

# Hennepin County Long-term Homeless Supportive Housing Fidelity Standards (11/2015)

Adapted from: Pathways Housing First Program Fidelity:  
The Essential Ingredients Checklist\*

**Any exceptions to the following standards must have written approval from Hennepin County's Housing & Homeless Initiative staff.**

## I. Housing Choice and Structure

1. Program participants have choice in the location and other features of their housing.  
**Intake procedures should include a list of housing needs and preferences. Participants should be given as much choice as possible given the constraints of the market and funding. Participants must at the very minimum see the unit before signing a lease. Housing satisfaction is reviewed annually. If a client requests relocation, the housing provider will assist in this process. After one year or more of positive rental history, a wider range of landlords may be willing to rent to a participant with a prior history of tenant screening barriers.**
2. Providers help participants move quickly into units of their choosing.  
**Providers assist participants in all aspects of locating and moving into housing. Ideally, the time from intake to move-in would be under 6 weeks. Vacancy levels and tenant screening barriers both impact the length of the housing search.**
3. Housing is assumed to be permanent, with no actual or expected time limits other than those defined under a standard lease or occupancy agreement.  
**Providers do not master lease apartments. Leases are directly between landlords and the program participants. The funding for Group Residential Housing (GRH) is contingent on the participant remaining financially eligible. Participants, who no longer need program support services, may remain in their housing. Participants may move among different units or transfer to other providers within the collaborative and still be considered in permanent housing.**
4. Program participants pay a reasonable amount of their income for housing costs.  
**Housing costs are paid by GRH funding. 100% of the GRH base rate (rate 1) must be used to pay participants' housing related costs. Housing related costs are defined beyond rent to include utilities, household furnishings, and household supplies. Rent must be low enough to leave enough revenue to cover utilities. See DHS' list of approved allowable household expenses and Hennepin County's Pooled Fund Policy.**
5. Program participants live in scattered-site private market housing which is otherwise available to people without psychiatric or other disabilities.

**The number of units within an apartment building that a provider may use shall not exceed 20% of the total units in the building. This standard does not apply to buildings with 6 or fewer units.**

6. Program participants are not expected to share any living areas with other tenants.  
**No participant is required to share living areas. Participants may choose to live with family members or have a roommate(s). For participants choosing to live with others, the unit must contain at least as many bedrooms as participants.**

## **II. Separation of Housing and Services**

7. Program participants are not required to demonstrate housing readiness to gain access to housing units.
8. Continued tenancy is not linked in any way with adherence to clinical, treatment, or service provisions.
9. Program participants have legal rights to the unit, with no special provisions added to the lease or occupancy agreement.
10. Program participants, who have lost their housing, continue to receive program services to the extent possible for the provider.
11. Program offers participants who have lost their housing access to a new housing unit with no standardized limits on the number of relocations.  
**Participants, who have lost their housing due to a lease violation, must have a plan to address the behaviors that led to the housing loss to prevent repeated loss of housing. Service providers follow residents through interruptions in housing (hospitalization, eviction, and incarceration, etc.).**
12. Program staff are not located at participants' residences and are mobile, with the ability to deliver services in locations of participants' choosing.

## **III. Service Philosophy**

**Service philosophy is consistent with the Housing First model and is included in provider manuals and job descriptions.**

13. Program participants choose the type, sequence, and intensity of services on an ongoing basis.  
**Case management has a set of standards. Participants have choice. Services are voluntary for the clients, but it is mandatory for housing providers to provide case management.**

14. Program participants with psychiatric disabilities are not required to take medication or participate in formal treatment activities.  
**Participants who are not compliant with treatment are not discharged from their program or housing.**
15. Program participants with substance use disorders are not required to participate in formal treatment activities.
16. Program utilizes a harm-reduction approach to substance use (it does not require abstinence and works to reduce the negative consequences of use).
17. Staff consistently utilize principles of motivational interviewing in daily practice.
18. Providers use an array of techniques to engage participants who are difficult to engage.
19. Providers do not engage in coercive activities to promote engagement or treatment adherence among participants.
20. Providers provide person-centered (unconditional positive regard & empathy) case management services.
21. Providers systematically deliver specific interventions to address a broad range of life areas.  
**A service needs assessment is completed at intake and revised as needed. Providers discuss and have plans for participants that are participant-directed.**
22. Providers increase, and are strong advocates for, participants' self-determination and independence in day-to-day activities.

#### **IV. Service Array**

23. Providers offer services to help participants maintain housing, including assistance with application fees, security deposit, subsidies, utility setup, furnishings, neighborhood orientation, landlord relations, property management, financial applications, budgeting, and shopping.
24. Providers work as intermediaries between landlords and participants.  
**Providers follow Guidelines for Working with Landlords, including providing landlords a rent letter that explains how the rent is paid.**
25. Providers assist in arranging services for program participants as needed and coordinate with the service providers. Including, but not limited to:
  - Accessing and maintain financial benefits

- Medical services
  - Health related services
  - Nursing services
  - Social services
  - Psychiatric services
  - Substance use treatment
  - Supported employment services
  - Services supporting social integration
26. Providers respond to psychiatric or other crisis twenty-four hours a day by phone and links participants to emergency services as necessary.  
**Providers will assist participants with identifying 24-hour crisis intervention options, such as COPE.**
27. If a participant needs inpatient treatment, the program coordinates with admissions and inpatient staff to ensure proper discharge.
28. Providers encourages self-sufficiency including employment, GED and vocational training.

#### V. Program Structure

31. LTH Supportive Housing is a collaboration.  
**Providers collaborate by attending provider meetings, offering input on policy, and organizing/sharing training resources.**
32. Providers give priority enrollment to individuals with multiple obstacles to housing stability.  
**All participants must be long-term homeless according to the State of MN Long-Term Homeless definition and meet the requirements of GRH funding. All participants must be referred by Hennepin County's Coordinated Entry System.**
33. Program consistently maintains a low staff/participant ratio.  
**Providers must maintain a staff to participant ratio of less than 1:20. Exceptions may be made for long-term, stable, participant caseloads up to 1:25. Programs using this exception must have a plan in place that has been approved by Hennepin County. The staff to participant ratio is lower for families (1:12).**
34. Program has a minimum threshold of contact with participants to ensure safety and well-being.  
**Service frequency should be tailored to each individual participant. Some participants will need a higher frequency of in-home visits than the minimum standard or need a higher frequency of visits for a longer duration. The minimum standard for providers is weekly in-home contact for the first year. Participants who have been stable as defined by the**

**program's criterion for a year may have in-home visits once a month. One in-home visit each month is the minimum allowed for full service funding through GRH. With prior approval from Hennepin County, administrative management services only can be set up for clients who have been stably housed for at least one year. Participants should have input on the frequency of contact. Participants who miss a visit(s) are not to be exited from housing.**

35. Provider program staff meet frequently for supervision to plan and review services for each program participant.
36. Providers use a frequent internal organizational meeting to conduct a brief review of all participants.
37. All program staff must have documented training in the following areas:
  - Housing First Model
  - Long-term Homeless Definition
  - Basics of Homelessness
  - GRH Budgets
  - Working with Landlords
  - Tenant Rights & Responsibilities
  - Harm Reduction
  - Motivational Interviewing
  - Stages of Change
  - Boundaries
  - De-Escalation
  - Staff Safety
  - Bed Bugs
  - Clients with MI
  - Clients with CD

**Program Managers have extensive training/experience with harm reduction and motivational interviewing.**

38. Program offers participants opportunities for representation and input in program operations and policies.

**\*The Hennepin County LTH Supportive Housing GRH primarily uses an intensive case management (ICM) approach.**