

Durham, NC-502, Continuum of Care Project Standards-Emergency Shelter

OVERVIEW: The Durham Continuum of Care has developed these project standards to provide specific guidelines for how projects are expected to operate to achieve our community's shared commitment to prevent and end homelessness. These guidelines create consistency across Durham, ensure client-centered and client-directed care, and provide a baseline for holding all CoC projects to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care (CoC) to evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of ESG program funds within the geographic area, CoCs must establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individual and families for housing and services.

In addition, in consultation with recipients of ESG program funds within the geographic area, CoCs must establish and consistently follow written standards for providing housing and homelessness assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing projects (24 CFR 578.7(a)(9)).
- Project standards that meet HUD's requirements for emergency shelters to define policies and procedures for admission, diversion, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, and stalking.
- Policies and procedures for coordination among emergency shelters, transitional housing projects, essential service providers, Homelessness Prevention programs, Rapid rehousing projects, and Permanent Supportive Housing projects.
- Definitions for participation in the CoC's Homelessness Management Information System (HMIS) (or comparable database for domestic violence or victims' service projects).

The Durham Continuum of Care has developed the following Emergency Shelter project standards to ensure:

- Project accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Project compliance with the U.S. Department of Housing and Urban Development
- Service consistency within projects, and
- Adequate project staff competence and training, specific to the target population served

EXPECTATIONS: All project grantees using HUD Continuum of Care and Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the Durham Continuum

of Care to ensure compliance. Emergency shelter projects funded through Emergency Solutions Grant will be monitored as part of the annual City of Durham ESG or State ESG competitions to ensure compliance. The Durham CoC recommends that emergency shelters funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the Durham CoC.

EMERGENCY SHELTER: An Emergency Shelter is any facility whose primary purpose is to provide temporary housing for individuals or families experiencing homelessness for a period of 90 days or less.¹ Emergency shelters, as we know them today, emerged during the late 1970s and early 1980s in response to an increasing number of individuals experiencing homelessness. These initial shelters were meant to provide a short-term emergency stay for individuals as they rehoused themselves. However, because of decreased affordable housing in urban centers, a lack of substantive supportive services catering to the needs of homeless individuals, and a large subpopulation of individuals with disabling conditions, the movement out of emergency shelter into permanent housing stalled with many individuals staying in shelter for long periods of time.

With the advent of permanent supportive housing and rapid rehousing based on the national best practice through a Housing First approach, communities are moving some of their most vulnerable homeless individuals and families with the longest histories of homelessness into permanent housing. This allows the emergency shelter system to regain its original intention, providing individuals experiencing homelessness a temporary stay until they can regain permanent housing.

Emergency shelters serve a wide variety of people experiencing homelessness in our communities and may target their services to a particular type of population. Many emergency shelters serve a single gender, individuals and/or families, people fleeing domestic violence, or a combination thereof. The most effective emergency shelters have strong connections to permanent housing projects catering to the needs of people experiencing homelessness.

In the Durham Continuum of Care, shelters can help reduce the number of unsheltered individuals and families by reducing barriers to entering their projects and by accepting high-need individuals or families. This is where emergency shelters can play a significant role in Durham's efforts to end homelessness as we know it. Emergency shelters should provide triage and interim beds for high-need and chronically homeless individuals and families while they partner with permanent housing projects to place participants.

Emergency shelters should operate from a Housing First philosophy. Projects with a Housing First approach believe that anyone can be housed and the barriers to permanent housing can be minimized. Housing First allows emergency shelters to move individuals and families experiencing homelessness

¹ <https://www.gpo.gov/fdsys/pkg/CFR-2012-title24-vol3/pdf/CFR-2012-title24-vol3-part576.pdf>

more quickly from their shelter beds into permanent housing, thus meeting the main objective of emergency shelter.²

Every emergency shelter project should participate in Durham's coordinated entry and assessment system, including Durham's prioritization of individuals for housing. Durham utilizes the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set priorities and housing triage methods, while housing projects use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. The Prevention and Diversion screening tool prioritizes shelter beds for people who have no other safe housing option and should be administered to every household who presents needing shelter prior to being admitted into a shelter program. Durham uses the VI-SPDAT to prioritize individuals and families experiencing literal homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs.

DEFINITIONS:

Acuity: When using the VI-SPDAT prescreens, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using the Case Management Tool, acuity refers to the severity of the presenting issue and the ongoing goals in addressing these issues.

Case Management Tool: A standardized tool for case management to track outcomes in the coordinated assessment process. Housing projects administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later, when possible, to ensure the household continues to make progress.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12 month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets

² <https://endhomelessness.org/resource/emergency-shelter/>

all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of homelessness has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and/or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, “a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data.” The recipient or sub-recipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements. (24 CFR 578.57)

Coordinated Entry & Assessment: “A centralized or coordinated process designed to coordinate project participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool” (24 CFR 578.3). CoCs have ultimate responsibility to implement coordinated assessment in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of “developmental disability” in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual’s ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversions: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if

necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and projects help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless: Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government projects for low-income individuals); or (iii) an individual who exits an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Projects offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.³

³ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

Prevention and Diversion Screening Tool: A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives projects a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Rehousing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing: Temporary housing for participants who have signed a lease or occupancy agreement. The purpose of the temporary housing is to transition households experiencing homelessness into permanent housing within 24 months.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based tool used within the Durham CoC to determine initial acuity and set prioritization and intervention for permanent housing placement.

PERFORMANCE STANDARDS

PERSONNEL

STANDARD: The project shall adequately staff services with qualified personnel to ensure quality of service delivery, effective project administration, and the safety of project participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on project requirements, compliance and best practices.
- The organization trains all employees and/or volunteers on project policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- For projects using the Homeless Management Information System (HMIS), all end users must abide by the applicable HMIS User agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.

- Staff supervising overall project operations has, at a minimum, a bachelor’s degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All project staff has written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- If the shelter provides case management as part of its projects, case managers provide case management with the designated Case Management Tool⁴ on a frequent basis (every six months minimum) for all clients.
- Organizations should share and train all project staff on Durham’s Emergency Shelter Project Standards.

CLIENT INTAKE PROCESS

STANDARD: All publicly-funded projects shall actively participate in Durham’s coordinated assessment system. Projects will serve the most vulnerable individuals and families needing assistance.

Benchmarks

- All adult project participants must meet the following project eligibility requirements in ESG-funded emergency shelter:
 - 18 years or older
 - Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed above for Category 1, 2, and 4 of the homeless definition)
- All ESG recipients must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
 - Third-party documentation (including HMIS)
 - Intake worker observations through outreach and visual assessment
 - Self-certification of the person receiving assistance
- Projects can only turn away individuals and families experiencing homelessness from project entry for the following reasons:
 - Household makeup (provided it does not violate HUD’s Fair Housing and Equal Opportunity requirements): singles-only projects can disqualify households with children; families-only projects can disqualify single individuals
 - All project beds are full.
 - If the project has in residence at least one family with a child under the age of 18, the project may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the same housing facility (24 CFR 578.93)

⁴ CM Tool: <http://www.ncceh.org/files/6600/> CM Tool Training: https://prezi.com/adwfk2xzig_/casemanagement-tool-version-2/

- Projects cannot disqualify an individual or family from entry because of employment status or lack of income.
- Projects cannot disqualify an individual or family because of evictions or poor rental history.
- Projects may make services available and encourage adult household members to participate in project services, but cannot make service usage a requirement to deny initial or ongoing services.
- Projects will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by project type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators who need said information.
- Projects may deny entry or terminate services for project specific violations relating to safety and security of project staff and participants.

EMERGENCY SHELTER

STANDARD: Shelters will provide safe, temporary housing options that meet participant needs in accordance within guidelines set by HUD.

Benchmarks

- Shelters must meet state or local government safety, sanitation, and privacy standards. Shelters should be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents.
- Shelters must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act, and Title II of the Americans with Disabilities Act, where applicable.
- Shelters may provide case management, counseling, housing planning, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, transportation, and services for special populations per 24 CFR 576.102 but cannot deny shelter services to individuals and families unwilling or unable to participate in supportive services. See next section for specific required and optional services shelters must provide.
- Shelters providing shelter to families may not deny shelter to a family on the basis of the age and gender of a child less than 18 years of age.
- Shelters must comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 48214946), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 48514956), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.
- Shelters must actively participate in their community's coordinated assessment system.
- Shelters shall not charge money for any housing or supportive service provided.
- Projects must work to link their clients to permanent housing projects, such as rapid rehousing and permanent supportive housing, in the community.

CASE MANAGEMENT SERVICES

STANDARD: Shelters shall provide access to case management services by trained staff to each individual and/or family in the program.

Benchmarks (Standards for available services)

- Shelters must provide the client with a written copy of the project rules and the termination process before he/she begins receiving assistance.
- Shelter staff provides regular and consistent case management to shelter residents based on the individual's or family's specific needs. Case management includes:
 - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
 - Assisting clients to maintain their shelter bed in a safe manner and understand how to get along with fellow residents.
 - Helping clients to create strong support networks and participate in the community as they desire.
 - Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
 - If the shelters provide case management as part of its projects, use of the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
- Shelter staff or other projects connected to the shelter through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.
- Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

TERMINATION

STANDARD: Termination should be limited to only the most severe cases. Projects will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant project termination (24 CFR 576.402). The Durham CoC recommends that projects work with other community service providers to develop a board to hear client grievances.

Benchmarks

- If a resident violates project requirements, the shelter may terminate assistance in accordance with a formal process established by the project that recognizes the rights of individuals and families affected. The project is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program.
- Projects shall have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance.
- Shelters must provide the client with a written copy of the project rules and the termination process before he/she begins receiving assistance and keep a copy signed by the client in the client file.
- Projects may be barred when a client has presented a serious risk to the safety of staff or other clients. If a barred client presents him/herself at a later date, projects should review the case to determine if the debarment can be removed to give the program a chance to provide further assistance at a later date.

CLIENT AND PROJECT FILES

STANDARD: Shelters will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and project files should, at a minimum, contain all information and forms required by HUD at 24 CFR 576.500 and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the shelter project and indirectly by other community service providers. ESG requires:
 - Documentation of homeless status (see above for the priority of types of documentation)
 - Determination of ineligibility, if applicable, which shows the reason for this determination
 - Annual income evaluation
 - Project participant records
 - Documentation of using the community's coordinated assessment system
 - Compliance with shelter and housing standards
 - Services and assistance provided

- Expenditures and match
- Conflict of interest/code of conduct policies
- Homeless participation requirement
- Faith-based activity requirement, if applicable
- Other Federal requirements, if applicable
- Confidentiality procedures
- All client information should be entered into the HMIS (or comparable database) in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, projects must record the date the client enters and exits the program, enter HUD required data elements, and update the client's information as changes occur.
- Projects must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to project staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All projects must have a release of information form for clients to use to indicate consent in sharing information with other parties.
- All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the project participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

EVALUATION AND PLANNING

STANDARD: Shelter will conduct ongoing planning and evaluation to ensure projects continue to meet community needs for individuals and families experiencing homelessness. Projects will participate in system-wide evaluation processes and will be evaluated on accomplishment of the goals set by the CoC using HUD's System Performance Measures.

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by ESG. Projects review case files of clients to determine if existing services meet their needs. As appropriate, projects revise goals, objectives, and activities based on their evaluation.
- Projects conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the project as needed to meet the needs of the community.
- Projects regularly review project performance data in HMIS to ensure reliability of data. Projects should review this information, at a minimum, quarterly.