

## **RFQ for Homeless And Human Services**

### **Attachment A: Description of Best Practices In Homeless and Human Services**

Below are some descriptions of best practices used in homeless and human services. The City expects providers to be trained in and implement the following best practices throughout their service delivery.

#### **Housing First**

Core Principles of Housing First:

1. Housing should be safe and affordable;
2. All people can achieve housing stability in permanent housing, supports may look different for each person;
3. Everyone is “housing ready”;
4. Improved quality of life, health, mental health, and employment can be achieved through housing;
5. Everyone has the right to determination, dignity and respect;
6. Configuration of housing and services should be based on household’s needs and preferences.

#### **Harm Reduction**

Harm reduction policies, procedures, and practices aim to reduce the negative consequences of behaviors that are detrimental to the participant’s health and well-being (e.g., abuse of drugs and/or alcohol, failure to be medication compliant, engaging in criminal activity, prostitution, choosing to sleep outside, etc.). In housing settings, harm reduction is intended to prevent a participant’s loss of housing and/or termination from the program based solely on his or her inability to stop engaging in harmful behaviors.

Programs incorporating a harm reduction model must utilize all interventions possible, short of termination from the program, to enable the participant to reduce or minimize their risky behaviors, while at the same time assisting them to move into and become stabilized in permanent housing.

Harm reduction is not intended to prevent the termination of a participant whose actions or behavior constitute a threat to the safety of other participants and staff. Organizations must develop a set of policies and procedures to be implemented in the event of such behavior on the part of a participant.

#### **Trauma-informed Care**

Trauma-informed care requires that every part of the program’s design and operation be approached with an understanding of trauma and the impact it has on those receiving services.

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Traumatic experiences can impact how clients receive services provided and the environment in which those services are delivered. Establishing a safe and supportive environment are principal aspects of trauma-informed care. To do so, a program must ensure that all staff receive training on traumatic stress and its impact, as well as the relationship between trauma and mental health, substance use, and homelessness. Training should detail how working with trauma survivors can impact staff, and how these issues can impact their work. Staff training in crisis management may include learning how to help clients identify triggers, express their feelings safely, use healthy coping skills, in addition to helping clients develop safety and self-care plans prior to a crisis.

#### **Cultural Competency**

Programs funded under this RFQ must consider cultural and linguistic factors in addressing the needs of populations to be served. Subpopulation identities may include, but are not limited to, race and ethnicity, gender and gender identity, sexual orientation, economic class, age, family status, language spoken and understood, physical and mental disabilities, living situation, etc. Respondents must demonstrate the capacity to accommodate special populations within the proposer's general population (e.g., youth, LGBT, disabled clients, veterans, victims of domestic violence) throughout all levels of the organization, from organizational vision and mission statement, to policy implementation, and to service delivery procedures and philosophies. Effective communication requires, at a minimum, the provision of service and information in appropriate language, at appropriate educational and literacy levels, and in the context of the individual's cultural identity.