

2024 Program Review and Certification Standards

G. Services Planning

New requirements are in red text and do not apply for the 2024 PR&C review. These requirements will be applicable in 2025.

Minor adjustments and clarifications and changes to Tiers are in green text. These changes are applicable for the 2024 PR&C review.

Bold are requirements that now apply for the 2024 PR&C review.

Standard G1	Guideline G1	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
Staff develops individualized housing stabilization plans (IHSPs) with clients at first appointment with case manager/housing specialist. Shelters should complete the IHSP immediately within the first 5 business days of program entry unless client is immediately enrolled in RRH. IHSPs are signed by staff and the client and include: (1) Specific goals and actions to address housing barriers and other critical service needs; (2) Client, staff, or community agency responsibility for each step;	<ul style="list-style-type: none"> <input type="checkbox"/> IHSPs clearly document client housing goals and the actions necessary to address housing barriers and other service needs. IHSPs utilize SMART goal format (specific, measurable, attainable, realistic, time-bound). <input type="checkbox"/> Staff can describe the process for developing IHSPs and how clients are actively engaged in creating an achievable, time bound IHSP at program entry. <input type="checkbox"/> Staff can describe how services are delivered in an individualized manner, beginning with an initial housing barrier and service needs assessment used to develop an initial IHSP, including with clients who have experienced multiple shelter stays, long-term homelessness, and/or disabilities. <input type="checkbox"/> Staff assess clients on an ongoing basis and IHSPs are updated at least annually, but preferably 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>File Review</u>: CSB reviewed client files. <input type="checkbox"/> <u>Discussion</u>: CSB discussed with agency staff. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		1	All programs except Maryhaven Safety, CPoA, Diversion, Single Adult Overflow, CARR Team, and Prevention for households that just need financial assistance and no services.

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<p>(3) Timeframes for each step; (4) Services and supports to be provided and by whom; (5) Desired housing and service need outcome(s).</p>	<p>quarterly, to adjust housing and service goals and actions.</p> <ul style="list-style-type: none"> <input type="checkbox"/> For YHDP programs, at youths' discretion, IHSPs should include an employment and education goal. <input type="checkbox"/> Staff and clients sign IHSPs. A copy of the signed IHSP is available for review for each client. <input type="checkbox"/> Family shelter staff update IHSPs with conditions if a household is re-entering within 90 days. <input type="checkbox"/> Shelter clients who actively refuse to engage in working an IHSP despite repeated attempts by service provider in shelter may be subject to a system-wide service restriction period of up to 30 days. 					
<p>Discussion and Basis for Conclusion</p>						

Standard G2	Guideline G2	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Client files include up-to-date case notes that record client and service provider contacts and client</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Case notes are concise, factual, relevant, and legible. Case notes include details of client progress including housing stabilization once clients move into housing and all 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>File Review</u>: CSB reviewed client files. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions 		<p align="center">1</p>	<p>All programs except CPOA / Homeless Hotline</p>

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<p>progress toward obtaining and, where applicable, maintaining permanent housing.</p>	<p>attempts to engage clients in shelter.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If client misses a scheduled appointment, timely follow-up is reflected in the case notes and attempts documented to re-engage the client (copies of letters left for clients and various outreach attempt times that the staff is available to meet with client). <input type="checkbox"/> All shelter and TH advocates provide a weekly note in each client file stating progress towards housing goals. Shelter staff provides 1-2 sentences in a case note or activity log on staff interactions with clients and progress towards housing goals for every 7 calendar days a client is in shelter. One can be the Housing Assistance Screening Tool or a note on assisting the client in coordinating a meeting with their RRH case manager. If a client is difficult to engage or not available (working, etc.), case notes demonstrate the attempts and/or coordination between operations and services staff and/or TH advocates to engage the client. At least two of the monthly shelter staff interactions with each client 		<ul style="list-style-type: none"> <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 			
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	<p>must be face-to-face. No client shall receive an exit notice for refusal to engage in a housing plan without documentation of these specific attempts.</p> <ul style="list-style-type: none"> <input type="checkbox"/> CARR Team should document engagement as youth are contacted. Youth should be contacted at least monthly. <input type="checkbox"/> Street Outreach should attempt to locate and confirm open clients are still unsheltered via direct contact with client at minimum once per month (HMIS Current Living Situation Assessment). Multiple monthly contacts may be documented on a Current Living Situation Assessment in HMIS or case notes in the client case file. <input type="checkbox"/> Diversion, Prevention, and RRH case notes should show progress toward obtaining and, where applicable, maintaining permanent housing. Client files should demonstrate bi-weekly engagement for Prevention and monthly engagement for RRH at a minimum and demonstrate assessment of financial assistance needs (amount, type, and duration). 					
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	<input type="checkbox"/> PSH documents engagement attempts quarterly at a minimum, with a goal of monthly engagement attempts. The regularity and intensity is dependent on client needs, barriers, and preferences to ensure clients retain housing and receive services. If a client does not need services, they must still engage for their annual assessment.					
Discussion and Basis for Conclusion						

Standard G3	Guideline G3	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Agencies screen and make referral to appropriate supportive service and mainstream benefits providers relevant to addressing client housing barriers and/or critical service needs. Staff helps clients determine eligibility and complete benefit applications.</p>	<input type="checkbox"/> The agency makes referrals to places that provide assistance with public assistance and benefits (such as Ohio Means Jobs, Columbus Works, Healthy Start, WIC, Public Child Care, Head Start, SNAP benefits, Medicaid, Medicare, SSI, SSDI, etc.). <input type="checkbox"/> Other services may include but are not limited to: legal services; mediation services; employment search and retention; education and training; behavioral and physical health care services and treatment programs;	<input type="checkbox"/> <u>Discussion:</u> Staff explained the process for service referrals and what systems they use. <input type="checkbox"/> <u>File Review:</u> Documentation that YHDP programs have SOAR-certified staff.	<input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A		1	All programs

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	<p>transportation services; material assistance programs; adult/children’s protective services; and basic financial planning.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The agency makes referrals to places that provide targeted services to represented sub-populations including, but not limited to: Youth (24 and under), LGBTQ+, New Americans, Pregnant Women, Persons of Color, Survivors of Human Trafficking, Former Foster Youth (under age 22), Veterans, and Restored Citizens. <input type="checkbox"/> Agency staff is trained to use or access SOAR resources and can describe how staff links clients to services, if applicable. YHDP programs must have SOAR-trained staff, per HUD requirements. 					
<p>Discussion and Basis for Conclusion</p>						

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Standard G4	Guideline G4	Monitoring Method	Conclusion	Certifying Official*	Tier	Program Type
<p>Programs use applicable screening and prioritization tools at client entry in compliance with Homeless Crisis Response System (HCRS)* Policies and Procedures (P&Ps).</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Staff can describe the process for engaging clients upon entry, including completion of the applicable screening and prioritization assessment no later than 5 business days from entry. <input type="checkbox"/> Shelters (except Maryhaven Safety program) and TH staff complete or have access to the Housing Assistance Screening Tool (HAST) for each client within 5 business days of program entry to document prioritization. If the client has a break in shelter stays greater than 7 days, complete a new HAST. HASTs can be resubmitted at any time to get the best snapshot of a client’s needs and vulnerability. Shelters and TH staff may complete an SSNA if referring a client to the USHS pool for PSH prioritization. <input type="checkbox"/> Maryhaven Safety program completes the HAST when possible for clients requesting services. 	<ul style="list-style-type: none"> <input type="checkbox"/> <u>File Review</u>: CSB reviewed client files. <input type="checkbox"/> PSH monitored through USHS. 	<ul style="list-style-type: none"> <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant with conditions <input type="checkbox"/> Non-compliant <input type="checkbox"/> N/A 		1	<p>Shelters (except Overflow and Safety), CARR team, RRH, PSH /USHS, TH, Outreach, Homeless Prevention</p>

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	<ul style="list-style-type: none"> <input type="checkbox"/> CARR Team and Outreach complete the Housing Assistance Screening Tool (HAST) to facilitate access to prevention, emergency shelter, rapid re-housing assistance, transitional housing, and other needed assistance and identify service needs prioritization. CARR Team and Outreach staff may complete a SSNA if referring a client to the USHS pool for PSH prioritization. <input type="checkbox"/> For RRH and joint TH/RRH, the client file must have confirmation that the client was referred to the RRH or TH/RRH program (e.g., HMIS referral that matches program enrollment date, HMIS history or referral view record, or email documentation from the entity managing the prioritization pool). RRH and joint TH-RRH program staff may complete an SSNA if referring a client to the USHS pool for PSH prioritization. <input type="checkbox"/> For PSH, a copy of the Severe Service Needs Assessment is available in each client file or HMIS as part of the housing 					
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	prioritization process managed through USHS. <input type="checkbox"/> For HP, a copy of the Prevention Prioritization Tool is available in each client record or HMIS.					
Discussion and Basis for Conclusion						

*Homeless Crisis Response System ([HCRS](#)) Policies & Procedures

CSB reviews Tier 1 standards annually and Tier 2 standards every 4 years. For years when CSB does not review Tier 2 standards, agency staff certifies compliance with both Tier 2 and Tier 3 standards in the 'Certifying Official' column.