

## Standards for ESG-Funded Emergency Shelter Programs

The following ESG-funded Emergency Shelter Program standards ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness;
- Program compliance with HUD and State rules;
- Program uniformity; and
- Adequate program staff competence and training, specific to the target population being served.

### **DEFINITIONS:**

**Acuity** - When using the VI-SPDAT prescreens, acuity is defined as the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with a higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing.

**Chronically Homeless** - a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven. [Fed Reg Vol. 80, No. 233\(December 4,2015\)](#)

**Comparable Database** - HUD-funded providers of housing and services (recipients of ESG and/or CoC funding) who cannot enter information by law into HMIS (for example, 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 576.107\(a\)\(3\)](#)

**Coordinated Assessment** - “A centralized or coordinated process designed to coordinate program 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). CoC’s have ultimate responsibility to implement coordinated assessment in their geographic area. [24 CFR 57.400\(d\)](#)

**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, posttraumatic 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](#)

**Diversion** - Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements and, as necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs 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 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 576.2](#)

**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 programs 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 576.3](#)

**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. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.

**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 programs 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.

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

**Fair Housing Act**- It is illegal to discriminate in the sale or rental of housing, including against individuals seeking a mortgage or housing assistance, or in other housing-related activities. The Fair Housing Act prohibits this discrimination because of race, color, national origin, religion, sex, familial status, and disability.

[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/fair\\_housing\\_rights\\_and\\_obligations](https://www.hud.gov/program_offices/fair_housing_equal_opp/fair_housing_rights_and_obligations)

**Equal Access Rule** - The U.S. Department of Housing and Urban Development's guidance on the Equal Access Rule, which requires that programs receiving HUD funding be available to

individuals and families “without regard to actual or perceived sexual orientation, gender identity, or marital status.”

<https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf>

## **PERSONNEL**

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

### **CRITERIA:**

1. 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.
2. The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on best practices within agency requirements.
3. The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
4. 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.
5. Staff supervising overall program operations have, 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.
6. All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
7. If the shelter provides case management as part of its programs, case managers provide case management on a frequent basis (minimum of monthly) for all clients. Case managers will utilize a standardized process for creating a housing plan, assessing needs, and making referrals to mainstream resources.
8. Organizations will share and train all program staff on the Missouri Housing Development Commission (MHDC) Program Standards for ESG-Funded Emergency Shelter Programs.

## **CLIENT INTAKE PROCESS**

**STANDARD:** Programs will actively participate in their community’s coordinated assessment system. Programs will serve the most vulnerable individuals and families needing assistance.

### **CRITERIA:**

1. All adult program participants must meet the following program eligibility requirements in ESG-funded emergency shelter:

- a. 18 years or older
  - b. 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)
2. 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:
    - a. Third-party documentation (including HMIS)
    - b. Intake worker observations through outreach and visual assessment
    - c. Self-certification of the person receiving assistance
  3. Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:
    - a. Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
    - b. All program beds are full
    - c. If the program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
    - d. If program does not meet the population criteria for specific shelter yet. i.e. Age specific program. Shelter serves 10-19 and cannot take a child in less than 10 years old or older than 19.
  4. Programs cannot disqualify an individual or family from entry because of employment status or lack of income.
  5. Programs cannot disqualify an individual or family because of evictions or poor rental history.
  6. Programs may make services available and encourage adult household members to participate in program services, but cannot make service usage a requirement to deny initial or ongoing services.
  7. Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program 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.
- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants.

### **EMERGENCY SHELTER**

**STANDARD:** Shelters will provide safe, temporary housing options that meet participant needs in accordance within guidelines set by the Department of Housing and Urban Development.

**CRITERIA:**

1. 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.
2. 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.
3. Shelters may provide case management, counseling, housing planning, child care, education services, employment assistance, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, and transportation per 24 CFR 576.102 but cannot deny services to individuals and families unwilling to participate in services. See next section for specific required and optional services shelters must provide.
4. Shelters providing shelter to families may not deny shelter to a family on the basis of the age and gender of a child under 18 years of age.
5. Shelters must comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4946), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4956), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.
6. Shelters must actively participate in their community's coordinated assessment system.
7. Shelters shall not charge money for any housing or supportive service provided.
8. Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.
9. Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance
10. Service Animal – Shelters must have a policy that complies with the regulation for service animals.

**SAFETY AND SECURITY**

**STANDARD:** Shelters will maintain safety and security for clients and staff.

**CRITERIA:**

1. Shelters shall provide a non-discriminatory space for all clients to feel welcome.
2. Shelters shall maintain secure facility access for those who are staying in the shelter.
3. Shelters shall maintain confidentiality for the clients receiving services.
4. Shelters shall support emotionally affirming and physically safe space for clients and staff.
5. Clients shall receive a copy of program guidelines including safety and security protocol in the shelter.
6. Shelters shall have a disaster plan
  - a. The emergency safety exit plan shall be posted on every level of the shelter and accessible to all clients.

7. Shelter shall make sure they maintain the minimum standards from the ESG Habitability Standards Checklist
8. Shelters shall maintain a medical storage policy
9. Shelters shall have staff maintain certifications on CPR, First Aid,
  - a. Other Certification that could be maintained for the agency based on population
    - i. Med Tech – <http://www.e-mcca.org/missouri-medication-certification-program/>
    - ii. NARCAN – Check local resources
    - iii. Crisis Management – Check local resources
    - iv. AED - <https://www.redcross.org/take-a-class/aed>

### **CASE MANAGEMENT SERVICES**

**STANDARD:** Shelters shall provide access to case management services by trained staff to each head of household in the program.

### **CRITERIA: (Standard available services)**

1. Shelter staff offer regular and consistent case management to shelter residents based on the individual's or family's specific needs. Case management includes:
  - a. Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
  - b. Assisting clients to maintain their shelter bed in a safe manner and understand how to get along with fellow residents.
  - c. Helping clients to create strong support networks and participate in the community as they desire.
  - d. 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.
  - e. If a shelter offers case management as part of its programs, programs shall record measurement of acuity over time, determining changes needed to better serve residents, based on the individual assessment tool each CoC uses.
2. Shelter staff or other programs 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.

### **CRITERIA: (Optional but recommended services, often from other providers)**

1. Representative payee services.
2. Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, obtaining vital documents (social security cards, birth certificates, school records).
3. Relationship-building and decision-making skills.

4. Education services such as HISET preparation, post-secondary training, and vocational education.
5. Employment services, including career counseling, job preparation, resume-building, professional dress, hygiene, and maintenance.
6. Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
7. Physical health services such as routine physicals, health assessments, and family planning.
8. 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. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. [24 CFR 576.402](#)

### **CRITERIA:**

1. In general, if a resident violates program requirements, the shelter may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program.
2. Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.
3. Termination may carry a barred list when a client has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs 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.
4. Written notice of termination reason and grievance procedure should be given to client at time of termination

### **GRIEVENCE**

**STANDARD:** Shelters will maintain a grievance process for clients terminated from programs, clients to file complaint about staff and other clients.

### **CRITERIA:**

1. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance.
2. The Grievance process should contain the following:
  - a. Compliant should be in writing
  - b. Follow up should have a timeline before going to the next level
  - c. An appeal process and timeline for grievance to be submitted
  - d. Investigation



- e. Grievance meeting
- f. Decision
- g. Appeal
- h. Due Process toward a potential client exit
- i. Optional
  - i. Informal action

### **CLIENT FILES**

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

### **CRITERIA:**

1. Client files should, at a minimum, contain all information and forms required by HUD and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the shelter program and indirectly by other community service providers. ESG requires:
  - a. Documentation of homeless status (see above for the priority of types of documentation)
  - b. Determination of ineligibility, if applicable, which shows the reason for this determination
  - c. Annual income evaluation
  - d. Documentation of using the community's coordinated assessment system
2. All client information should be entered into HMIS, or a comparable database, in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs 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.
3. Programs 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 program 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 programs must have a consent for release of information form for clients to use to indicate consent in sharing information with other parties.
4. All records pertaining to ESG funds must be retained for up to 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

### **EVALUATION AND PLANNING**

**STANDARD:** Shelters will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

**CRITERIA:**

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

Emergency Shelter Standards Work Group Members:

1. Cassie Sipos-Haas, Missouri Housing Development Commission
2. Kathy Connors, Gateway180
3. Abby Wiggins, Synergy Services
4. Sunni Nutt, My Harmony House
5. Kimberly Henderson, Reconciliation Services
6. Dawn Tegeler, Youth In Need
7. Kim Kempf, YWCA St. Joseph
8. Kelly Harris, Council of Churches of the Ozarks
9. Mary Tower, The Kitchen inc.
10. Kendal McDaniel, The Kitchen inc.