

# Standards for Emergency Shelters

## Performance Goals and Indicators

- ✓ **Standardized access:** At least 90% of new residents complete intake paperwork within 24 hours of program acceptance; within one week, a full assessment is completed with the family and a housing-based service plan is developed based on the unique needs of the household.
- ✓ **Prioritization:** 100% of shelter resources will be prioritized for families residing in unsafe circumstances (such as the streets, parks, with an abuser, etc.), regardless of acuity level.
- ✓ **Next-Step Housing:** At least 75% of the families leaving shelter will exit to rapid rehousing, transitional housing, or permanent housing.
- ✓ **Permanent Housing:** At least 30% of the families leaving shelter will exit to permanent housing.
- ✓ **Permanent Housing Retention:**  
We are awaiting HUD guidance on measuring returns to homelessness. This measure will be based on households exiting the homeless system for permanent housing and then returning to shelter within a specified time period.
- ✓ **Client Safety:** At least 80% of those who complete satisfaction surveys indicate that shelter provided a safe environment for their family members.

## Operating Standards

- ✓ **Approach:** Utilize a client-centered, strengths-based approach to case management (e.g. motivational interviewing).
- ✓ **Eligibility:** Families cannot be required to: Have completed treatment, be employed or at a particular income level, or be med-compliant to enter shelter.
- ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/housing specialist to 20 family households.
- ✓ **Housing:** All families are assisted with creating a housing-based service plan which is updated over time based on the dynamic needs of the family households.
- ✓ **Income:** All families with are assisted in receiving all eligible public benefits (cash & non- cash) and/or achieving earned income.
- ✓ **Identification:** All families are assisted with obtaining all paperwork needed to access permanent housing. (ie. Social security cards, divorce decrees, DD214s, income or disability verification, etc.)
- ✓ **HMIS participation:** Shelter programs are fully implemented within the local HMIS system and data quality standards are upheld.
- ✓ **Governance:** Currently or formerly homeless individuals have opportunities to provide feedback to the Board of Directors on the delivery of services

- ✓ **Family Separation:** Resources or referrals are in place that will shelter families without separation.
- ✓ **Compliance:** Shelter is compliant with Fair Housing and the **Americans with Disabilities Act.**
- ✓ **Food Safety:** Staff who prepares and serves meals has valid Food Handler's Cards; Commercial kitchens pass routine County inspection processes.
- ✓ **Client Rights:** Every family household is provided protocols for expressing grievances during shelter stay.
- ✓ **Client Confidentiality:** Shelter maintains documentation of every family household's shelter stay for at least 5 years and takes precautions to protect confidential client information. All resident records and information are kept confidential and shared only with purpose and informed written consent from the resident.
- ✓ **Length of Stay:** Housing-based service plans are designed to meet the unique needs of each family household and are designed to facilitate the shortest possible shelter stays.
- ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes

## Suggested Practices

### **Approaches**

- ✓ Employ a harm reduction model.
- ✓ When possible, establish contact and ensure continuity of care with new programs or case managers, both interagency and intra-agency.
- ✓ When exiting family households to permanent housing, provide orientation to the neighborhood and ensure connections with local resources.
- ✓ Plan meals that adhere to or exceed USDA's Dietary Guidelines where applicable.

### **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.
- ✓ Provide training on emergency health response, **mental health first aid, trauma informed care, motivational interviewing, harm reduction**, secondary trauma, CPR, conflict resolution, & communicable diseases.
- ✓ Test for TB annually and on occasions of exposure.

### **Data**

- ✓ Utilize standardized assessment to determine acuity levels of family households **and inform the housing-based service plans.**

# Standards for Rapid Rehousing

(Drafted by Standing Strong for Families 4.9.14; Revised 5.6.14; Revised by RRH design team 8.11.15)

## Performance Goals and Indicators

- ✓ **Targeting:** Rapid Rehousing units are targeted based on the community-adopted standardized assessment tools.
- ✓ **Housing Stabilization:** Within two weeks of the lease start date, a comprehensive standardized assessment is completed with the household and an Individualized Housing Stabilization Plan (IHSP) is developed based on the unique needs of the **household**.
- ✓ **Permanent Housing:** At least 85% of **households** are able to maintain permanent housing upon program exit (when the subsidy and services end).
- ✓ **Permanent Housing Retention:** We are waiting for HUD guidance on measuring return to homelessness. This measure will be based on the return to shelter (recidivism rate) of RRH households.
- ✓ **Income:** At least 85% of the **households** are able to maintain or increase the **household** income from program entry to exit (when the subsidy and services end).
- ✓ **Client Satisfaction:** At least 80% of those who complete satisfaction surveys express satisfaction with the services provided by the program.

## Operating Standards

- ✓ **Supportive Services:** 1) Easy access to a comprehensive array of services designed to assist tenants in sustaining housing stability and productive lives in the community. 2) At minimum, service coordination and case management must be offered to every household. 3) Participation in services cannot be a condition of tenancy, unless dictated by funding sources.
- ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/housing specialist to 20 **households**. **The intensity of services are based on the acuity of the household** with a minimum standard of one monthly home visit.
- ✓ **Access to Housing:** To enter or retain housing, households cannot be required to have completed a program, have had a shelter stay, be clean and sober or be med compliant.
- ✓ **Housing Selection:** Programs ensure households have choices within a geographic region among **affordable** housing units which meet the rent reasonableness guidelines and pass basic habitability and lead-based paint screenings.

- ✓ **Housing Search:** All Households are assisted with housing identification to include providing affordable options, assisting with transportation for search and landlord outreach.
- ✓ **Tenant Education:** All households will receive orientation on the rights and responsibilities of tenancy and will receive a copy of Arizona Tenants' Rights and Responsibilities Handbook.
- ✓ **Program Duration:** IHSPs are designed to meet the unique needs of each household. Re-evaluation is required, and continuation of the leasing subsidy is based upon the household's need for additional support in order to maintain permanent housing stability and eligibility.
- ✓ **Alumni Involvement:** Avenues exist for alumni involvement in the delivery of supportive services.
- ✓ **Governance:** Currently or formerly homeless individuals have opportunities to provide feedback to the Board of Directors on the delivery of services.
- ✓ **Public Benefits:** All households with IHSPs are assisted in receiving all eligible public benefits (cash and non-cash) and/or achieving earned income.
- ✓ **Client Rights:** Every household is informed of client rights including protocols for expressing grievances during program participation and potential reasons for involuntary exits from the program.
- ✓ **Client Confidentiality:** Program maintains documentation of every household's rapid rehousing stay for at least 5 years and takes precautions to protect confidential client information. All resident records and information are kept confidential and shared only with purpose and informed written consent from the resident.
- ✓ **Landlord/ Tenant Mediation:** Programs work proactively with landlords and households to mediate any landlord/tenant issues or leasing concerns that may jeopardize permanent housing stability.
- ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes.
- ✓ **Client Centered:** Adopt a client-centered, strengths-based approach to case management (e.g. motivational interviewing)

- ✓ **Harm Reduction:** Employ a harm reduction model. Providers recognize the prevalence of substance use and mental health disorders that have contributed to current or past episodes of homelessness and establish collaborative relationships with community partners to address such issues.
- ✓ **Referral:** When possible, establish contact and ensure continuity of care with new programs or case managers, both interagency and intra-agency.
- ✓ **Community Connections:** Provide orientation to the neighborhood and ensure connections with local resources

## Suggested Practices

### Approaches

- ✓ Continue to expand housing opportunities with local landlords.
- ✓ Provide ongoing RRH specific training to service providers at least twice annually
- ✓ Implement trauma informed care training for all staff.

### Staffing

- ✓ Employ multilingual staff.
- ✓ Ensure that all staff are culturally competent and sensitive.
- ✓ Employ multi-disciplinary team or partnership, including housing specialists who locate housing and navigate application processes.
- ✓ Train on home visitation safety, basic habitability & lead-based paint inspections, emergency health response, secondary trauma, CPR, conflict resolution, communicable diseases, mental health first aid and mandatory reporting.
- ✓ Test for TB regularly and on occasions of exposure.

### Data

- ✓ Utilize standard assessment data to inform IHSPs.
- ✓ Comply with HMIS data standards.
- ✓ Merge various triaging
- ✓ Establish baseline return to homelessness rate to set targets for RRH
- Utilize data to determine utilizations costs

# Standards for Transitional Housing

*(Drafted by Standing Strong for Families 4.9.14; Revised 5.6.14; Revised 8.17.15)*

## Performance Goals and Indicators

- ✓ **Standardized access:** At least 90% of new families complete intake paperwork within 7 days of program entry; within two weeks, a comprehensive standardized assessment is completed with the family and an individualized **housing-based service** plan is developed based on the unique needs of the household.
- ✓ **Targeting:** **100% of the** transitional housing units are targeted based on the community-adopted standardized assessment tools.
- ✓ **Permanent Housing:** At least 80% of the families will exit to permanent housing.
- ✓ **Permanent Housing Retention:** We are awaiting HUD guidance on measuring returns to homelessness. This measure will be based on households exiting the homeless system for permanent housing and then returning to shelter within a specified time period.
- ✓ **Income:** At least 80% of the family households will maintain or increase the total household income between entry and exit of the program. In 2015-16 we will establish as baseline for the % of households increasing total income between entry and exit and then set performance goals to exceed the baseline.
- ✓ **Client Safety:** At least 80% of those who complete satisfaction surveys indicate that shelter provided a safe environment for their family members.

## Operating Standards

- ✓ **Approach:** Utilize a client-centered, strengths-based approach to case management (e.g. motivational interviewing).
- ✓ **Eligibility:** Families cannot be required to: be clean & sober, have completed treatment, be employed, or be med-compliant to enter programs.
- ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/housing specialist to 20 family households.
- ✓ **Housing:** All families are assisted with creating a housing-based service plan which is updated over time based on the dynamic needs of the family households.
- ✓ **Income:** All families are assisted in receiving all eligible public benefits (cash and non-cash) and/or achieving earned income.
- ✓ **Identification:** All families are assisted with obtaining all paperwork needed to access permanent housing. (ie. Social security cards, divorce decrees, DD214s, income or disability verification, etc.)
- ✓ **HMIS participation:** Programs are fully implemented within the local HMIS system and data quality standards are upheld.

- ✓ **Alumni Involvement:** Avenues exist for alumni involvement in the delivery of supportive services.
- ✓ **Governance:** Currently or formerly homeless individuals have opportunities to provide feedback to the Board of Directors on the delivery of services.
- ✓ **Family Separation:** Resources or referrals are in place that will shelter families without separation.
- ✓ **Compliance:** Programs are compliant with Fair Housing, the Americans with Disabilities Act, **the Landlord Tenant Act, and other applicable regulations.**
- ✓ **Food Safety:** Staff who prepare and serve meals has valid Food Handler's Cards; Commercial kitchens pass routine County inspection processes.
- ✓ **Client Rights:** Every family household is informed of client rights including protocols for expressing grievances during program stay and potential reasons for involuntary exits from the program.  
**Client Confidentiality:** Program maintains documentation of every family household's shelter stay for at least 5 years and takes precautions to protect confidential client information. All resident records and information are kept confidential and shared only with purpose and informed written consent from the resident.
- ✓ **Length of Stay:** Individualized **housing-based service** plans are designed to meet the unique needs of each family household and are designed to facilitate the shortest possible program stays.
- ✓ **Retention:** Providers adjust program requirements and services for families with disabling conditions such as substance use and mental health disorders. Symptoms **and/or behaviors** related to such disabling conditions do not automatically result in program exit to homelessness.
- ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes.

## Suggested Practices

### **Approaches:**

- ✓ Employ a harm reduction model. Providers recognize the prevalence of substance abuse and mental health disorders that have contributed to current or past episodes of homelessness and establish collaborative relationships with community partners to address such issues.
- ✓ When possible, establish contact and ensure continuity of care with new programs or case managers, both interagency and intra-agency.
- ✓ When exiting family households to permanent housing, provide orientation to the neighborhood and ensure connections with local resources.
- ✓ Plan meals that adhere to or exceed USDA's Dietary Guidelines where applicable.

### **Staffing:**

- ✓ Employ multilingual staff.
- ✓ Ensure that all staff are culturally-competent and sensitive.

- ✓ Employ multi-disciplinary team or partnership, including housing specialists who locate housing and navigate application processes.
- ✓ Provide training on emergency health response, mental health first aid, trauma informed care, motivational interviewing, harm reduction, secondary trauma, CPR, conflict resolution, & communicable diseases.
- ✓ Test for TB annually and on occasions of exposure.

**Data:**

- ✓ Utilize standardized assessment to determine acuity levels of family households and inform the housing-based service plans.

# Standards for Permanent Supportive Housing for Families

*(Drafted by Standing Strong for Families 5.29.14; Revised 8.17.15)*

## Performance Goals and Indicators

- ✓ **Targeting:** 100% of the HUD-funded Permanent Supportive Housing units are targeted based on the community-adopted standardized assessment tools.
- ✓ **Housing Stabilization:** Within two weeks of the lease start date, an Individualized Housing Stabilization Plan (IHSP) is developed based on the unique needs of the family household. At least 90% of the tenants retain permanent housing (remain in unit or exit to other permanent housing) after 6 months and 85% after 1 year.
- ✓ **Income:** At least 20% of the persons 18 or older will maintain or increase their total income from all sources as of the end of the operating year or upon program exit.
- ✓ **Tenant Satisfaction:** At least 80% of families who complete satisfaction surveys express satisfaction with the services provided by the program.

## Operating Standards

- ✓ **Supportive Services:** 1) Tenants have easy access to a comprehensive array of services designed to assist them in sustaining housing stability and productive lives in the community. 2) At minimum, service coordination and case management based on the IHSP must be offered to every family household. 3) Services are flexible and individualized to include mental health, substance abuse treatment, life skills development, money management, benefits enrollment, primary health care, legal assistance, job training/placement, and education as appropriate. 4) Written program agreements clarify the services available and roles and responsibilities of both the service provider and tenant.
- ✓ **Approach:** Service providers adopt a client-centered, strengths-based approach to case management (e.g. motivational interviewing) and use a harm reduction model. Providers recognize the prevalence of substance use and mental health disorders that have contributed to current or past episodes of homelessness and establish collaborative relationships with community partners to address such issues.
- ✓ **Staffing:** Agency maintains a ratio of no less than 1 case manager/service coordinator for every 13 family households. The intensity of services are based on the needs of the family household with a minimum standard of weekly contact initiated by the service provider and at least one monthly home visit.
- ✓ **Access to Housing:** To enter or retain housing, family households cannot be required to have completed a program, have had a shelter stay, be clean

- and sober or be med compliant, unless dictated by funding source.
- ✓ **Housing Selection:** Service providers ensure family households have choices among **available** housing units which meet the rent reasonableness guidelines and pass basic habitability and lead-based paint screenings.
  - ✓ **Lease:** Tenants have a lease with no limits on length of tenancy as long as terms and conditions are met. Participation in services cannot be a condition of tenancy, unless dictated by funding sources. No curfews or guest fees can be imposed.
  - ✓ **Tenant Notice:** All family households receive a copy of Arizona Tenants' Rights and Responsibilities.
  - ✓ **Tenant Involvement:** Avenues exist for tenant involvement in the delivery of supportive services.
  - ✓ **Governance:** Currently or formerly homeless individuals have opportunities to provide feedback to the Board of Directors on the delivery of services.
  - ✓ **HMIS participation:** Programs are fully implemented within the local HMIS system and data quality standards are upheld.
  - ✓ **Quality of Life:** The wellness of tenants is regularly measured through a community-adopted assessment tool (e.g. FSPDAT).
  - ✓ **Public Benefits:** All families with IHSPs are assisted in receiving all eligible public benefits (cash and non-cash) and/or achieving earned income.
  - ✓ **Client Rights:** Every family household is informed of client rights including protocols for expressing grievances during program participation and potential reasons for involuntary exits from the program.
  - ✓ **Client Confidentiality:** Program maintains documentation of every family household's Permanent Supportive Housing stay and takes precautions to protect confidential client information. All resident records and information are kept confidential and shared only with purpose and informed written consent from the resident. Upon exit, records are maintained for at least 5 years.
  - ✓ **Landlord Mediation:** Programs work with landlords and family households to mediate any landlord/tenant issues or leasing concerns that may jeopardize permanent housing stability.
  - ✓ **Mandatory Reporting:** All staff are mandatory reporters of suspected abuse or neglect and comply with mandatory reporting statutes.

## Suggested Practices

### **Approaches:**

- ✓ Individualized Housing Stabilization Plan (IHSP) service plans are updated over time, based on the dynamic needs of the family households.
- ✓ When possible, establish contact and ensure continuity of care with new

- programs or case managers, both interagency and intra-agency.
- ✓ When exiting family households to permanent housing, provide orientation to the neighborhood and ensure connections with contacts and local resources.
  - ✓ When possible, services should be coordinated with private landlords in scattered-site projects.
  - ✓ Ensure that leasing standards are transparent and focused 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 tenants.

### **Staffing**

- ✓ Employ multilingual staff.
- ✓ Ensure that all staff are culturally-competent and sensitive.
- ✓ Train on home visitation safety, emergency health response, secondary trauma, CPR, conflict resolution, communicable diseases, and mandatory reporting.
- ✓ Test for TB annually and on occasions of exposure.

### **Data**

- ✓ Utilize standard assessment data to inform IHSPs.

