



# **MD-514**

## **Written Standards for Service Delivery**

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**MARYLAND**  
BALANCE OF STATE  
CONTINUUM OF CARE

**VERSION 1.0**  
EFFECTIVE DATE: JANUARY X, 2026

# GUIDING PRINCIPLES

The CoC Written Standards are grounded in the following principles and values that promote a philosophy for service provision in the Continuum of Care:

|                        |                            |
|------------------------|----------------------------|
| <b>Housing First</b>   | <b>Housing Focused</b>     |
| <b>Prioritization</b>  | <b>Person Centered</b>     |
| <b>Strengths Based</b> | <b>Cultural Competency</b> |
| <b>Trauma Informed</b> | <b>Racial Equity</b>       |

## HOUSING FIRST

Housing First is a programmatic and systems approach that prioritizes providing permanent housing to people experiencing homelessness quickly without preconditions or service participation requirements, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.

This approach is guided by the belief that people need basic necessities, like food and a place to live, before attending to anything less critical, such as getting a job, budgeting properly, or addressing substance use.

### CORE ELEMENTS OF HOUSING FIRST AT THE PROJECT LEVEL

- Access to projects is not contingent on sobriety, minimum income requirements, lack of a criminal record (including status on the sex offender registry), completion of treatment, participation in services, or other program status requirements.
- Projects do everything possible not to reject a household on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”
- People with disabilities are offered clear opportunities to request reasonable accommodations within application and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.
- Housing and service goals and plans are highly tenant-driven.
- Participation in services is voluntary and not a condition of tenancy, but can and should be used to persistently engage participants to ensure housing stability.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants’ lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

- Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
- Every effort is made to provide a tenant with the opportunity to transfer from one housing situation or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.
- Projects that cannot provide housing to a household must work with the coordinated entry system to help the household access other housing. These alternatives could include: homeless prevention assistance, housing and services for households experiencing homelessness or community-based affordable housing.

## HOUSING FOCUSED

A Housing Focused perspective is a specialized support service designed to assist individuals and families in securing and maintaining stable housing. At its core, this approach revolves around providing personalized guidance and resources to help you overcome homelessness or housing instability.

While homeless service providers aim to holistically address a client's needs across many different domains, such as healthcare and employment, the focus of a homeless services intervention is primarily based on resolving the client's housing instability. Addressing a client's other areas of need are important, but the assistance should be oriented towards how they may interfere with a client's housing goals.

## PRIORITIZATION

In compliance with CPD-16-11, the "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing", the MD BoS CoC has adopted an order of priority that is required for all CoC Permanent Housing projects.

Permanent housing referrals are prioritized based on the length of time a household has experienced homelessness and severity of service needs. This ensures that individuals and families with the highest needs—including those who are chronically homeless—receive support in a timely manner. Housing resources, especially rental assistance, is often very limited. Therefore, clients who are the least likely to self-resolve their own homelessness and who would most benefit from the assistance of housing-focused case management should be prioritized. Clients are not prioritized based on their own personal motivation or willingness to seek services independently, rather, they are prioritized based on their relative level of vulnerability.

## PERSON-CENTERED

A trauma-informed approach is utilized to ensure that services are delivered in a manner that is dignified, safe and incorporates participant choice. Assistance is allocated effectively, linking households to the most appropriate intervention strategy based on their needs.

Programs should aim to maximize a client's ability to exercise autonomy over forming their own housing plan. Clients often know their needs, history, and situation best. Client autonomy means that clients have the ability to tailor the services to their own needs and goals. Clients may not be forced to participate in services that they do not deem personally beneficial. Some clients may want to address their housing needs before their substance use needs, others will feel like they need treatment or therapy before seeking housing. Case managers should seek to guide but not dictate the pathways to housing which their clients take. Case managers may offer advice, help clients appropriately tailor their exceptions, and provide resources as they deem appropriate. However, clients have the freedom to choose to accept or reject the advice of case managers and determine their own path to housing.

## STRENGTHS-BASED

An asset-based approach that focuses on the inherent strengths of participants and deploys these personal strengths to aid in the achievement of the participants' goals. Specifically:

- Every individual, group, family, and community have strengths
- Trauma, illness, and struggle may be injurious, but they may also be sources of challenge and opportunity
- There is no limit to a person's growth, achievement, or success
- We best serve participants by collaborating with them
- Every environment is full of resources.

## CULTURAL COMPETENCY

People experiencing homelessness come from a wide range of backgrounds. It is important for providers to recognize that each person's diverse experiences, values, and beliefs may influence how they access homeless services. It is equally important to recognize that the cultural values of providers and service delivery systems shape how services are delivered and accessed.

Cultural competency means being sensitive and aware of the ways in which cultural values shape the delivery of services and how they are accessed. It also means ensuring that all participants have equal access to services, regardless of ethnic, cultural, or linguistic backgrounds.

Areas where cultural competency are especially important may include:

- Family and household dynamics
- Communication styles and language
- Food preferences
- Hairstyles
- Wardrobe
- Religious practices
- Education

- Health care preferences
- Trust in authority and institutions

## TRAUMA-INFORMED

Key aspects of a trauma-informed approach include:

- **REALIZING** the prevalence and pervasive impact of trauma on individuals and communities.
- **RECOGNIZING** the signs and symptoms of trauma in clients and staff.
- **RESPONDING** by integrating trauma knowledge into service delivery, organizational culture, and policies.
- **RESISTING RE-TRAUMATIZING** by avoiding practices that could trigger trauma responses.
- **PRIORITIZING SAFETY** emotional, physical, and psychological—for all participants.
- **FOSTERING EMPOWERMENT AND CHOICE** by centering participant voice and agency in all decision-making.
- **BUILDING TRUSTWORTHINESS AND TRANSPARENCY** in interactions and communication with participants.
- **SUPPORTING STAFF** through regular training, supervision, and access to wellness and mental health resources to help prevent burnout and secondary trauma stress.

## RACIAL EQUITY

Addressing homelessness through a lens of racial equity is a core priority for the Balance of State Continuum of Care. Black, Indigenous and People of Color (BIPOC) experience disproportionate homelessness across the nation and the BoS CoC should actively address these disparities. Without intentional intervention, inequitable outcomes linked to race will persist within the homelessness response system.

While addressing racial inequality is a complex and ongoing process, the CoC utilizes data from Coordinated Entry and HMIS as central tools to evaluate and promote racial equity. The CoC will review all policies, procedures and processes to assess their impact on individuals of different races and ethnicities at least annually, or more frequently as needed. A diverse group of providers, individuals with lived experience, CoC committees, and staff from the CoC and HMIS Lead agency will participate in evaluating, updating and implementing changes to CoC processes.

CoC participating organizations are expected to evaluate equity in relation to agency operations. This may include reviewing racial makeup and equity in the following areas:

- Leadership and board composition
- Staffing composition
- Populations served
- Performance outcomes
- Internal policies and procedures