admission criteria. Programs that plan to screen out participants based on their criminal background must have a documented policy in place. Programs are strongly encouraged to lower barriers as much as possible, and consider:

- the seriousness and nature of the participant's conviction,
- the relevance of that conviction to the tenancy,
- the length of time that has passed since the conviction, and
- evidence of rehabilitation

Educational Standards

Housing programs serving families with children must:

- Designate a staff member to ensure all school-age children are receiving the educational rights and benefits of the McKinney-Vento Act.
- Support families in requesting services from the appropriate Pupil Personnel Worker (PPW) to ensure students are enrolled as quickly as possible and any transportation needs are communicated.
- Contact the PPW within three (3) days of a family entering or exiting the shelter. When possible, the discharge plan for a family should include notifying the PPW 30 days prior to exit.
- Provide resources and referrals to children services such as Head Start, pre-school, Child Find, Family & Children Services or purchase of care for daycare.

Fair Housing Standards

It is critical that all programs comply with federal state and local fair housing laws as it related to their program. The CoC complies with these laws as applicable and all funded programs must also comply with these regulations.

The Fair Housing Act of 1968 prohibits discrimination in the sale, rental and financing of dwellings based on race, color, religion, sex, gender identity, disability, familial status (presence of child under age of 18, and pregnant women) or national origin.

Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity final rule requires that programs be made available to individuals and

families without regard to actual or perceived sexual orientation, gender identity, or marital status. The rule defines "gender identity" to mean "actual or perceived gender-related characteristics." Programs may only ask about gender identity or sexual orientation to determine eligibility if the facility has shared sleeping areas or bathrooms, or to determine the number of bedrooms to which a household may be entitled.

Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities notice provides further clarification and requirements for implementing the *Equal Access* law in housing programs. The new guidance requires access to shelter and housing programs to be based on a person's self-identified gender.

The Age Discrimination Act of 1975 prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance.

Section 504 of the Rehabilitation Act prohibits discrimination as it applies to service availability, accessibility, delivery, employment, and the administrative activities and responsibilities of organizations receiving Federal financial assistance. A recipient of Federal financial assistance may not, on the basis of disability:

- Deny qualified individuals the opportunity to participate in or benefit from federally funded programs, services, or other benefits.
- Deny access to programs, services, benefits or opportunities to participate as a result of physical barriers.
- Deny employment opportunities, including hiring, promotion, training, and fringe benefits, for which they are otherwise entitled or qualified.

Reasonable Accommodation

Under the Americans with Disabilities Act, people with disabilities are entitled to "reasonable accommodation." A reasonable accommodation is a modification to rules, policies and procedures to help people with various types of disabilities access or use services. These accommodations apply to physical structures, communication methods, paperwork completion, and eligibility screening unless it would change the "fundamental nature" of a program. Reasonable accommodations for participants with disabilities must be granted throughout eligibility verification and completing necessary paperwork, especially as it pertains to requests for time extensions related to medical issues or hospitalizations. It is critical that all programs are aware of laws governing reasonable accommodation and have

A reasonable accommodation is a modification to rules, policies and procedures to help people with various types of disabilities access or use services.

proactive plans in place for addressing the needs of people with disabilities.

Participant Rights/Grievances

Programs must have their own policies addressing participant rights and these should be signed by the participant at intake. At a minimum, these policies should address the following:

- Confidentiality
- Grievance Procedure
- Non-Discrimination
- Eligibility Denial
- Involuntary Discharge

Participants who feel their rights have been violated or they have been treated unfairly have the right to file a grievance with the sub-recipient. The program designee must communicate their decision and rationale to the program participant, as well as any follow-up actions to be taken, both in writing and in person within 3 business days after the grievance was filed. Any formal grievances received by the sub-recipient must be forwarded to the Office of Community & Economic Development (OCED) within 24-48 hours from time the grievance was received. All reviews, actions, and decisions related to the grievance and/or appeals process must be documented and kept on file at the program and a copy sent to OCED within 24-48 hours.

Religious Activities

Sub-recipients may not use county, state or federal funds to support or engage in explicitly religious activities. Sub-recipients cannot require participants to engage in religious activities as a condition of housing or services.

Termination from the Program

Participants can be terminated from services for a number of reasons. However, termination is always the last result. Before a recommendation of termination is approved, sub-recipients must first do all that is capable of being done to resolve all situations.

Requirements

If termination is necessary, principles of due process must be followed. At a minimum, this process must include:

- Written notice to the participant containing a clear statement of the reason for the termination;
- Written notice at least 30 days in advance;
- How to appeal along with who may be able to assist them in an appeal;
- A review of the decision, during which the participant has the opportunity to present written or verbal objections before someone other than the person/committee (or a subordinate of the person) who made or approved the termination decision; and
- Prompt written notice of the final decision to the participant.

Exceptions to the 30-day requirement are violence, harassment, or threatening behavior. Discharge from the program should only occur when a participant's behavior substantially disrupts or impacts the welfare of other participants in which the participant resides.

Programs may not discharge participants before the maximum length of stay for failure to participate in supportive services, not making sufficient progress on a service plan, or loss of income/failure to improve income. Programs are expected to use case management best practices to help participants stay motivated, connect with resources in the community, and meet their goals.

Appeal Process

The project sub-recipients should determine a written policy and procedures regarding appeal process for those who are denied or terminated from services. These policies and procedures should be provided to all participants at the beginning of the program and they should sign and date them along with the case manager. This should be part of their file. The committee/persons who recommended termination cannot be the same committee/persons who oversee the appeal. These should be two separate committees.

Grant Monitoring

It is the policy of Harford County to monitor its sub-recipients on an annual basis by way of an on-site review. An on-site review will consist of a complete review of the sub-recipient's program and financial records. OCED will notify the sub-recipient in writing of the type and date of the review. OCED will also provide sub-recipient with specific instructions

Use case management best practices to help participants stay motivated, connect with resources in the community, and meet their goals.

and copies of the review tools being used.
Results of the monitoring will be communicated to the sub-recipients via a written letter and will detail any concerns or findings that may need to be addressed. Sub-recipients will have an opportunity to correct any findings and will be expected to follow-up with a corrective plan of action

De-Obligation of Funds

Sub-recipients should be aware that funds may be de-obligated for many reasons, including but not limited to: non-renewal of projects, budget cuts, non-compliance with contracts, etc.

Reporting Requirements

Expenditure Reports and Payment Processing

Expenditure Reports are to be submitted by the sub-recipient on a monthly basis to the Grants Specialist on an invoice form provided by OCED. Emergency Solutions Grant expenditure requests ONLY should be submitted quarterly. The sub-recipient submits requests for reimbursement based on the budgets attached to the sub-agreement. Funds are released on a reimbursement basis only and source documentation is required to accompany all expenditure requests. Source documentation may include, but is not limited to, time and attendance records, payrolls, invoices, canceled checks, paid bills, purchase orders, and other sufficient documentation to verify the expenditures. Expenditure reports are usually processed by OCED within 7-10 days if all accompanying documentation has been submitted correctly. It may take up to two weeks until payment arrives once submitted to Treasury. See the Grants Reporting Training for detailed instructions.

Program Reports

Each grant type has specific reporting requirements. Please refer to the sub-recipient agreement. See the Grants Reporting Training for detailed instructions.

Homeless Management Information System

All service providers receiving funding are required to enter data into the Harford County Homeless Management Information System (HMIS) as outlined in the HMIS Policy and Procedure Manual attached to this manual. Domestic violence providers must be able to enter the required data elements into a comparable system and extract aggregate data for reporting.

Tenant Councils

While tenants can be very involved as individuals, the most common tool for resident involvement is a tenant association or tenant council. A typical mission

statement of a tenant association is "to improve the quality of life for building residents by involving and empowering them to participate in management, social, recreational and political issues which affect the tenants of the building." Involving tenants in making and modifying house rules and giving an opportunity for feedback about the program empowers tenants and will help ensure the long-term success of a project.

Documentation & Record-keeping

Homeless Verification Status

The **Verification of Homelessness form** (Appendix D), should be used by all providers to document Category 1, 2 and 4 homelessness. The **Homeless Prevention At-Risk of Homelessness Certification** (Appendix B) should be used to document Category 2 homelessness.
The homeless status of all eligible participants must be documented using the following order of preference:

1. Third party documentation
2. Intake worker observations
3. Certification from the person seeking assistance

See Appendix C for detailed acceptable documentation for each category of homelessness.

Disability Verification
(For Permanent Supportive Housing only)

Verification must state the disability is expected to be long continuing or of indefinite duration; substantially impedes the individual's ability to live independently and could be improved by the provision of more suitable housing conditions. See the CoC Program Guide to Permanent Supportive Housing and Transitional Housing for more detailed instructions on how to document disability.

Chronic Homelessness Verification
(For chronically homeless dedicated projects only)

An individual is defined by HUD as "Chronically Homeless" if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may

also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless; despite changes in family composition (unless the chronically homeless head of household leaves the family). You may refer to the Chronic Homeless Definition for further information.

Record Retention

All records relating to a grant must be kept for at least five years after the expenditure of all funds.

System Performance Measures & Benchmarks

A critical aspect of the HEARTH Act is a focus on viewing the local homeless response as a coordinated system of homeless assistance options. The HEARTH Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or project types. Measuring system performance allows the CoC to gauge progress toward preventing and ending homelessness locally, statewide and nationally and ensures a common understanding of system intent and goals. System performance measures can help in identifying gaps in service and areas of improvement. Harford County has adopted the system performance measures that have been set by HUD and the State of Maryland. Benchmarks are set for each measure based on HUD's requirements or national trends when HUD has not specified. The following are the System Performance Measures and their benchmarks for Harford County:

- Decrease the length of time persons remain homeless by 5%
- 85% of persons who exit homelessness to PH destinations do not return to homelessness
- Decrease the number of homeless persons overall by 10%
- 25% of adults experiencing homelessness will increase or maintain non-employment cash income at time of exit or project end date
- 25% of adults experiencing homelessness will increase

Measuring system performance allows the CoC to gauge progress toward preventing and ending homelessness locally, statewide and nationally and ensures a common understanding of system intent and goals.

earned income at time of exit or project end date

- Reduce the number of persons who become homeless for the first time by 10%
- 35% of households exiting street outreach or emergency shelter will exit to permanent housing destinations
- 75% of households exiting TH, PSH or RRH will exit to permanent housing destinations
- 85% of those remaining in PSH projects will retain current housing