

HOME GOOD

An initiative of United Way of Greater Los Angeles
& L.A. Area Chamber of Commerce

STANDARDS of EXCELLENCE

For Outreach Programs / Engagement Services, Emergency / Crisis / Interim Housing,
and Permanent Supportive Housing

Spring 2014

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The **Standards of Excellence** are a set of **performance goals** and **quality standards** for outreach programs / engagement services, emergency / crisis / interim housing, and permanent supportive housing. More importantly, they are a framework for applying **Housing First** principles and **coordinated** practices at the programmatic and system level.



Concrete, consistent standards are critical to ensuring we **focus** our efforts and resources in the most effective ways possible. In a reality where all resources are extremely limited, we need to **think smarter** about our current strategies and investments in the community, and to push forward solutions that help us **end homelessness**.

The Standards are meant to:

- Identify **opportunities** for capacity building and creating more effective programs
- Make it easier for funders to more consistently **acknowledge and reward** those that are the most effective
- **Reduce the complexity** of performance reports and requests for proposals
- Push our community to **set real goals** towards ending homelessness, especially chronic homelessness, and improving outcomes overall

The Standards are NOT meant to:

- Take away funding—they are meant to encourage increases in resources for the programs that can help end homelessness.
- Create more work—they are based on only the most critical program requirements and outcomes that most funders already expect to measure. They are also completely voluntary.
- Bring negative attention to “low performers”—they are meant to highlight those that go above and beyond, and to create capacity-building opportunities for others that wish to do the same. All of us are making critical contributions towards ending homelessness, and the Standards are meant to help everyone do even better.

How were the Standards created?

First proposed by the Los Angeles Business Leaders Task Force in 2011, they were based on a strong desire to create a systematic process in which those that served and housed the homeless the most effectively could be more accurately identified and rewarded. To push that effort forward, Home For Good **collaborated with leaders and innovators** throughout the community, including CSH, Shelter Partnership, the Center for Urban Community Services (CUCS), Housing Innovations, and most importantly, direct service providers. Under Home For Good's guidance, these groups researched national promising practices, looked at local performance goals, and organized work groups to develop standards from the perspective of those who know the work the best.

What's next?

A steering committee is finalizing a certification process that will help service providers measure their achievements, with the goal of making that available by Spring 2014. In preparation for that, **capacity-building** technical assistance and training sessions have been offered, with a curriculum based on community feedback. Through the Standards of Excellence, Home For Good can work to ensure that everyone has access to the resources and tools necessary to truly end homelessness.



Standards of Excellence

Performance Goals and Indicators

Markers and metrics of programs that make progress

Operating Standards

Hallmarks of high quality programs

Suggested Practices

Strategies for moving forward

Systems Recommendations

Opportunities for effective change

Standards for Outreach Programs / Engagement Services

Performance Goals and Indicators



Initial Engagement: Tracking of total persons initially engaged, total engagements made, # of unique engagements



Assessment: 90% of those engaged are assessed for housing needs through Coordinated Entry System using the VI-SPDAT



Targeted Engagement: 75% of those engaged 5 or more times are those assessed as needing permanent supportive housing (e.g. scored as a “3” or “4” in the VI-SPDAT).



Housing Navigation: 50% of those identified for permanent supportive housing placement are successfully assisted in collecting all housing documents within 30 days of full engagement.

Operating Standards

- ☑ **Effective Partnerships:** Participates in local coordinated entry system by working as housing navigators and assessors, using the VI-SPDAT, and preparing necessary documents for housing placement.
- ☑ **Personnel:** Send teams of 2 or more, 18 or older.
- ☑ **Qualifications:** Train on, at minimum, core values, physical & health safety (including blood borne pathogens), boundaries, ethical guidelines, triaging, mental health & substance abuse symptoms, and housing assessment.
- ☑ **Self-Care:** Policies are in place to ensure outreach staff maintain physical & mental well-being.
- ☑ **Availability:** Outreach occurs on nights and weekends.
- ☑ **Services:** Offer referrals, services, & housing, including at minimum access to shelter beds, IDs, physical & mental health care, substance use treatment and benefits and employment assistance, based on what the client wants without prerequisites (such as sobriety, program completion, or medication-compliance).
- ☑ **Compliance:** Provider is not on any Continuum of Care probation list.
- ☑ **Service Area:** Provider has identified a clearly-defined catchment area.
- ☑ **HMIS Use:** Provider has fully implemented the program in the local HMIS and actively participates in it.

Suggested Practices

Approaches

- ✓ Individualized, consistent, progressive engagement.
- ✓ Motivational interviewing.
- ✓ Anchor identification.
- ✓ Warm hand-offs by integrating other staff into outreach team.

Record-Keeping

- ✓ Map locations of client interactions to establish movement patterns (e.g. using a simple grid/sector system).
- ✓ Document all interactions daily.
- ✓ Measure refusal rate to understand sentiments toward services offered in specific populations and geographies.

Staffing

- ✓ Employ multilingual staff.
- ✓ Ensure that all staff are culturally-competent & -sensitive.
- ✓ Employ a multi-disciplinary team or partnership (including legal supports).
- ✓ Ensure outreach team is certified in CPR.
- ✓ Train on emergency health response & secondary trauma.
- ✓ Carry cell phone & business cards; have access to van with child safety seats.
- ✓ Promote peer/alumni representation on teams.
- ✓ Test for TB annually & on occasions of exposure.
- ✓ Maintain 8-hour days to prevent burnout.

Partnerships

- ✓ Creation & maintenance of effective partnerships with other service providers, whether by choice or necessity; ones that complement each program's approaches, that will lead to transitions that most benefit clients, and that encourages continued engagement and follow-up afterwards.
- ✓ Proactive engagement with law enforcement (e.g., introduce at roll call, contact senior lead officer).
- ✓ Involve businesses in outreach efforts.
- ✓ Advocate for clients with law enforcement, Housing Authorities, service providers, discharge sites, landlords.

Systems Recommendations

Data

- ✓ Facilitate mobile data entry with regular trainings on data standards.
- ✓ Adjust consent protocols to allow supportive service providers to look up clients and communicate with outreach workers regarding housed clients.
- ✓ Allow partial record entry into HMIS by using alternative identifier (e.g. picture, nickname) instead of name or SSN.
- ✓ Encourage broader HMIS use across system & data sharing to allow tracking.

Partnerships

- ✓ Create strategy regarding balance between outreach & housing retention functions for programs that do both.
- ✓ Create outreach ID to present to law enforcement.
- ✓ Encourage tempered law enforcement tactics to prevent arrests that endanger housing placements.

Housing

- ✓ Funding and resources should be utilized to support a coordinated entry system that quickly connects people to housing, is built on effective partnerships that enhance service capacity and promote housing retention and community integration.
- ✓ Create interim housing options for those awaiting permanent housing.
- ✓ Identify and eliminate existing developer and systemic (DMH, HACLA, etc.) barriers to accessing permanent supportive housing using Housing First strategies.

Standards for Emergency / Crisis / Interim Housing

Performance Goals and Indicators



Assessment: 85% of new guests who have stayed at the shelter for 1 week are assessed for housing needs through Coordinated Entry System using the VI-SPDAT.



Housing Navigation: 50% of those identified for permanent supportive housing placement are successfully assisted in collecting all housing documents within 30 days of full engagement.



Permanent Housing: 40% of all exiting guests move on to permanent housing.



Length of Stay: Of those who exit the program, 50% exit to appropriate next step housing within 120 days.



Guest Satisfaction: 80% of those who complete guest surveys would recommend the shelter to someone else in need.

Operating Standards

- ✓ **Coordination:** At least 10% of beds provided are prioritized for those who have been matched to housing through coordinated entry and are awaiting placement.
- ✓ **Assessment:** All guests are screened for diversion or complete a basic intake (i.e. VI-SPDAT) within 24 hours.
- ✓ **Eligibility:** Guests are not required to: be clean & sober, have completed treatment, be employed (or at a prescribed income level), or be med-compliant to enter shelter.
- ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/housing specialist to 30 guests who choose to participate in case management.
- ✓ **Alumni Involvement:** Avenues exist for alumni involvement & peer support in the delivery of supportive services for current participants.
- ✓ **Governance:** At least one currently or formerly homeless individual serves on the board of directors.
- ✓ **Income:** All guests with IHSPs are assisted in receiving all eligible benefits (at minimum, VA, UIB, CalWORKs, Social Security, CalFresh, GR, SDI/SSI/SSDI, Medi-Cal, Healthy Way LA) &/or achieving earned income.
- ✓ **Family Separation:** Resources or referrals are in place that will shelter families without separation.
- ✓ **Compliance:** Shelter is ADA-compliant & not on any CoC probation list.
- ✓ **Food Safety:** Staff who prepare & serve meals must have completed County's Safe Serve certification.
- ✓ **Documentation of Shelter Stay:** Shelter will maintain documentation of every guest's shelter stay in order to provide homeless certification when needed through a designated point of contact.
- ✓ **Grievances:** Every guest is given protocols for expressing grievances during shelter stay.
- ✓ **Length of Stay:** Individualized Housing & Service Plans are designed to facilitate the shortest possible shelter stays.
- ✓ **HMIS Use:** Provider has fully implemented the program in the local HMIS and actively participates in it.
- ✓ **Case Management:** Case management must assist clients throughout their stay.

Suggested Practices

Approaches

- ✓ Adopt a client-centered, strengths-based approach to case management (e.g., motivational interviewing)
- ✓ Employ a harm reduction model, along with trauma-informed care.
- ✓ Update IHSPs over time, in recognition of the fact that a traumatized guest may not fully engage for 2 to 3 weeks.
- ✓ When possible, establish contact & ensure continuity of care with new case manager.
- ✓ When making permanent housing placements, provide orientation to the neighborhood & ensure connections with contacts & resources.
- ✓ Upon exit to permanent housing, provide a care kit & household items.
- ✓ Plan meals that adhere to or exceed USDA's Dietary Guidelines.
- ✓ Focus on building meaningful connections with clients that eases the process of transitioning into housing and also complements prior relationships with any outreach staff / Housing Navigators.

Staffing

- ✓ Employ multilingual staff.
- ✓ Ensure that all staff are culturally-competent & -sensitive.
- ✓ Employ multi-disciplinary team or partnership, including housing specialists who locate housing & navigate application processes.
- ✓ Train on emergency health response, secondary trauma, CPR, & communicable diseases.
- ✓ Test for TB annually & on occasions of exposure.

Tracking

- ✓ Monitor retention outcomes frequently.
- ✓ Utilize alumni for follow-up & tracking.
- ✓ Follow up immediately after placement.

Systems Recommendations

Data

- ✓ Utilize standard assessment to determine chronically homeless status for guests.
- ✓ Adjust consent protocols & improve HMIS participation to allow tracking of recidivism & follow-up of past guests.
- ✓ Merge various triaging assessments (e.g., VI-SPDAT) into HMIS.

Resources

- ✓ Fund housing locators & navigators to allow for more seamless connections between shelters & permanent housing.
- ✓ Fund flexible move-in accounts to offset costs of security deposit/first-last, utility turn-on fees, & moving costs.
- ✓ Establish a furniture bank with hot boxes for permanent housing move-ins.

Processes

- ✓ Funding and resources should be utilized to support a coordinated entry system that quickly connects people to housing, is built on effective partnerships that enhance service capacity and promote housing retention and community integration.
- ✓ Establish an independent party for grievances to support equity, safety, and security, and to administer customer satisfaction surveys.
- ✓ Improve benefits application & receipt processes, including SSI processes.
- ✓ Reduce processing times at housing authorities.
- ✓ Identify and eliminate existing developer and systemic (DMH, HACLA, etc.) barriers to accessing permanent supportive housing using Housing First strategies.

Standards for Permanent Supportive Housing

Performance Goals and Indicators



Housing Stabilization: At least **90%** of tenants retain permanent housing (remain in unit or exit to other permanent housing) after 6 months and **85%** after 1 year.



Access to Housing: Tenants for at least **50%** of all new and turnover units will meet the need criteria for PSH established in the VI-SPDAT and are drawn from the coordinated entry system.



Increase in Benefits: **100%** assessed for eligible benefits (at minimum SSI/SSDI, GR, CalWORKs, VA); of those eligible for additional benefits, **90%** received within 1 year.



Tenant Satisfaction: **80%** of those who complete evaluations express satisfaction with the provided housing and services.

Operating Standards

- ☑ **Supportive Services:** 1) Easy access to a comprehensive array of services designed to assist tenants in sustaining stability and productive lives in the community. 2) At minimum, service coordination and case management must be offered to every tenant.
- ☑ **Lease:** Tenants have lease or similar form of occupancy agreement with 1) no limits on length of tenancy as long as terms and conditions of agreement are met, 2) Participation in services cannot be a condition of tenancy, and 3) No curfews or guest fees can be imposed.
- ☑ **Access to Housing:** To enter or retain housing, tenants cannot be required to have completed a program, have had a shelter stay, be clean and sober, med compliant, or have a clean housing / credit / evictions history.
- ☑ **Tenant Notice:** All receive a list of CA Tenant's Rights and Responsibilities.
- ☑ **Rent:** Tenant ideally pays no more than 30% of their income and never pays more than 40% of income toward rent.
- ☑ **Continuum Participation:** Provider is not on any CoC probation list and enrolls all applicable programs/beds on HMIS.
- ☑ **Quality of Life:** The wellness of clients is regularly measured through an approved assessment tool.
- ☑ **HMIS Use:** Provider has fully implemented the program in the local HMIS and actively participates in it.

Suggested Practices

Services

- ✓ Services should be flexible and tenant-based, including mental health, substance abuse treatment, life skills development, money management, benefits enrollment, primary health care (and referrals to legal assistance, job training/placement, and education).
- ✓ Every resident in both scattered and single-site housing should have a housing retention plan.
- ✓ Case management/service coordination should be staffed at a ratio of 1:15 for singles, 1:10 for families.
- ✓ Residents in danger of eviction should be assisted to find other suitable permanent housing that will allow them to maintain their current housing voucher.

Approaches

- ✓ Property Management (PM) and Social Services (SS) need to be coordinated and have same approach/philosophy in project-based housing, have clear delineation of roles and communicate regularly.
- ✓ When possible services should be coordinated with private landlords in scattered-site projects.
- ✓ Harm reduction & motivational interviewing are effective methods in stabilizing clients and setting goals.
- ✓ Transparent leasing standards that focus on the hardest to serve, screening in rather than screening out.
- ✓ Options beyond permanent supportive housing, including more independent living situations, should be made available to clients.

Systems Recommendations

Coordination

- ✓ Funding should match needs for services (e.g., funding for chronic homeless populations should provide sufficient funding of services needed for the population; \$2,500-\$15,000/year/resident).
- ✓ Standards should increase success and expand permanent supportive housing.
- ✓ Housing Authority processes should be improved in order to increase access to housing & quicken placement rates.
- ✓ Voluntary services are considered a key aspect of PSH and funding should not mandate a certain level of treatment or service (e.g., MHSA, VASH, S+C).
- ✓ Public funding streams (e.g., County CDC, MHSA, HCD, LAHD, Cal FHA, Federal Home Loan) should remove unnecessary requirements, including any services or activities that are conditions for tenancy, and consolidate conflicting requirements for financing.
- ✓ Funding and resources should be utilized to support a coordinated entry system that quickly connects people to housing, is built on effective partnerships that enhance service capacity and promote housing retention and community integration.

Glossary

A

ADA: The Americans with Disability Act of 1990 prohibits discrimination based on disability and requires programs to take reasonable steps to make programs accessible to people with disabilities.

Affordable housing: A general term applied to public- and private-sector efforts to help low and moderate-income people purchase or lease housing. As defined by the United States Department of Housing and Urban Development, any housing accommodation for which a tenant household pays 30% or less of its adjusted gross income.

Anchor Identification: The practice of identifying street homeless individuals who consistently reside in a specific geographic area with the hope that once an “anchor” is successfully housed the other homeless individuals in the area will be willing to engage in services and housing.

B

Boundaries: In homeless programs, “boundaries” refers to limits to physical, mental, and emotional client-staff interactions to ensure that the rights and interests of clients are respected and that staff work reflects the agency's ethical values.

C

Case management: The overall coordination of an individual's treatment plan and use of services, which may include medical and mental health services, substance use services, and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy, treatment planning and referral on behalf of individual clients.

Chronically Homeless: HUD defines chronically homeless as a person or family (head of household) who has been homeless and living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least a year or at least four separate occasions in the last 3 years and who can be diagnosed with a disabling condition.

Contacts: In outreach programs, conversations with homeless persons.

Continuum of Care: As a condition of funding, HUD requires local communities establish “Continuum of Care” to oversee community planning around homelessness. Continuum of Care and Continuum are defined to mean the group that is organized to oversee community planning and carry out the responsibilities required to address homelessness within a specified geographic area. The Continuum is composed of representatives from various stakeholders from throughout the community.

Coordinated Entry System (CES): A system by which those experiencing homelessness and housing resources find each other in the most efficient way possible. The four main components include: Access (street outreach), Assessment, Assistance (housing navigation), Assignment.

D

Diversion: Helping people seeking shelter by identifying immediate alternate housing and connecting them with services and financial assistance to help them to return immediately to permanent housing. An emerging best practice, diversion programs can reduce the number of individuals and families becoming homeless, and thus the demand for shelter beds.

E

Emergency / Crisis / Bridge Housing: A facility providing temporary or transitional shelter for the homeless,

sometimes for sub-populations of the homeless

Encounter: A street outreach worker's interaction(s) with a homeless person that does not result in the provision of a service, a client assessment, or the beginning of a case plan.

Engagement: A street outreach worker's interaction(s) with a homeless person resulting in a client assessment or the beginning of a case plan.

Entitlements: Publicly funded financial and medical benefits available to individuals who meet criteria usually based upon income or disability measures.

F, G, H

Harm reduction: Harm reduction is a set of practical strategies that reduce the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence.

HIPAA: The Health Insurance Portability and Accountability Act of 1996, which includes requirements for confidentiality of health care information, which are often cited as barriers to coordinated care.

Homeless Management Information System (HMIS): A community-wide database congressionally mandated for all programs funded through the Department of Housing and Urban Development (HUD) homeless assistance grants. It is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

Hot Box: A heated box used to eradicate bed bugs in exposed furniture.

Housing First: The goal of “housing first” is to immediately house people

who are homeless. Permanent housing is provided as quickly as possible no matter what is going on in one's life, and the housing is flexible and independent so that people are provided permanent housing easily and have access to sufficient supportive services to stay housed. Housing first can be contrasted with a continuum of housing “readiness,” which typically subordinates access to permanent housing to other requirements.

Housing Navigator: is a person primarily responsible for ensuring a client's successful transition from street to home, whose duties can include, but is not limited to: reaching out to housing providers, preparing and collecting required documents, facilitating housing placement, and providing on-site support in housing throughout the transition process.

Housing Retention Plan: is a plan developed and agreed to by social services staff, property management staff, and tenant that seeks to mitigate disruptive behaviors or resolve health and safety conditions, and / or financial issues that violate lease agreement and / or house rules and threaten tenancy.

HUD: Department of Housing and Urban Development

I

Individualized Housing & Service Plan (IHSP): A service plan created by case managers for homeless clients to assist them in addressing barriers and maintaining stability.

Intake: Recordation of basic client data into a database upon entry into a program (e.g., capturing and loading required data to HMIS upon entry to emergency shelter).

Interim Housing: Sometimes referred to as “bridge housing”; temporary housing including emergency shelters, safe havens, transitional housing, and short-term hotel or motel vouchers. Provides temporary shelter during transition to permanent housing.

J,K,L

LAHSA: Los Angeles Homeless Services Authority

M

MOU: Memorandum of Understanding

Motivational Interviewing: A clinical approach that emphasizes a collaborative therapeutic relationship in which the clinician “draws out” the client’s own motivations and skills for change, thereby empowering the client.

Master leasing: A legal contract in which a third party (other than the actual tenant) enters into a lease agreement with the property owner and is responsible for tenant selection and collection of rental payments from sub-lessees (see sublease).

Motivational Interviewing: A clinical approach that emphasizes a collaborative therapeutic relationship in which the clinician “draws out” the client’s own motivations and skills for change, thereby empowering the client.

N

Next-Step Housing: Appropriate destinations for persons transitioning from nonpermanent housing locations. The Standards of Excellence employ the same successful destinations as LAHSA for households exiting emergency shelters, which are: transitional housing, permanent supportive housing, substance abuse treatment facility or detox center, rental by client (no ongoing subsidy), owned by client (no ongoing subsidy), safe haven, rental by client (with ongoing housing subsidy), owned by client (with ongoing housing subsidy), staying or living with family or friends (permanent tenure), and deceased.

O

Outcome: A measure of the result of a system, relative to its aim, often used to measure the success of a system. (N.B. “Outcomes” measure

system success, while “outputs” measure activity.)

Output: The quantity of goods and services produced (e.g., the number of people served)

P

Permanent Housing: Housing that is governed by a lease with no limits on length of stay. In terms of housing placement goals, the permanent housing category includes permanent supportive housing, rental by client (no ongoing subsidy), owned by client (no ongoing subsidy), rental by client (with ongoing housing subsidy), owned by client (with ongoing housing subsidy), and staying or living with family or friends (permanent tenure).

Permanent Supportive Housing: Affordable housing where the tenant pays no more than 30 to 40 percent of their income for housing costs. The tenants have a lease and there is an indefinite length of stay as long as the tenant complies with lease requirements. Tenants should have easy access to a comprehensive array of individualized and flexible services, either on-site or in proximity to the housing site, that are designed to assist tenants in sustaining stability and productive lives in the community.

Point in Time (PIT) Count: A HUD-mandated count of the sheltered and unsheltered homeless population in a community, administered at least biennially within each continuum of care.

Q,R

Rapid Re-Housing: Promptly housing individuals or families who become homeless, often through temporary assistance to obtain and retain housing.

Recidivism: In homeless programs, “recidivism” refers to a return to homelessness after moving into permanent housing, as documented by HMIS.

S

Scattered-site housing: Dwelling units in apartments or homes spread throughout a neighborhood or community that are designated for specific populations, usually accompanied by supportive services.

Service Coordination: the activity of identifying and arranging for the provision of mainstream, community-based services and resources for the tenants within a given building or project. These services are supplementary to the core case management and housing support services of a permanent supportive housing project.

Single-site housing: A housing program in which all living units are located in a single building or complex.

SSDI (Social Security Disability Income): Cash benefits for people with disabilities who have made payroll contributions to the federal social security program while they were employed.

SSI (Supplemental Security Income): Federal cash benefits for people aged 65 and over, the blind or disabled. Benefits are based upon income and living arrangement.

SSN: Social Security Number

Successful Destinations: The Standards of Excellence employ the same successful destinations as LAHSA for households exiting outreach programs, which are: emergency shelter, including hotel/motel with emergency shelter voucher, transitional housing, permanent supportive housing, substance abuse treatment facility or detox center, rental by client (no ongoing subsidy), owned by client (no ongoing subsidy), hotel or motel paid by client, safe haven, rental by client (with ongoing housing subsidy), owned by client (with ongoing housing subsidy), staying or living with family or friends (permanent tenure), and deceased.

T

Tenancy obligations: Minimum requirements to be a tenant in good standing, such as payment of rent, following house rules, maintaining a healthy and safe living unit, and meeting other lease requirements.

Tenant: A person who resides in rented premises under the terms of a lease. Tenants of supportive housing should have the same rights and responsibilities as tenants of other lease-based, permanent housing.

Transitional Housing: Time-limited housing meant to help homeless people access permanent housing, usually within two years, through the provision of intensive supportive services.

U,V

Voluntary Services: The term “supportive” in supportive housing refers to voluntary, flexible services designed primarily to help tenants maintain housing. Voluntary services are those that are available to but not demanded of tenants, such as service coordination/case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children’s programs, and money management.

W,X,Y,Z

Warm Hand-Off: The transfer of a client from one provider to another, typically with a face-to-face introduction, to confer the trust and rapport the client has developed to the new provider. In homeless services, such transfers often occur between outreach workers and interim housing providers and between emergency shelter case managers and permanent supportive housing service coordinators. Many clinicians report that this face-to-face introduction helps ensure that the next appointment will be kept.

Standards of Excellence Steering Committee

Michael Nailat
*Home For Good / United Way of Greater
Los Angeles*

Jerry Neuman
*Business Leaders Task Force on
Homelessness / Liner Law*

Rich Grimes
*Business Leaders Task Force on
Homelessness / Capital Tower Group*

Jim White
*Business Leaders Task Force on
Homelessness / Paramount*

David Howden
CSH

Steve Renahan
Shelter Partnership, Inc.

Nicky Viola
Shelter Partnership, Inc.

Leslie Clarke
United Homeless Healthcare Partners

Katie Hill
PATH

Timothy Sweeney
Venice Community Housing

Luther Richert
OPCC

John Horn
LA Family Housing

Kris Freed
LA Family Housing

Rudy Salinas
Housing Works

Josh Decell
Los Angeles Homeless Services Authority

Chris Callandrillo
PATH

Nancy Twum-Akwaboah
*Los Angeles Housing and Community
Investment Department*

Reina Turner
*Los Angeles County Department of Mental
Health*

Standards of Excellence Workgroup Members

A Community of Friends	Los Angeles Homeless Services Authority	Shelter Partnership
Alliance for Housing and Healing	Mental Health America	Skid Row Housing Trust
Clifford Beers Housing	My Friend's Place	St. Joseph Center
CSH	New Directions, Inc.	Step Up On Second
Downtown Women's Center	New Image Emergency Shelter	United Way of Greater Los Angeles
Gettlove	OPCC	US Department of Veterans Affairs
Housing Works	Our Place Housing Solutions	Venice Community Housing
LA Family Housing	PATH	Volunteers of America
LAMP Community	PATH Ventures	Watts Labor Community Action Committee
Live Out Loud Enterprises	San Fernando Valley Community Mental Health Center, Inc.	West Hollywood Community Housing Corporation
Los Angeles County Department of Mental Health Los Angeles Housing Department	San Gabriel Valley Consortium on Homelessness	WORKS





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www.HomeForGoodLA.org

HomeForGoodLA@unitedwayLA.org

Twitter: [@HomeForGoodLA](https://twitter.com/HomeForGoodLA)

Facebook: [/HomeForGoodLA](https://www.facebook.com/HomeForGoodLA)

For more information, please contact Michael Nailat at mnailat@unitedwayla.org, or at (213) 808-6448