Making the Connection:

Standards of Care for Client-Centered Services

Housing

San Francisco EMA
Includes San Francisco City and County, San Mateo County, and Marin County

February 2003

Prepared for

San Francisco Department of Public Health,
HIV Health Services, and the
HIV Health Services Planning Council

Prepared by

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Dedication

The Housing Standards of Care are dedicated to the clients of the HIV Health Services System, to housing providers who devote themselves to providing services to others, and to individuals who are both client and housing provider in the San Francisco EMA.

Acknowledgments

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HOUSING
Standards of Care
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I. Introduction

The Ryan White CARE Act, Title I, provides emergency assistance to Eligible Metropolitan Areas (EMAs) most severely affected by the HIV/AIDS epidemic. As it applies to San Francisco, the CARE Act stipulates that Title I funds should be used to provide access to integrated health services for persons living with HIV/AIDS (PLWHA) who:

- Reside within the San Francisco EMA; and
- Have no third party payment source (uninsured);
- Have limited third party coverage (underinsured); or
- Have been denied coverage by a third party payer (uninsured or underinsured).

In addition, enrollment priorities are as follows:

- First priority: Residents of the San Francisco EMA who have low or no income and are uninsured
- Second priority: Residents of the San Francisco EMA who have low or no income and are underinsured

Finally, CARE funds will be used only for services that are not reimbursed by any other source of revenue.

In addition to these federal guidelines, the San Francisco EMA has developed standards of care for all Title I-funded HIV health services in the San Francisco EMA. SF EMA enrollment priorities for housing and housing-related services places emphasis on special needs populations earning 30% or less of the local median income. This document defines the minimally acceptable standards for delivery of housing and related services and provides measures that will be used to determine whether service standards are being met. However, these standards do not serve as a substitute and in fact do not supercede compliance with all federal, state and local laws, regulations, facility licensing requirements, ordinances and codes. These standards are intended to augment those requirements.

II. Overview

Housing Standards of Care are designed to ensure consistency among the Title I housing assistance/housing-related services provided as part of San Francisco EMA's continuum of care for PLWHAs.[1] These minimally acceptable standards for service delivery provide guidance to programs so that they are best equipped to:

- Assist HIV-positive clients and their families and/or partners to deal with access to housing and related services.
- Meet the specific and unique needs of HIV-positive clients.
- Minimize barriers to services.
- Evaluate the outcome of housing and related services based upon demonstrated measurable outcomes.
- Appropriately address client rights and responsibilities for clients receiving housing and related services.
- Involve the client's caregivers, as appropriate and with client consent, in supporting client's optimal well being.
- Coordinate care to ensure optimal client care.
- Provide appropriate and effective referrals for assessment, care and services.
- Provide housing and related services in as culturally and linguistically appropriate manner as possible, while in compliance with all federal, state and local laws, regulations, ordinances and codes.
- Assist clients through advocacy and referral in accessing other Continuum of Care services.
- Adhere to the mandated referral system established by program provider contracts with Department of Public Health (DPH).

[1] Because there are multiple types of services included in the housing services category, these standards may not fully apply to some programs.

Housing Assistance/Housing-Related Services include assistance in locating and obtaining suitable, on-going or transitional shelter; costs associated with finding and maintaining a residence and/or subsidized rent; and, residential and supportive housing and related services.

Housing Categories include:

Emergency Housing – Emergency hotel stay of maximum of four weeks, intended to assist clients with immediate housing crisis.

Transitional Housing – Short-term residential and transitional housing programs designed to stabilize an individual and to support transition to a long-term sustainable housing situation. All programs include on–site supportive services.

Residential Programs and Subsidies – Residential housing programs and rental assistance/subsidies are designed for longer-term stabilization and are often linked to case management and other services to help stabilize and maintain clients' health.

1. **Emergency Housing Unit of Service is defined as:**
   a) Emergency hotel day.

2. **A Transitional Housing and related services Unit of Service is defined as** :
   a.) 24-hour Supportive housing day

3. **Residential Programs and Subsidies Units of Service, depending on type of service, are defined as:**
   a) 24-hour Rental Subsidy day
   b) 24-hour Supportive Housing Day
   c) a Case Management Hour is defined as one hour of face-to-face individual or group contact between a client and a case manager or one hour contact on behalf of the client within a housing setting.
   d) a Mental Health Counseling Hour is defined as one hour of face-to-face individual or group contact between a client and a mental health counselor or one hour contact on behalf of the client within a housing setting.

A. Administration

Administrative standards ensure that all staff providing housing and housing-related services are properly screened and have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed as allowed by current funding.

Standard 1: Program staff.

The objectives of establishing standards of care for program staff are to ensure that:

- Clients have access to the highest quality of services through experienced, trained staff.
- Clinical program staff administering care are licensed and/or certified (when required by job description or contract) by the appropriate professional bodies.
- Clinical program staff have access to quality clinical supervision through experienced, trained and when required, licensed supervisors.
- Administrative and clinical/direct services program staff have access to administrative and programmatic supervision.
- Staff/supervisors understand their job responsibilities.
- Staff are provided the training and supervision to enable them to perform their jobs.
- Staff demonstrate cultural and linguistic competency in services provided to clients.
- Staff meet the educational and experience requirements of the individual agency.
- Strong communication, reading, and writing skills preferred.
- Staff possess skill and comfort working with men who have sex with men, women, transgender, people of color, substance users, homeless and/or individuals with mental illness.

Measure: Documentation of completed training, job descriptions, resumes and other documentation on file.

Standard 2: Policies and procedures.

Each funded agency will have a written policies and procedures manual that contains both personnel and program policies and procedures for the following areas:

Personnel Policies and Procedures

- Annual performance reviews
- Staff training and other personnel policies (e.g., behavioral standards)
- As required by San Francisco DPH policy: Recommend TB testing every six months and require every twelve months

Program Policies and Procedures

- Client rights and responsibilities, including confidentiality guidelines (with particular discussion of confidentiality issues for PLWHA)
- Client grievance policies and procedures
- Client eligibility and admission requirements
- All appropriate consent forms (e.g., consent to share information, treatment consent, Reggie consent form for San Francisco only)
- Data collection procedures and forms, including data reporting
- Quality assurance/quality improvement
- Guidelines for language accessibility
- Plans for accommodating people with disabilities (plans should adhere to Americans with Disabilities Act (ADA) standards to the extent possible)
- Whenever possible, contractors should maintain a wait list for housing that includes demographic information and reason(s) for disposition.
- When appropriate provide written documentation to clients when termination from housing is recommended.

Measure: Written policies and procedures manual.

Standard 3: Staff training.

- Regardless of credentials, all direct service staff members must receive ongoing HIV/AIDS training as appropriate for employee job function.
- San Francisco DPH requires harm reduction training for all staff providing direct services.
- Staff responsible for property management are educated about issues affecting the resident population(s) served by their building.

Measure: Documentation of all completed trainings on file.

B. Facility Standards

Facility standards are intended to ensure program safety and accessibility for both clients and staff as they apply to a specific site or type of housing facility. However, in some situations the standards may not apply. Local departments of public health cannot hold accountable the private building owners and independent landlords who have no contractual relationship to Title I funds. Therefore adherence can be encouraged but not enforced.

The goals of these facility standards are:

- to strive for clean, safe and comfortable facilities
- to foster privacy, security, independence and personal dignity and respond as much as possible to the needs of PLWHA (e.g. any specific accessibility needs)

However, these standards do not serve as a substitute and in fact do not supercede compliance with all federal, state and local laws, regulations, facility licensing requirements, ordinances and codes. These standards are meant to augment those requirements.

Standard 4: Standard safety requirements.

This standard applies primarily to residential and transitional housing programs. However, the goal is for all housing programs, including temporary and permanent facilities, to be located in located physical facilities that:

- Meet fire safety requirements.
- Comply with Occupational Safety and Health Administration (OSHA) infection control practices.
- Have emergency protocols for health- and safety-related incidents posted.
- All housing programs, including permanent facilities, meet fire safety requirements as applicable to the type of building facility.
- An emergency safety manual or booklet is available to all staff and residents listing back-up/on-call staff numbers and other emergency contacts including medical providers, fire evacuation plans, First Aid, CPR, and choking procedures.
- Provide property managers that are licensed and assure that housing is safe, well-maintained and hygienic, and complies with CA health codes.
- Adhere to the HUD Housing Quality Standards, if applicable.

Measure: Compliance with all appropriate regulatory agencies.

C. Service Delivery for Housing and Housing-related Services

As stated under the section entitled "Facilities Standards", local departments of public health cannot hold accountable the private building owners and independent landlords who have no contractual relationship to Title I funds. Therefore, in some situations adherence to these service standards can be encouraged but not enforced.

Standard 5: Access.

- Maintain a wait list whenever possible that includes demographic information and disposition of the referral
- Provide applicants and referring provider with resource and referral information whenever possible
- In cases of denial of housing, provide applicants and referring providers will be informed verbally and in writing of the reasons for denial unless a written explanation is deemed clinically inappropriate
- In cases of denial of housing, applicants and referring providers will be provided with explicit information/criteria for reapplication and reevaluation for housing services verbally and in writing of the reasons for denial unless a written explanation is deemed clinically inappropriate

Measure: All applicants who were referred for services have appropriate documentation in program records.

Standard 6: Intake.

- Ensure applicants are clear on eligibility criteria for services.
- Provide applicants with referral information to other available services, as appropriate (e.g. primary care, substance abuse services, mental health services, financial assistance).
- Inform applicants of client rights and responsibilities (including confidentiality), grievance policies and procedures, and program operations/ procedures.
- Ensure housing and related services are coordinated with existing primary case manager and existing CARE Plan.
- Obtain required client data for city/state/federal reporting purposes.
- Collect basic client information to facilitate client identification and client follow-up.
- Provide referrals to more appropriate levels of care.
- Obtain appropriate releases of information as defined by local legal requirements.
- Maintain a tracking form for each applicant that verifies client flow during the application process, including communication and disposition.

Measure: All applicants considered for services have appropriate documentation in program records. Providers will maintain applicant flow tracking form in client and program files. All client charts include completed intakes.

Standard 7: Linkage to advocacy and referral services.

- Assess applicant/client's need for non-housing related services such as case management, substance use, mental health and primary care.
- Make available to applicants/clients referrals for services that provide or advocate for services to address short and long-term needs including access to food, transportation, legal assistance, substance use, emotional support and mental health.
- Provide applicants/clients with information on what to do/who to call in case of a crisis or emergency.
- If requested or required by the applicant/client, provide linkages to case management services.
- If applicant/client has a case manager/care coordinator, the housing provider will inform the case manager/care coordinator that housing and related services are being provided.
- Provide applicants/clients with the most current information on access points to housing and housing wait list information.

Measure: All applicants considered for services have appropriate documentation in program records. Documentation in client charts of linkage to advocacy and referral services.

Standard 8: Supportive services.

- Conduct outreach to residents.
- Conduct an assessment of resident needs.
- Develop an individualized service plans.
- Provide case management services including assistance with medical and mental health issues, and assistance with substance use issues, as requested or required.
- Provide crisis intervention and conflict resolution services.
- Assist with or provide linkages to money management and life enhancement skills training, as requested or required.

Measure: Documentation in client file of individualized service plan.

Standard 9: Referrals to off-site services.

- Provide clients with accurate, current information on available resources in the County served by the program.
- Consult with case managers/care coordinators in order to facilitate appropriate referrals to programs and services that can successfully meet the client's needs.
- Assist clients in making informed decisions on choices of available service providers and resources.
- Assist with referrals to employment and vocational services, independent housing and related services, money management, life skills enhancement training services, as requested or required.

Measure: Documentation in client files of services provided in-house and referrals made.

Standard 10: Discharge planning.

Exit planning should begin at program entry with a particular emphasis on identifying housing resources for permanent, stable housing. The following recommendations are not meant to supercede appropriate legal requirements and/or program policies, but rather to provide guidelines for discharge planning.

- Begin exit planning as soon as possible after program entry with a particular emphasis on housing resources and housing planning voluntary discharges from housing.
- In cases of involuntary discharge, clients will be informed verbally and in writing of the reasons for denial unless a written explanation is deemed clinically in appropriate
- Provide clients with explicit conditions and timeframe for reevaluation to the housing program

Measure: Documentation in client charts of discharge summary.

Standard 11: Requests for extensions.

- Begin exit planning as soon as possible after program entry with a particular emphasis on housing resources and housing planning.
- Provide clients with explicit instructions on the process for requesting an extension for housing or housing related services.
- In cases of denial of the extension request, clients will be informed verbally and in writing of the reasons for denial unless a written explanation is deemed clinically inappropriate

Measure: Documentation in client charts of extension requests.

D. Cultural Sensitivity and Competency

Standard 12: Cultural sensitivity and competence.

- Agency must have a non-discrimination policy in place regarding hiring and client treatment that addresses issues of race/ethnicity, gender identity, sexual orientation, disability, and other relevant issues.
- Agency must show experience with the target population(s) or have a plan for developing staff sensitivity to the target population(s).
- Staff should be ethnically, culturally, and linguistically diverse or reflect the diversity of the population they serve.
- Services are provided using language and methods sensitive to the communities served.
- Services provide opportunities for clients to assist in identifying issues related to culture that may affect how they respond to services (e.g., primary language, spirituality needs, sexual orientation, community identification, family needs, and customs).
- Service providers should have referral relationships that can address gaps in culturally competent services (e.g., if agency does not have Spanish-speaking staff, Spanish-speaking clients can be referred).
- Agency must have a cultural competency plan on file with the San Francisco Department of Public Health (for agencies in San Francisco).

Measure: Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.

E. Coordination and Referral

The objective of coordination and referral is to link whenever possible housing and housing related services to existing CARE plan services and to provide linkages to advocacy and referral services that address the client's spectrum of needs in a comprehensive way, while minimizing duplication of services.

Standard 13: Coordination and referral.

Coordination and referral includes identification of other service providers or staff members with whom the client may be working and identification of other services that the client may need or want, whenever possible. The housing service program will:

- Whenever possible, identify and communicate with existing case manager/care coordinator, primary care providers and other collateral caregivers to support coordination and delivery of high quality care to clients.
- Provide appropriate advocacy and referral services to resources that link clients to other services.
- Document when a client is referred to the agency by another provider and from where they were referred.
- Document and, to the extent possible, follow-up on referrals to other services.
- Maintain current Letters of Cooperation with other service providers.

Measure: Documentation in client files and applicant records of referrals made; up-to-date client plan document. (Follow-up is recommended but not required.) San Francisco DPH defines current Letters of Cooperation as renewed within the last two years.

F. Quality Improvement, Monitoring, and Evaluation

The objective of quality improvement, monitoring, and evaluation is to continually improve services based on assessments of the process and outcomes of the program, as well as client satisfaction with service provision.

Standard 14: Quality improvement, monitoring, and evaluation.

A process for quality improvement, monitoring, and evaluation is in place that adheres to quality management plans and addresses:

- Evaluation and monitoring of linkages with primary care
- Collection and monitoring of critical incident reports and involuntary discharges
- Monitoring of units of service
- On-going chart reviews
- Maintenance of a wait list for housing services
- Staff performance evaluations
- Responsibility and accountability for implementation of quality improvement strategies
- Staff training on quality improvement
- Client involvement and active participation in the quality development/improvement of services
- Annual implementation of client satisfaction surveys and use of findings to improve programs
- Client grievance procedures

Measure: Quality improvement plan in place; ongoing documentation and reporting of program and provider performance; client satisfaction surveys conducted at least annually.

Standard	Measure
1. Program staff.	1. Documentation of completed training, job descriptions, resumes and other documentation on file.
2. Policies and procedures.	2. Written policies and procedures manual.
3. Staff training.	3. Documentation of completed trainings on file.
4. Standard safety requirements.	4. Compliance with all appropriate regulatory agencies
5. Access.	5. All applicants who were referred for services have appropriate documentation in program records.
6. Intake.	6. All applicants considered for services have appropriate documentation in program records. Applicant flow tracking form in client and program files. All client charts include completed intakes.
7. Linkage to advocacy and referral services.	7. Documentation in client files of linkage to advocacy and referral services.
8. Supportive services.	8. Documentation in client file of individualized service plan.
9. Referrals to off-site providers.	9. Frequently updated inventories of services provided in-house and through referrals.
10. Discharge planning.	10. Documentation in client charts of discharge summary for both voluntary and involuntary housing discharges.
11. Requests for extensions.	11. Documentation in client files.
12. Cultural sensitivity and competency.	12 Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local

	county/city cultural competency plan for agencies and services in San Mateo or Marin County.
13. Coordination and referral.	13. Documentation in client files and applicant record of referrals made; up-to-date client plan document. (Follow-up is recommended but not required.) San Francisco DPH defines current Letters of Cooperation as renewed within the last two years.
14. Quality improvement, monitoring, and evaluation.	14. Quality improvement plan in place; ongoing documentation and reporting of program and provider performance; client satisfaction surveys conducted at least annually.