Exhibit for Supportive Housing Provider Contract

Supportive Housing Service Standards for Providers (effective 2023)

ALTSA Supportive Housing Mission is to increase access to independent housing and stable tenancy, tailoring services to the individual's needs, preferences, and situation, and building on the individual's strengths.

The supportive housing service provider's work is based on the conviction that all people are people of dignity and worth, and all people can achieve the life they desire given support and encouragement.

Summary of audited deliverables:

Quality of Service Documentation

1. Maintains participant confidentiality by using secure email.
2. Completes Housing Assessment with participant and maintains copy.
3. Submits Monthly Activity Reports (MARs) during pre- tenancy, transition, and tenancy periods.
4. Completes a Crisis Plan with participant within 24 hours of community relocation (includes crisis hotline numbers), maintains document in participant's file, updating as necessary, and files copy with GOSH PM.
5. Completes a goal and service planning form (GASP form) with participant within 30 days of returning to community, maintains document in participant's file, and files copy with GOSH PM.
6. Reviews goal and service planning form (GASP form) with participant once they are in the community, and updates plan every 90 days, or as needed (minimum is 4x per year).
7. Maintains supportive housing service documents in a participant's file, including:
    - GOSH referral with the release of information;
    - reimbursement receipts;
    - information on permanent affordable or subsidized housing waitlist applications;
    - credit checks, background checks, and lease;
    - copies of Housing Assessment, GASP and Crisis plans (and updates); and
    - tracks and documents work with and on behalf of participant (including case notes, and MARs).
8. Maintains documentation of 24/7 Coverage.
9. Files agency Quarterly Reports according to schedule.
10. **New in 2023.** Maintains documentation of supportive housing staff required attendance at training.

Quality of Care

1. Accepts or denies referral within two business days.
2. Meets with participant within ten business days of referral.

3. **Client contact requirements** - contact includes phone calls, video calls and in-person visits:

Contact and Visit Requirements	
Pre-tenancy	Monthly minimum of 5-hours of contact: • 2-hours spent in-person.
Tenancy: Month 1	Monthly minimum of 5-hours of contact: • 4-hours spent in-person. • Two visits (in-person) per week.
Tenancy: Month 2-3	Monthly minimum of 5-hours of contact: • 2-hours spent in-person. • One visit (in-person) per week.
Tenancy: Month 4-8	Monthly minimum of 5-hours of contact: • 2-hours spent in-person. • One visit (in-person) every other week.
Tenancy: Month 9-12	Monthly minimum of 5-hours of contact: • 1-hour in-person. • One visit (in-person) per month
NEW in 2023. Tenancy: Month 13 or more	Monthly minimum of 1 hour of contact: • One visit (in-person) per month
Transition/Crisis	The number of home visits must be increased to provide appropriate support for the situation.

4. **New in 2023.** Annually, Direct Service Staff and Supervisors must participate in **6-hours** of DSHS ALTSA hosted trainings. Documentation of attendance must be retained in employee file.

5. **New in 2023.** Direct service staff **new to supportive housing work** must complete **12-hours** of training **within first year of employment** in basic supportive housing curriculum. Documentation of attendance must be retained in employee file.

System of Care

1. Connects with collateral partners within one week of referral.

2. **New in 2023.** During pre-tenancy, direct service staff sends a weekly housing search update to the case managers. These emails should be brief.

3. Attends regularly scheduled staffing meetings.

Detail of expected deliverables and standards of service:

I. Overview on providing supportive housing services

A. **Eligibility -** The **ALTSA Supportive Housing Program Manager (SHPM)** will authorize supportive housing services. All participants must be:

1. Medicaid eligible;

2. Eligible to receive home and community-based waiver or state plan services; and

3. Living in or being diverted from admission to a state psychiatric hospital.

a) **New in 2023.** ALTSA clients that are currently residing in a residential setting and in the previous 18 months were discharged or diverted from the state hospitals, and who wish to live independently are eligible for GOSH services.

(1) Prior to referral for these residential clients, SHPMs must confirm clients are correctly documented in the DSHS CARE system and identified by the State Hospital Discharge and Diversion (SHDD) team.

B. **Referrals -** Notify the SHPM and Home Community Services Case Manager in writing within two business days indicating whether your agency (hereafter referred to as the supportive housing service provider) is accepting or declining the referral.

C. Upon **accepting** the referral, the supportive housing service provider will contact the participant within ten business days at the institution or program where the participant is living and maintain documentation of contacts with participant and their supportive housing services.

1. The supportive housing service provider's participant file should contain a copy of the accepted referral, and other applicable documentation of the agency's ongoing work with the individual, including but not limited to:

a) DSHS Release of information with referral;

b) Housing assessment;

c) Background check and credit check;

d) Notes of in-person and other contacts with participant

(commonly known as case notes);

e) Crisis plan form and updates;

f) Goal and service planning form (GASP form) and updated forms;

g) Documentation of attendance at staffing meetings;

h) Monthly Activity Reports (MARs reports);

i) Permanent affordable or subsided housing waitlist application information;

j) Housing applications and leases;

k) Receipts for reimbursements for household items (please note that state funds may not be used to purchase televisions or to purchase other electronic devices used for entertainment purposes). Provider may include a copy of the authorization from case manager or ALTSA SHPM.

l) Other documentation as necessary

2. Maintain participant confidentiality by using secured email when communicating with DSHS Home Community Services.

D. **Obtaining housing** – The supportive housing service provider will conduct a housing search based on housing assessment, seek subsidies, and facilitate completion of any housing paperwork.

1. Complete a housing assessment with the individual to identify preferences, strengths and barriers.

2. Search for appropriate subsidies, complete and submit subsidy applications.

3. Conduct a housing search based on the assessment. Assist with eligibility determination and housing applications.

4. **New in 2023.** During pre-tenancy, sends a weekly housing search update to the case managers. These emails should be brief.

II. <u>Standards of Supportive Housing services</u>

A. **Housing Choice** - Choice is the foundation of permanent supportive housing.

1. Whenever possible, offer participants a choice of neighborhoods,

apartments, and a say in their living environment to the extent that this is possible given housing market constraints.

2. Provide access to housing as quickly as possible with no requirements to demonstrate readiness.

3. Establish relationships with landlords offering a variety of housing options to maximize true choice.

4. Housing needs to be affordable, integrated into the community, and not require shared living spaces unless desired by the participant.

B. **No Program Contingencies of Tenancy** – Failure to engage participants in in-person visits does not lead to an exit from the program but requires the supportive housing service provider's direct service staff to practice Assertive Engagement, outlined below in Exhibit Section II, P**.**

1. Continued tenancy is not linked to clinical, treatment, or service provisions.

C. **Standard Tenant Agreement** - Participants have a written agreement (e.g. lease, sub-lease) which specifies the rights and responsibilities per state and local law with no special provisions to maintain tenancy.

1. Supportive housing service provider should go over the lease and Landlord-Tenant law with participant to ensure participant understands their legal rights and responsibilities as a tenant.

2. Participant and supportive housing service provider should have a signed copy of the lease.

D. **Commitment to Re-House** - Supportive housing service provider assists participants who have lost their housing secure another apartment, without any housing readiness requirements. Direct service staff should establish and maintain relationships with landlords to avoid legal evictions in favor of mutually agreed upon lease terminations, to the extent possible.

1. Decisions to rehouse participants are:

a) Individualized;

b) Participant-driven;

c) Not subject to any additional service requirements;

d) Not limited in number.

E. **Service Choice** - Support services are fully participant driven. Participant

has the right to choose, modify, or refuse services and supports at any time. There is an expectation that staff are meeting with participants per the minimum frequency noted below in Exhibit Section III, **Contact with Participants**.

1. If a participant becomes disengaged, the onus is on the supportive housing service provider to utilize a variety of individualized assertive engagement strategies to re-engage the participant. The provider may not use disengagement as a time to step back services, and the responsibility to actively engage clients is the supportive housing provider's function. Supportive housing service provider must clearly communicate to the participant that the participant is in the driver's seat, and staff are there to support the participant in meeting their goals.

2. Failure to engage participants in in-person visits does not lead to tenancy loss or an exit from the program, it requires supportive housing service provider's staff to practice **Assertive Engagement,** outlined below in Exhibit Section II, P.

F. **Support services** - Supportive housing service provider must be able to provide a wide array of services as outlined in the contract (e.g., housing retention services, budgeting/finances, orientation to neighborhood and connection to activities of interest in neighborhood/area, linkage to mental health, chemical dependency, health & wellness services, job and/or education services, spiritual connections, etc.).

G. **Tenancy Support Services** - Supportive housing service provider provides ongoing support services to help participants obtain and maintain housing. The supportive housing service provider's work **begins as soon as the participant is admitted into the program with pre-tenancy and relationship building work**, such as:

1. Discussions around housing/neighborhood wants and needs,

2. Housing search (including participant as much as possible),

3. Supportive housing service provider works with ALTSA SHPM around subsidy and apartment acquisition (where applicable) including Master Leasing opportunities,

4. Supportive housing service provider assists with utility setup and makes authorized purchases of furniture and household items.

5. The supportive housing service provider assists with move-in and on-going tenancy support services including:

   a) Working with participant to secure permanent housing,

b) Neighborhood orientation and connection to resources,

c) Landlord and neighbor relations,

d) Budgeting,

e) Shopping,

f) Facilitating requests related to property management services,

g) Understanding the rights and responsibilities of tenancy.

H. **Limits to reimbursements** – Please be aware that ALTSA transition and sustainability funds may have limits on what funds may pay for, such as the prohibition on purchasing televisions or other electronic devices used for entertainment purposes. Please work with your **HCS/AAA Case Manager** to ensure appropriate use of funds.

I. **Social and Community Integration -** Supportive housing service provider offers **services to support social and community integration including**, but not limited to:

1. Initial neighborhood orientation.
2. Facilitates access to and helps participants develop valued social roles and networks within and outside the program.
3. Helps participants develop social competencies to successfully negotiate social relationships.
4. Enhances citizenship and participation in social and political venues.
5. Works with participant to build a community of support outside of those in paid positions to provide support.

J. **Absence of Coercion -** Supportive housing service provider does not use coercive activities such as leveraging housing or services to promote adherence to clinical provisions. Supportive housing service provider respects boundaries of participant while maintaining an active enough presence to maintain housing stability.

K. **Services Continue Through Housing Loss or Institutional Stay** - Housing and support services are separate, so if a participant loses housing, they are not exited from the program and do not lose support services.

1. Supportive housing service provider continues to provide services

to participant even if participants lose housing due to eviction, short-term institutional stay, etc., although service frequency may be reduced.

2. When a participant loses housing, staff should actively work with participant to find another apartment (preferably before their lease is terminated).

L. **Care Coordination during Stays in Institutions/Other Facilities -** Supportive housing service provider coordinates admission, treatment and discharge with other service providers when the participant experiences an institutional stay (e.g., hospital, skilled nursing facility, substance abuse treatment centers, etc.). The supportive housing service provider:

1. Consults and coordinates with external providers on admissions, as necessary.

2. Consults with external providers regarding participant's treatment.

3. Consults with collateral providers regarding discharge planning.

4. Track admission, residency, and be aware of participant's discharge from facility.

M. **Person-Centered Planning** – Supportive housing service provider conducts person-centered planning and services, including:

1. Development of service plan based on discussions with the participant on the participant's goals and preferences;

2. Regularly scheduled service planning with the participant to update goals according to their preferences; and

3. Supportive Housing Provider's services are based on the participant's goals, their self-identified strengths, and resources, as documented on the goal and service planning form (GASP form).

N. **Honoring Participant Self-Determination and Independence -** Supportive housing service provider increases participant's independence and self-determination by offering and honoring day-to-day choices as much as possible (e.g., there is a recognition of the varying needs and functioning levels of participants).

1. Supportive housing service provider's approach to services fully maximizes participant's autonomy, self-efficacy, and competence by consistently identifying and acknowledging participant's values, strengths, and perspectives.

2. The supportive housing service provider offers options and support

that allows the participant to make informed decisions.

O. **Harm Reduction Approach -** Supportive housing service provider and direct service staff actively utilize Harm Reduction, a perspective on treatment that includes a set of practical approaches to reduce the negative consequences of actions that incorporates a spectrum of strategies. Staff work with participants to reduce the risks associated with any harmful behaviors (safe injection, psychiatric symptoms, evictions, exploitation, etc.).

1. Utilizing a Harm Reduction approach, a supportive housing service provider has open and honest conversation with a participant about any consequences that could result from their actions. The provider should speak with the participant about ways to get their needs met that will reduce the risk of unwanted consequences.

2. The Harm Reduction approach is participant directed and driven with ultimate decisions being made by participant. The supportive housing service provider should speak with the participant about how they would like the provider to support their decisions.

Example: A participant is playing their music very loudly in the middle of the night. There have been several complaints by neighbors to property management which has resulted in a 10 Day Notice. The supportive housing service provider should speak with the participant about their rights and responsibilities as a tenant and how playing music loudly in the middle of the night is in violation of their lease which could lead to the participant losing their apartment. The provider should have a conversation with the participant about why they are playing music loudly in the middle of the night and ways they can get their needs met without putting their housing in jeopardy (e.g. provider assists the individual budget for headphones). The participant can make an informed decision and let the provider know how they would like to be supported in their decision.

3. Supportive housing service provider should be able to demonstrate familiarity around substance use disorders. This includes the ability to talk with a participant around use, identify goals around use, and support the participant around identified recovery goals (e.g., referral to recovery services).

4. Participants are not required to abstain from alcohol and drugs. Participants are not required to undergo alcohol, drug or psychiatric treatment to continue to receive support services.

P. **Assertive Engagement** - Supportive housing service provider uses an array of techniques to engage participants who are difficult to engage

(e.g., motivational interventions). In addition, the program has a thoughtful process for identifying the need for assertive engagement, measuring the effectiveness of those techniques, and modifying the approach where necessary.

1. Direct service staff must be able to employ assertive engagement techniques, such as motivational interviewing, with the following skills and abilities:

a) Able to engage in relationship building work.

b) Able to gather, organize all information needed for a person-centered, strength-based assessment.

c) Able to identify and discuss resources that most closely suit the person's goals, needs, and preferences.

d) Able to help people identify risk and consider mitigation strategies.

e) Able to help people identify potential problems with options and identify alternatives.

f) Able to facilitate agreement among all involved on course of action using tools and techniques such as motivational interviewing, problem resolution, including conflict resolution involving family members, and decision support making.

g) Able to generate a written plan based on the person's self-defined goals, strengths, values and preferences.

h) Able to communicate key aspects of the plan and the person-centered description to community partners.

i) Able to communicate in a manner that is understood by others using accessible formats, language, adaptive tools, and when appropriate, involve other individuals when special language, cultural or other issues require additional attention.

j) Able to work with people to revise and make modifications to their plans over time.

Q. **Caseload Ratio** - To maintain housing for people with complex needs, services and supports must be readily available. Supportive housing services are designed to improve housing stability for people with significant functional impairments. Housing is often jeopardized if a participant does not have the intensity and flexibility of supports and services a low caseload ratio allows.

1. **Optimum caseload size** is fifteen people per full time employee (FTE).

2. GOSH caseload size can increase to twenty people per FTE if the supportive housing service provider is ensuring a participant's access to person-centered, flexible and intensive services.

R. **24-Hour Coverage** - Supportive housing service provider ensures all participants have a working phone upon move-in and the participant knows how to use the phone. Supportive housing service provider are expected to provide after-hours and weekend access to support.

1. For best practice, the program has a formalized 24-hour on-call service operating under a rotating coverage system in which one staff person acts as the 'on-call' in one-week intervals. The team can explain the purpose of the after-hours line and work with participants to establish boundaries as appropriate per the individual.

2. If a supportive housing service provider utilizes an established service for 24-hour coverage, the provider should be checking in with those operating the coverage daily. An example would be a provider using their agency's 24-hour mobile crisis team as an option for their supportive housing participants to call after hours. The supportive housing staff should check in with the mobile crisis team daily, including weekends, and follow up with participants as needed.

3. If a 24-hour on-call coverage system is not currently feasible, at a minimal providers should have a call-in number for participants, landlords and other system of care members to be able to leave a voicemail during off-hours. It is the expectation that the voicemail is checked at least daily, including weekends.

III. Expectations on Contact with Participants

A. **Pre-Tenancy -** A supportive housing service provider should confirm acceptance of a referral **within two business days** of receiving the referral.

1. Upon accepting a referral, the supportive housing service provider's assigned staff member should meet with the participant in person within ten business days to establish rapport and fill out a housing needs assessment.

2. As frequently as possible, the initial meeting should be scheduled at a date, time and location most convenient for the participant.

B. **Background Checks** - Within **ten business days** the supportive housing service provider should pull a background report to identify potential housing barriers. Coupled with the housing needs assessment, the provider can start to work with the participant to overcome any barriers to renting and identify housing resources the participant's needs.

C. **Collateral Contacts** - While working to schedule an in-person meeting with the participant, within **one week** of accepting a referral the provider should connect with collateral contacts.

1. Collateral contacts can assist the supportive housing service provider's direct staff worker better understand what services and resources the participant currently has access to and areas where the participant will need assistance from the Supportive Housing Provider.

2. Collateral contacts may also have the best contact information for the participant. Dependent on the participant, it might be best to coordinate the first in-person meeting with a collateral contact.

3. Frequent, in-person meetings and communication with the participant and collateral contacts are key during the pre-tenancy phase of Supportive Housing.

D. **Move-in -** To ensure the participant has everything they need upon move-in, the provider must:

1. Assist in securing essential transition items: furniture, household items, groceries, etc. (this can be done in advance of a move-in without the participant if the participant agrees).

2. Crisis Plan Form Completion – The crisis plan must be filled out with the participant **within 24 hours of community relocation**, either just before move-in or on the day of move-in. Staff must ensure the Crisis Plan lists local emergency numbers, including 24/7 crisis hotline numbers, and educate participants on situations when they should utilize these resources.

a) Copies of Crisis Plans, and all updates, must be filed with the GOSH PM, and retained in the participant's file.

3. The supportive housing service provider must conduct the first **home visit within 24-hours of move-in**.

4. Friday move-ins should be kept to a minimum.

5. If a move-in does take place on a Friday, the service provider must check-in with participant within 24-hours of move-in, which may

take place via phone or in person.

6. The supportive housing service provider should check in with the Home and Community Services case manager within 48-hours of the move-in.

E. **Personal Care Intake Meeting** - The supportive housing service provider should be present for the initial meeting to set up personal caregiving services.

1. Typically, this initial meeting entails a supervisor from the personal care agency, of the participant's choice, coming to the participant's home to conduct the assessment, and to discuss a personal care service schedule. The supervisor uses this information to assign a personal caregiver.

2. ALTSA also asks the supportive housing service provider to attend the first (or first few) visits with the assigned personal caregiver.

F. **Goal and service planning (GASP) form completion and updates** – The supportive housing service provider will complete a goal and service planning (GASP) form with the participant's goals to return to community living and to maintain community living, including areas to focus (e.g., goals on housing, financial, health, etc.) to identify preferences, strengths and barriers. The goal and service planning forms will focus the Provider's work, and the Monthly Activity Reports summarize the work completed to meet the participant's goals.

1. Complete a goal and service planning (GASP) form with the individual within 30 days of the participants' return to the community to identify service plans, preferences, strengths and barriers.

2. After living in the community, continue to review the goal and service planning (GASP) form as needed or every 90 days with the individual to validate service plans, make updates, and continue to identify participant's ongoing goals, preferences, strengths, and barriers.

3. Copies of GASP forms, and all updates, must be filed with the GOSH PM, and retained in the participant's file.

G. **Client Contacts and Home visits (please also see table below)**

1. The **Client Contact table on the next page** describes minimum contact and home visits standards. *ALTSA strongly encourages numerous home visits each week for at least the first month in housing, and during requested and approved "transition periods."*

2. Periods of crisis or destabilization: The number of home visits must be increased to provide appropriate support for the situation. See billing instructions for billing of two staff for safety issues. See contract regarding returning to a per unit billing structure for transition/crisis periods.

3. **NEW in 2023.** - For participants living in community after one year: The participant may agree to a different number of standard home visits and hours of monthly contact, but this must be documented in the GASP plan. The form must be retained in the participant file, and filed with the GOSH PM.

Contact and Visit Requirements (contact includes in-person visits, phone calls and video calls)	
Pre-tenancy	Monthly minimum of 5-hours of contact: • 2-hours spent in-person.
Tenancy: Month 1	Monthly minimum of 5-hours of contact: • 4-hours spent in-person. • Two visits (in-person) per week.
Tenancy: Month 2-3	Monthly minimum of 5-hours of contact: • 2-hours spent in-person. • One visit (in-person) per week.
Tenancy: Month 4-8	Monthly minimum of 5-hours of contact: • 2-hours spent in-person. • One visit (in-person) every other week.
Tenancy: Month 9-12	Monthly minimum of 5-hours of contact: • 1-hour in-person. • One visit (in-person) per month
NEW in 2023 Tenancy: Month 13 or more	Monthly minimum of 1 hour of contact: • One visit (in-person) per month
Transition/Crisis	The number of home visits must be increased to provide appropriate support for the situation.

H. **Agreed Upon Visit Dates** - The specifics of the home visit schedule

should be worked out between participant and the supportive housing service provider.

1. If participant requires more frequent home visits to maintain tenancy, it is in both provider's and participant's best interests to accommodate this.

2. If a crisis, event or "*transition period"* arises staff would need to increase frequency of home visits.

3. A home visit should involve staff being present inside the participant's apartment but does not need to take place solely in the home. Staff may go for coffee with participant, to the grocery store, library, for a walk in the participant's neighborhood, etc.

I. **Staff Supervision -** To ensure quality service provision, direct service staff are expected to receive regular, formal supervision by their agency.

1. **NEW in 2023.** - Supervisors must review GOSH Service Standards with their direct service staff and provide them with routine oversight to confirm that services align with the GOSH contract terms.

2. **Staff education –** Contracted GOSH agencies (the supportive housing service provider) are expected to host internal training on the following:

   a) **New staff onboarding** to provide GOSH supportive housing services;

   b) **Supportive housing and other professional development topics**, such as but not limited to:

      (1) Principles of Housing First,

      (2) Harm Reduction,

      (3) Assertive Engagement,

      (4) Motivational Interviewing,

      (5) Trauma Informed Care,

      (6) Positive Engagement

3. Contracted GOSH agencies (the supportive housing service provider) are expected to host **internal weekly Team Meetings, or otherwise provide internal case staffing** (suggested minimum period of 45 minutes weekly) to plan and oversee the agency's

participant services.

J. **Participant Representation –** Whenever possible, it is best practice to have participants represented in program operations and be provided with regular opportunities to provide input. Avenues for participant input may be through committees, as peer advocates, or on governing bodies (e.g. Board of Directors).

K. **Transportation -** The supportive housing service provider may transport or assist participants in arranging transportation to any appointments (medical, dental, mental health, financial, legal or other) and accompany participant to appointments as needed.

1. During the transition period, as a participant is getting used to living in their own apartment and out of an institutional, residential, or emergency system setting, the supportive housing service provider is encouraged to transport the participant as they work on familiarizing and orienting the participant to their community and other transportation systems the participant can access.

2. The transportation might include trips to social activities, the library, grocery store, thrift store, etc.

L. **Coordinate System of Care*** - A "**system of care**" is a strengths-based, culturally relevant, participatory framework for working with individuals with complex needs. A system of care approach utilizes inter-agency collaboration, individualized programming, and community-based service provision.

1. The supportive housing service provider acts as the point person for the participant and drives collaboration across system and provider.

2. The supportive housing service provider engages and facilitates ongoing communication and collaboration with various providers working with the participants (e.g., community mental health case manager, chemical dependency professional, employment specialist, emergency and crisis providers, medical doctor, personal caregiver, AAA case manager, guardian, family, etc.).

3. The supportive housing service provider advocates for participant access to community resources and services.

4. The supportive housing service provider consults and collaborates with community providers to ensure continuity of care.

IV. <u>Reports, Monitoring, Quality Standards and Deliverables.</u> The Contractor is expected to:

A. **Maintain participant and collateral contacts**, and timely completion of supportive housing deliverables as outlined in 'Service Standards for Providers'.

B. **Participate in scheduled training**, fidelity, and peer review processes as specified by the DSHS ALTSA. Documentation of training attendance must be retained in employee file.

1. **New in 2023.** Direct Service Staff and Supervisors must participate in **6-hours annually** of DSHS ALTSA hosted trainings.

2. **New in 2023. Direct service staff new to supportive housing work must complete 12-hours of training within first year of employment** in basic supportive housing curriculum and show competency in understanding, Classes may include but are not limited to the following topics:

a) GOSH Provider Service Standards,

b) Principles of Housing First,

c) Harm Reduction,

d) Assertive Engagement,

e) Motivational Interviewing,

f) Trauma Informed Care, and

g) Positive Engagement.

C. **Submit the Monthly Activity Report** on the form provided by DSHS within 15 days of the end of each month detailing individuals served.

D. **Provide Quarterly Reports** which include demographic and service information to demonstrate performance outcomes as specified by ALTSA. Quarterly reports are due to ALTSA as detailed in the below schedule.

Reporting Period	Quarterly Report Due
January-March	May 15th
April-June	August 15th
July-September	November 15th
October-December	February 15th

Edition dates:	Notes of updates:
1. 2017	Implementation edition
2. April, 2019	Updated with outline numbering, and quick references on audited deliverables.
3. February, 2020	Log of editions established. Corrections include: • Quick list of deliverables is now single list that matches wording in the Contact with Participants section. • Typo correction on section reference for Contact with Participants, • Typo correction on section reference for Assertive Engagement, • Deadline on initial contact with participant (ten business days), • Deadline on contact with collateral contacts (one week), • Minimum in-person contact per month added to table of participant contacts.
4. January, 2023	Clarifications made concerning: • Number of required hours of client contact. • Number of required home visits. • Internal GOSH onboarding, training and supervision expected for direct service staff. New staff training requirements: • Employees new to supportive housing services of 12-hours in first year. • Annual six hours of participation training in ALTSA hosted trainings.