Housing First: Making the Change Across the System of Care

February 25, 2020:
Contra Costa
Continuum of Care
HomeBase has been working with Continuums of Care and homeless service providers throughout the country for three decades on eradicating homelessness.

We help CoCs design and implement Housing First, Coordinated Entry, and other major system changes.
Why are We Here?

Each person and program has a crucial role to play in ending homelessness

This is a community facing a challenging housing crisis

You are helping people in urgent crisis navigate the housing market

A system is only as strong as each component

How can you help strengthen the system of care?
Goals for Today

- Gain a shared understanding of the Housing First approach across all Contra Costa homeless housing and service providers
- Assess the status of Housing First implementation in each program, and how this relates to implementation across the system of care
- Come to a decision on concrete action steps for enhancing fidelity to Housing First as a system
WHAT IS HOUSING FIRST?
**Housing First** is an approach where homeless persons are provided *immediate access* to housing and then *offered the supportive services* that may be needed to foster long-term stability and prevent a return to homelessness. This approach removes unnecessary barriers and assumes that supportive services are more effective in addressing needs when the individual or family is housed – when the daily stress of being homeless is taken out of the equation.

Ann Marie Oliva  
Director, Office of Special Needs Assistance Programs  
August 21, 2016
WHY HOUSING FIRST?
Why Housing First?

- **Evidence-based:** Studies throughout the United States and Europe have shown that it increases housing stability and is most effective at ending homelessness.

- **Funder/community priority:** Reinforced through program grant competitions/awards (local and state) and grantee performance reports as well as local CoC written standards.

- **Core practice:** Required for ESG-funded programs in California (Section 8409).

- **State law:** In 2016, the California Legislature passed Senate Bill 1380 requiring all state-funded housing programs to adopt the core components of Housing First model (including RRH and PH).

- **Helps people:** Communities that implement system-wide housing first practices are more **cost-effective, successful, and better serve people** experiencing homelessness.
A Housing-First System

- All programs lower barriers – shelter, services, and housing

- Most vulnerable – including those with complex service needs, disabilities, mental health and active substance abuse issues – prioritized for and admitted to shelter and housing programs

- Housing-focused services and engagement begin immediately – on the street and in shelters

- Services are client-focused and voluntary

- Programs engage in evidence-based practices: harm-reduction, trauma-informed care, motivational interviewing, and other evidence-based approaches

- Client choice and voice are engaged and respected
Housing First – Allowing Access

- Uncouple service provision from leases or tenancy
- Examine rules – both written and unwritten – across system
- Alcohol or drug use – without other lease violations – is not a basis for exclusion or eviction
- Provide systemwide support for lowering barriers
- Ensure leadership, managers, and staff understand and have tools to implement principles of housing first
- Institute program and community-wide monitoring
Housing First - Increase Supportive Services for Success

• Leverage existing community resources and find ways to train across programs; provide support

• Analyze and promote best practices in staffing and staff support

• Systemwide trainings in client-centered practices like harm reduction, housing stability plans, motivational interviewing, trauma-informed care
Housing First Prioritization

Housing First is mandated or encouraged across the system of care:

- **COC WRITTEN STANDARDS**: Housing, shelter, prevention, outreach, other CoC programs or those with reference in grant agreement

- **STATE-FUNDED HOUSING PROGRAMS**: Permanent supportive housing, rapid rehousing, No Place Like Home, CESH, HEAP, HHAP, CalWORKS HSP, CDSS programs, new state funding (CA Welfare and Institutions Code Section 8255)

- **ESG**: Shelters, outreach, prevention, rapid rehousing (25 CCR 8409)
Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
Core Components of Housing First

Under California state law, the “core components” of Housing First include:

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

Citation: Section 8255(b) of the California Welfare & Institutions Code (emphasis added)
### Housing First – in Shelters, ESG

1. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues

2. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing

3. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services

4. Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations

5. Connecting participants to appropriate support and services available in the community that foster long-term housing stability

6. [When] offering financial assistance and supportive services,... the type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources ... to resolve their housing crisis and stabilize them in housing
HOUSING FIRST – CHALLENGES TO IMPLEMENTATION IN CONTRA COSTA
Common Challenges to Systemwide Implementation

- Community concerns
- Voluntary services
- Avoiding landlord crises
- Helping people stay housed
- Insufficient resources
- Geographic boundaries/barriers
- Shared housing/communal living
Challenges to Implementing Housing First in Contra Costa

- Non-mandatory participation in services
- Impact on relationships with LLs
- Impact on housing stability
- Insufficient staffing/supports
- Serving subpopulations – e.g. Survivors of DV

Homebase
Challenges In Contra Costa

Additional challenges:

• Need for more housing and homeless services (number one challenge)

• Entry and/or continued participation in some programs conditioned on participant’s consent or compliance with –
  • Participation in Supportive Services
  • Cooperation with Treatment Plan Requirements

• Inability to accommodate pets in shelter

• Need enhanced coordination of care between providers of mental health, substance use disorders, homeless services and primary care

• Lacking awareness of community resources – i.e., knowing what and where services are available
Challenges In Contra Costa

Additional challenges:

• Aging population experiencing homelessness (with Serious Mental Illness and/or co-occurring disorders)

• Shortage of Board and Care Facilities

• Need for enhanced discharge planning from institutional settings to community-based resources

• Staffing shortages, particularly specialized staff (e.g., psychiatrists, bi-lingual and/or bi-cultural staff)

• Need increased housing navigation for underserved populations, including older adults, TAY, LGBTQ, persons with behavioral health challenges and/or serious mental illness
SYSTEM MAPPING EXERCISE - IDENTIFYING “CLOSED DOORS” AND INSUFFICIENT SUPPORTS
System Mapping Exercise

Instructions for Break Out Activity:

Break into small(ish) groups – 3 to 5 per group, organized by program or groups of programs. Draw a representation of the system of care for your clients, starting with becoming homeless to the goal of permanent housing. When completing, ask yourself:

- Where do barriers to community-based resources or shelter exist for our program(s)?
- Where do barriers to and/or lack of support in permanent housing exist for our program participants?
- Are there any populations that will exit to the streets based on ineligibility for programs/resources?
ALIGNING POLICIES AND PRACTICES WITH HOUSING FIRST - EXAMPLES FOR REFRAMING POLICIES
Reviewing Your Rules

• Look at both written rules and how things really work
• Why do you have these rules?
  • What are they supposed to accomplish?
  • Who are they helping – and who are they keeping out?
• How can you accomplish the underlying goals – for example, safety – most directly, without restricting other behavior?
Reviewing Your Practices

Focus on communicating expectations and providing support, not rules and punishment

• Do the practices reflect the policies?
• Are your practices and staff housing-focused?
• Are staff trained and supported in harm reduction, and other evidence-based practices such as client-centered motivational interviewing and trauma-informed care?
Review With A Client-Centered Approach

- Eliminate unnecessary rules and requirements
- Implement strengths-based approaches to empower clients
- Read between the lines – how will clients perceive the meaning of your policies?
- Eliminate idea of “non-compliant” client
- One size does not fit all
Treatment Offered, Not Mandated

- AA meetings required
- Mandatory cooperation with treatment plan requirements or face eviction
- Housing-focused case management provided
- Links to other services – health, substance use, benefits, employment, education, other resources - provided
Rules That Limit Alcohol Use On Premises

- Drug testing at entry and whenever suspected drug or alcohol use
- Random drug testing
- Refusal to take a drug test results in immediate denial of service.

- No alcohol or drug use on property.
- Provide “amnesty bin” at entry to store personal items without repercussions
Personal cleanliness is required, there will be a lice check upon entry to the program. Any participant presenting with lice upon entering may be denied admittance to premises.

Basic health services are offered in conjunction with ABC Clinic. If participants present with a communicable disease, lice or other health issues that could present a danger to the safety and health of other participants, they will be referred to the clinic for care. If care is not immediately available and issue presents an immediate threat, participant may be referred directly to emergency services in order to address the issue prior to program entry.
We reserve the right to randomly test participants at anytime. Failing a drug test or being under the influence of drugs and/or alcohol while on program grounds can result in immediate dismissal and lead to reporting to necessary authorities.

Clients engaging in behavior that is disruptive to other clients or staff will be requested to terminate that behavior or go to another area of facility.

Staff are trained in harm reduction, crisis resolution and to recognize signs of health crisis related to substances.
All bags will be randomly searched upon entry to program and beds and possessions are subject to random searches by staff. Drugs or paraphernalia found in any bags will result in immediate dismissal.

In order to ensure health and safety for all, staff may conduct occasional bed or bag checks. Staff may confiscate and/or dispose of items found that pose a safety or health risk to the community, including but not limited to weapons, poisonous and/or illegal materials, items that pose a fire risk, or items interfering with facility operations, such as food that is attracting vermin.
All personal technology devices (cell phones, iPads, etc.) must be pre-approved by staff. All cell phones must be turned in to staff by 10:00pm and will be returned the following morning.

Out of respect for others please keep phones on vibrate at all times and do not use electronic devices after lights out.
It is your responsibility to schedule meetings with your case manager...you will be required to meet with your case manager 1 to 4 times a month.

Clients are strongly encouraged to participate in case management. Case will assist clients in housing location and to prepare for housing and will connect clients to resources that help them work toward housing-related and other personal goals.
Do Your Policies Focus On Housing?

Prospective clients are provided a listing of resources for housing choices.

You have been assigned a Housing Navigator who will help you develop an Individual Service Plan and conduct a Housing Assessment to help determine what housing resources you might be eligible for. You are encouraged to meet with your Service Coordinator weekly to discuss your progress as well as attending on site workshops aimed to assist with self-sufficiency and securing housing.
Conduct that is boisterous, obscene, noticeably intoxicated, harassing in nature, or generally disturbing to the other Tenants, Landlord, or residents in the Community is not permitted.

Tenants are entitled to quiet enjoyment of the premises. It is expected that tenants and their guests or invitees will not use the premises or adjacent areas in such a way as to: (1) violate any law or ordinance, including laws prohibiting the use, possession, or sale of illegal drugs; (2) commit waste or nuisance; or (3) interfere with the quiet enjoyment and peace and quiet of any other tenant or nearby resident.
A “zero-tolerance” policy will be enforced for any resident who has had a history of drug or alcohol use.

No drug or alcohol use on premises.
IMPLEMENTING HOUSING FIRST SYSTEM USING A CHANGE MANAGEMENT APPROACH
CHANGE MANAGEMENT

1. DEFINE THE CHANGE
   - Identify and clearly define the change your agency needs to make.
   - Engage stakeholders for clarity & alignment.

2. IMPLEMENTATION
   - Create a clear vision supported by leadership, data, best practices, and feedback from engaged stakeholders.
   - Implement the vision throughout your policies & procedures.

3. COMMUNICATION
   - Ensure effective communication channels are established.
   - Provide consistent messaging.
   - Co-create the change with team, clients, and community.

4. CLARIFY & SUPPORT ROLES
   - Re-define roles & responsibilities and staffing structures.
   - Focus on orientation & training.
   - Provide tailored staff support.

5. MONITOR & EVALUATE
   - Monitor & evaluate on an ongoing basis.
   - Constantly implement what you learn from stakeholders.
Policies & Procedures Review Using a Change Management Approach

1. Review your policies & procedures to recognize needed revisions.
2. Meet with staff and clients to discuss changing the policies and gather input.
3. Hold frequent meetings with staff and clients to assess how the policies and procedures are working and revise as needed.
4. Post new policies and procedures and put them into effect within 30 days.
5. Track the numbers. Are fewer people being turned away? Are people moving into permanent housing at a higher or faster rate?
FEEDBACK LOOPS

- Staff
- Clients
- Community Members
- Landlords

Send out consistent communications

Hold regular meetings

Be open to spontaneous feedback (open door policy, accessible phone number, comment box)
ONGOING FEEDBACK LOOPS

How do you monitor and evaluate progress?
- Have you incorporated new measures into your data collection systems to monitor the change?
- What other methods do you use to evaluate your success?

Who is responsible for your monitoring and evaluation?
- How often do you evaluate and who reviews and implements the information?
- Have you integrated all team members, participants, and partners into your evaluation process?

Are there processes in place to ensure that your data guides your decisions?
- Is your program flexible to respond to these continual assessments of change?
ACTIVITY - IMPLEMENTATION
ACTION PLANNING
AND NEXT STEPS
IMPLEMENTATION ACTION PLANNING

Instructions for Break Out Activity:

Break into small(ish) groups – 3 to 5 per group, organized by program or groups of programs. Complete the Housing First Implementation Action Planning sheet. When completing, ask yourself:

- What are the desired outcomes and measures of success?
- Who are the stakeholders and how can they be engaged?
- What resources and partners need to be enlisted?
- Is the action viable, realistic and sustainable?

Use these to guide implementation over the next few weeks.
## Housing First: Making the Change

### Policy Implementation: Next Steps

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.)</td>
<td></td>
</tr>
<tr>
<td>2.)</td>
<td></td>
</tr>
<tr>
<td>3.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who are the Stakeholders?</th>
<th>Milestones (including deadlines for each)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the Project Owner/Task Leader?</td>
<td></td>
</tr>
</tbody>
</table>
Thank You!
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>RULE / PRACTICE</th>
<th>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</th>
<th>WHO DOES IT BENEFIT / KEEP OUT</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>BARRIERS TO ENTRY</td>
<td>Are there rules, policies or procedures that result in participants not being able to access or being barred from the program? For example: • Identification requirements • Sobriety/drug testing requirements • Meeting requirements / time constraints • Prohibition on pets/family members • Other policies that deter people experiencing homelessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>LANGUAGE</td>
<td>Would you clearly understand the program, your rights and responsibilities if you were a participant? How would you feel as a participant? (based on both written policies and procedures and client interactions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are policies and practices:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Strengths-based</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Client-centered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Problem solving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Housing focused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Inclusive rather than directive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communicate expectations and provide support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>-------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>LINKAGES</strong></td>
<td>How are participants connected with resources for housing and other needs, such as identification, storage, other shelter (if ineligible for this shelter or no space, etc.)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>--------------------------------------------</td>
<td>---------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>BELONGINGS</td>
<td>How are participants’ belongings handled? Are there searches? Limits on what can and cannot be brought into the program? How are medications, weapons, pets, etc. handled?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST? / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES / NEEDS</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>STAFF RESOURCES</td>
<td>Are staff trained and supported in evidence-based practices such as harm reduction, trauma-informed care, motivational interviewing, etc.? Are resources available to support these practices? Do staff implement these policies and practices?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES / NEEDS</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>ACCESS TO PROGRAM SERVICES</td>
<td>Participant access to program services and resources, such as times for entry / exit, meals, access to food, access to media (personal and program), programming, etc.</td>
<td>Do provision of services and resources reflect client needs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participant access to program services and resources, such as times for entry / exit, meals, access to food, access to media (personal and program), programming, etc.

Do provision of services and resources reflect client needs?
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>RULE / PRACTICE</th>
<th>WHY DOES IT EXIST? / WHAT DOES IT ACCOMPLISH</th>
<th>WHO DOES IT BENEFIT / KEEP OUT</th>
<th>ALTERNATIVES / NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENIALS OF SERVICE</td>
<td>Policies and procedures that address participant behavior and interactions within the community in order to ensure the health and safety of the community and grievance procedures available to participants.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES / NEEDS</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>OTHER PRACTICES</td>
<td>Any other rules, policies or procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| TENANT SELECTION AND ELIGIBILITY  | Are there rules, policies or procedures that result in participants not being able to access or being barred from the program? For example:  
  - Sobriety requirements or substance use policies  
  - Treatment requirements  
  - Mandatory services participation  
  - Financial history  
  - Rental history  
  - Criminal history  
  - Accommodations for disability  
  - Client choice | | | |


<table>
<thead>
<tr>
<th>TOPIC</th>
<th>RULE / PRACTICE</th>
<th>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</th>
<th>WHO DOES IT BENEFIT / KEEP OUT</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>TENANT PLACEMENT (SHARED HOUSING)</td>
<td>How are tenants matched to housing and housemates? How are new tenants integrated into existing households? What formal agreements exist between housemates? • Between residents and the landlord? • Between residents and program? How are housemate conflicts addressed and tenants relocated when necessary?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>--------------------------------------------</td>
<td>-------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>LANGUAGE</td>
<td>Would you clearly understand the program, your rights and responsibilities if you were a participant? How would you feel as a participant? (based on both written policies and procedures and client interactions) Are policies/practices: • Strengths-based • Client-centered • Problem solving • Housing focused • Inclusive rather than directive • Communicate expectations and provide support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>---------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>LINKAGES AND SUPPORTIVE SERVICES</td>
<td>How are participants connected with resources to support housing stability and other needs, such as employment, mental and physical health support, storage, etc.?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How are supportive services provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there a range of options for services and community connections?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES / NEEDS</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>STAFF RESOURCES</td>
<td>Are staff trained and supported in evidence-based practices such as harm reduction, trauma-informed care, motivational interviewing, etc.? Are resources available to support these practices? Do staff implement these policies and practices?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>TOPIC</th>
<th>RULE / PRACTICE</th>
<th>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</th>
<th>WHO DOES IT BENEFIT / KEEP OUT</th>
<th>ALTERNATIVES / NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVICTION PREVENTION PRACTICES</td>
<td>What policies or procedures are in place to assist tenants who are facing a financial hardship?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What eviction-prevention practices are used?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How are behavioral issues addressed – within the lease, in tenant agreements?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC</td>
<td>RULE / PRACTICE</td>
<td>WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH</td>
<td>WHO DOES IT BENEFIT / KEEP OUT</td>
<td>ALTERNATIVES / NEEDS</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>OTHER PRACTICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any other rules, policies or procedures?