



## Shelter Services

### DEFINITION

Shelter Services provide food, clothing, temporary shelter, and other services to youth, adults, and families experiencing homelessness.

COA's Shelter Services standards accommodate a range of program types providing different levels of service intensity.

Basic Emergency Shelters are low barrier and offer limited services that include a safe place to sleep, food, and connections to supportive services.

Enhanced Emergency Shelters are low barrier and provide or make available a wide range of supportive services in addition to meeting basic needs.

Transitional Housing programs provide temporary housing and supportive services to meet the needs of individuals and families and facilitate a move to independent living.

Youth Shelters serve runaway and homeless children and youth, children and youth in foster care, or unaccompanied children without legal status and provide age- and developmentally-appropriate residential and supportive services.

**Research Note:** *Organizations providing emergency shelter and transitional housing services should be familiar with the issue of human trafficking. The Trafficking Victims Protection Act of 2000 (TVPA) defines "severe forms of human trafficking" as:*

*The recruitment, harboring, transportation, provision, or obtaining of a person for*

- *sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or*

- *labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.*

*Coercion includes threats of physical or psychological harm to children and/or their families. Any child (under the age of 18) engaged in commercial sex (including prostitution, pornography, stripping) is a victim of trafficking.*

**Research Note:** *A study issued by the U.S. Department of Health and Human Services found that many shelter programs serving homeless youth*

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*failed to properly recognize prostitution or "survival sex" among minors as sex trafficking, and therefore failed to identify these youth as victims of human trafficking.*

**Research Note:** *Victims of human trafficking are in need of a comprehensive array of services, including shelter services. Increasingly, first responders, including law enforcement and social service providers, are being trained to seek support services for human trafficking victims rather than prosecuting them for criminal activities they may have engaged in while being trafficked, such as prostitution, theft, undocumented status, and wage/hour violations. Recognizing that these individuals are victims rather than criminals is a paradigm shift still under way in our society. This paradigm shift is critical as trafficking victims are eligible for services and protections under federal and some state laws that may not be provided to them otherwise.*

**Note:** *Basic Emergency Shelters will complete: All applicable standards except SH 9, SH 10, and SH 11.*

*Enhanced Emergency Shelters and Transitional Housing programs will complete: All applicable standards except SH 10 and SH 11.*

*Shelters serving runaway and homeless children and youth, children and youth, and shelters serving children and youth in foster care will complete: All applicable standards in SH 1 through SH 13.*

**Note:** *The service recipient defines "family" based on who fulfills the role of a family member or family-like connection, including current or former foster family members, adoptive family members, legal guardians, extended family members, significant others, siblings or peers. As such, the term "family" as it is referred to throughout this section of standards will vary depending on each service recipient's definition.*

**Note:** *Though the term "human trafficking" is used throughout this section, there are additional terms that may be utilized, including sex trafficking, commercial sexual exploitation of children (CSEC), domestic minor sex trafficking, and minor prostitution. The term "victim" is commonly used when referring to individuals who have been trafficked to emphasize that they have been coerced and exploited, though the term "survivor" may also be used.*

**Note:** *Please see [SH Reference List](#) and the [Human Trafficking Reference List - Private](#) for a list of resources that informed the development of these standards.*

**Note:** *The Shelter Services (SH) standards were revised in July 2017 to*

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reflect current best practice. For more information, please see the [SH Standards Updates Summary - Private, Public, Canadian](#).

### **Table of Evidence**

#### **Self-Study Evidence**

- Provide an overview of the different programs being accredited under this section. The overview should describe:
  - a. the program's approach to delivering services;
  - b. eligibility criteria;
  - c. any unique or special services provided to specific populations; and
  - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
  - a. racial and ethnic characteristics;
  - b. gender/gender identity;
  - c. age;
  - d. major religious groups; and
  - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
  - a. the type of activity/group;
  - b. whether the activity/group is short-term or ongoing;
  - c. how often the activity/group is offered;
  - d. the average number of participants per session of the activity/group, in the last month; and
  - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

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#### **On-Site Evidence**



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No On-Site Evidence

### **On-Site Activities**

No On-Site Activities

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### SH 1: Service Philosophy

The program is guided by a service philosophy that:

- a. sets forth a logical approach for how services, supports, activities, and interventions will empower and meet the needs of service recipients;
- b. ensures that services are strengths-based, person- or family-centered, culturally and linguistically competent, and trauma-informed; and
- c. guides the development and implementation of program activities and individualized services based on the best available evidence of service effectiveness.

**Interpretation:** *A functional service philosophy, logic model, or similar framework guides program development and implementation by linking the organization's mission or purpose with strategies, practices, or tools needed to integrate these into daily work. A well-defined and visible practice framework will help staff and stakeholders think systematically about how the program can make a measureable difference by drawing clear connections between program values, service population needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

**Interpretation:** *Organizational self-assessments can evaluate the extent to which organizations' policies and practices are trauma-informed, as well as identify strengths and barriers in regards to trauma-informed service delivery and provision. For example, organizations can evaluate staff training and professional development opportunities and review supervision ratios to assess whether personnel are trained and supported on trauma-informed care practices. Organizations can also conduct an internal review of their assessment and service planning processes to ensure that services are being delivered in a trauma-informed manner.*

**Research Note:** *A trauma-informed approach is one that involves recognizing the signs and symptoms of trauma, and responding by emphasizing/considering the following during service delivery:*

- safety;
- trustworthiness and transparency;
- peer support;
- collaboration and mutuality;
- empowerment, voice, and choice; and
- cultural, historical, and gender issues.

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### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

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- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Service philosophy
- Policies for prohibited interventions

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel

### SH 1.01

The program is guided by a philosophy that provides a logical basis for services and supports to be delivered in a trauma-informed and culturally and linguistically competent manner, based on program goals and the best available evidence of service effectiveness.

### (FP) SH 1.02

Organization policy prohibits:

- a. corporal punishment;
- b. the use of aversive stimuli;
- c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
- d. the use of demeaning, shaming or degrading language or activities;
- e. unnecessarily punitive restrictions including cancellation of visits as a disciplinary action;
- f. forced physical exercise to eliminate behaviors;

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- g. punitive work assignments;
- h. punishment by peers;
- i. group punishment or discipline for individual behavior; and
- j. unwarranted use of invasive procedures and activities as a disciplinary action.

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### SH 2: Access to Service

Programs facilitate access to the continuum of services through active collaboration with other homelessness services providers and community resources.

**Interpretation:** *Programs may collaborate through their community's coordinated entry processes, if available. Coordinated entry provides equal, nondiscriminatory access to appropriate services regardless of where service recipients present for assistance, and connect service recipients to all available community programs and services, as appropriate.*

*Coordinated entry processes provide access to providers delivering a wide range of services, including both homeless-specific programs and services for the general population. Examples include shelters for domestic violence survivors, runaway and homeless youth programs, street outreach services, homelessness prevention programs, emergency shelters, transitional housing, permanent supportive housing, rapid re-housing, programs for veterans, LGBTQ-affirming services and supports, providers of mainstream benefits and services, health and mental health clinics, employment services, and child development programs.*

**Research Note:** *Housing First is an evidence-based approach to ending homelessness among individuals with substance use and/or mental health issues. Housing First is focused on quickly moving individuals and families into permanent, safe and affordable housing without preconditions, and then helping them connect with the supportive services they need and want in order to maintain housing stability. This approach recognizes that everyone is housing ready and that immediate access to permanent housing is the primary goal.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being used; or

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- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Description of community collaboration efforts

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel

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### SH 3: Intake and Assessment

Program staff employ prompt, responsive intake practices and assess service recipients' immediate and long-term needs, wishes, and goals.

**Interpretation:** *Programs should use standardized screening and assessment instruments to ensure that service recipients are connected to the most appropriate services available within the community. The instruments should be evidence-based, person- and/or family-centered, strengths-based, trauma-informed, and facilitate referrals to the full range of services needed (i.e., homelessness programs, affordable housing, mainstream benefits and services, health and mental health services, employment services, child- and youth-specific services, etc.). Screening instruments should be appropriate for administration by non-clinical staff.*

**Note:** *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

#### **Rating Indicators**

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being used; or
  - Referrals procedures need strengthening; or
  - For the most part, established timeframes are met; or
  - Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
  - Active client participation occurs to a considerable extent; or
  - In a few rare instances, urgent needs were not prioritized; or
  - Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be

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compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Screening and intake procedures
- Assessment procedures
- Screening tools
- Assessment tools

#### **On-Site Evidence**

No On-Site Evidence

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### On-Site Activities

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Residents
- Review case records

### (FP) SH 3.01

Individuals or families are admitted regardless of ability to pay, employment status, level of income, criminal record, or sobriety and are connected to the most appropriate services and programs available within the community.

**Interpretation:** *If services are limited to a specific population, the program has a clear policy for such selectivity. Such programs will refer individuals to other appropriate programs and services in the community.*

*Infants and young children who are abandoned at a program site or are not accompanied by a parent or legal guardian are referred to the child welfare authority.*

### (FP) SH 3.02

Prompt, responsive intake practices:

- a. are culturally responsive;
- b. are trauma informed;
- c. are non-stigmatizing and non-judgmental;
- d. ensure equitable treatment;
- e. give priority to urgent needs and emergency situations;
- f. support timely initiation of services;
- g. refers individuals to services at other providers, if appropriate; and
- h. provide for placement on a waiting list, if applicable.

**Interpretation:** *For basic emergency shelters and enhanced emergency shelters, intake should occur on the same day that services are requested.*

**Interpretation:** *Culturally responsive intake practices can include attention to geographic location, language of choice, the person's religious, racial, ethnic, and cultural background, age, sexual orientation, gender identity, gender expression, and developmental level.*

**Interpretation:** *To ensure that transgender and gender non-conforming*

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*service recipients are treated with respect and feel safe, service recipient choice regarding their first names and pronouns should be respected and intake forms and procedures should allow individuals to self-identify their gender and receive access to sleeping quarters, bathroom facilities, and shower facilities in accordance with applicable federal and state laws.*

**Interpretation:** *Trauma-informed intake practices explore whether a service recipient has been exposed to traumatic events and exhibits trauma-related symptoms and/or mental health disorders. A positive screen indicates that an assessment or further evaluation by a trained professional is warranted. During the screening process, service recipients should feel emotionally and physically safe.*

### **(FP) SH 3.03**

Service recipients participate in an intake screening within 24 hours of admission that includes:

- a. gathering personal and identifying information;
- b. health status, including emergency health needs;
- c. recent housing status;
- d. reason for homelessness;
- e. history of homelessness;
- f. the potential for violence or victimization;
- g. risk for suicide; and
- h. basic demographic information.

**Interpretation:** *Organizations may respond to identified suicide risk by connecting service recipients to more intensive services; facilitating the development of a safety and/or crisis plan; or contacting emergency responders, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines, as appropriate.*

**Research Note:** *Homelessness has been associated with an increase in or exacerbation of health problems, and creates barriers to accessing proper health care. Living on the street and/or in a shelter can mean exposure to inclement weather, communicable diseases, interpersonal violence, and high levels of stress. Homelessness makes it more challenging to manage medications and recuperate from illness and injuries, and a lack of income and access to insurance limits the ability of individuals experiencing homelessness to receive the health care they need.*

**Research Note:** *Some groups of service recipients may be at higher risk for*

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*suicide due to past trauma, compounding risk factors, and/or societal stigma, including individuals with public systems involvement (foster care, juvenile justice, criminal justice), military service members, American Indian and Alaska Natives, and individuals who identify as lesbian, gay, bisexual, and transgender (LGBT). Service recipients with alcohol use and/or mental health disorders are also at elevated risk for suicide.*

*Studies have also shown that individuals experiencing a financial crisis, including foreclosure and eviction, are more likely to experience high levels of stress, poor physical health, depression, anxiety, and be at risk for suicide.*

**NA** *Another organization is responsible for screening, as defined in a contract.*

### **SH 3.04**

Children and youth receive an age-appropriate intake screening that includes:

- a. gathering personal and identifying information;
- b. health status, including emergency health needs;
- c. education status, including enrollment in early childhood education or school; and
- d. basic demographic information.

**NA** *Another organization is responsible for screening, as defined in a contract.*

**NA** *The organization does not admit families with children or children and youth without their parents.*

### **SH 3.05**

A comprehensive assessment is conducted in a timely manner and includes, as appropriate:

- a. employment history;
- b. mainstream benefits history;
- c. housing history for the past five years;
- d. housing barriers;
- e. housing goals and preferences;
- f. veteran status;

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- g. level of education and educational goals;
- h. income and resources;
- i. substance abuse history;
- j. mental health history, diagnoses, and medications;
- k. developmental disability status and history;
- l. family functioning, parental stress, and parenting skills;
- m. a social network inventory, including relationships with family, friends, and/or significant others;
- n. history of childhood victimization and trauma; and
- o. history of adult victimization, including domestic violence and sexual abuse, and imminent and long-term safety concerns.

**Interpretation:** *Regarding element (n), assessments may explore a range of adverse childhood experiences (ACEs), such as emotional, physical, and sexual abuse; violence in the home; household substance use; mental illness in the household; parental divorce or separation; household members with criminal justice involvement; and emotional and physical neglect.*

**Interpretation:** *Personnel that conduct assessments should be aware of the indicators of a potential trafficking victim, including, but not limited to:*

- a. *evidence of mental, physical, or sexual abuse;*
- b. *physical exhaustion;*
- c. *working long hours;*
- d. *living with employer or many people in confined area;*
- e. *unclear family relationships;*
- f. *heightened sense of fear or distrust of authority;*
- g. *presence of older male boyfriend or pimp;*
- h. *loyalty or positive feelings towards an abuser;*
- i. *inability or fear of making eye contact;*
- j. *chronic running away or homelessness;*
- k. *possession of excess amounts of cash or hotel keys; and*
- l. *inability to provide a local address or information about parents.*

*Several tools are available to help identify a potential victim of trafficking and determine next steps toward an appropriate course of treatment. Examples of these tools include, but are not limited to, the Rapid Screening Tool for Child Trafficking and the Comprehensive Screening and Safety Tool for Child Trafficking.*

**Research Note:** *The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 requires federal, state, and local officials who discover a minor who may be a victim of human trafficking to notify the U.S.*

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*Department of Health and Human Services within 24 hours to facilitate the provision of interim assistance.*

**Research Note:** *Studies show a high rate of major depressive disorders and post-traumatic stress disorder among mothers experiencing homelessness, which can negatively affect parenting and the child's mental and behavioral health status, and school performance.*

**NA** *The organization only provides basic emergency shelter.*

### **SH 3.06**

Children and youth receive a comprehensive, age-appropriate assessment in a timely manner to evaluate their cognitive, language, motor, behavioral, and social-emotional development.

**Interpretation:** *To help decrease family rejection and increase family support for youth who identify as LGBTQ, the assessment should include a network inventory of family relationships, experiences with family rejection, capacity for increasing family acceptance and support, and specific culturally appropriate education and guidance.*

**Research Note:** *A meta-analysis of research studies showed that school-aged children experiencing homelessness are significantly more likely to experience mental health issues compared to low-income children living in stable housing. Overall, up to 26% of preschoolers and up to 40% of school-aged children experiencing homelessness may have mental health issues that require a clinical evaluation.*

**NA** *The organization only provides basic emergency shelter.*

**NA** *The organization does not admit families with children or children and youth without their parents.*

### **SH 3.07**

The information gathered for assessments is strengths-based, comprehensive, directed at concerns identified during the intake screening, and limited to material pertinent for meeting service requests and objectives.

**NA** *The organization only provides basic emergency shelter.*

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### **SH 3.08**

Assessments are completed within timeframes established by the organization and are updated periodically.

**Interpretation:** *Generally, assessments are completed within two weeks of intake. The frequency of updates to assessments vary depending on the age and needs of the service recipient. For example, young children need more frequent updates due to the rapid pace of their development.*

**NA** *The organization only provides basic emergency shelter.*

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### SH 4: Service Planning and Monitoring

Service recipients and their families participate in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

**Interpretation:** *Assessment-based service planning helps service recipients form a plan for attaining the support and skills needed to return to community life, securing and maintaining safe, affordable housing in the community, and connecting to appropriate services and community-based resources.*

#### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being used; or
  - For the most part, established timeframes are met; or
  - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
  - In a few instances client or staff signatures are missing and/or not dated; or
  - Active client participation occurs to a considerable extent.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
  - Procedures and/or case record documentation need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
  - Timeframes are often missed; or
  - In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
  - Quarterly reviews are not being done consistently; or
  - Level of care for some clients is inappropriate; or

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- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Service planning and monitoring procedures

#### **On-Site Evidence**

- Documentation of case review

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review case records

### **SH 4.01**

An individualized, person- or family-centered service plan is developed in a timely manner with the full participation of the service recipient and legal guardian.

**Interpretation:** *Service planning is conducted such that individuals and families retain as much personal responsibility and self-determination as possible and/or desired. Individuals with limited ability in making*

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Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



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*independent choices can receive help with making decisions for themselves and assuming more responsibility for making decisions. When the resident is a minor or an adult under the care of a guardian, the organization should follow applicable state laws and regulations requiring involvement or consent of the resident's legal guardian.*

*When the service recipient is a minor or an adult under the care of a guardian, the organization should follow applicable state laws and regulations requiring involvement or consent of the service recipient's legal guardian. In situations where a legal guardian is involved in service planning and monitoring, the service recipient should still have the opportunity to participate in the process.*

### **SH 4.02**

During service planning the organization explains:

- a. available options;
- b. how the organization can support the achievement of desired outcomes; and
- c. the benefits, alternatives, and consequences of planned services.

### **SH 4.03**

The service plan is based on the assessment, and includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom; and
- c. the service recipient's and legal guardian's signature, as appropriate.

**Interpretation:** *Strategies for building rapport, establishing trust, and promoting psychological safety are critical when working with victims of trafficking to facilitate the development of realistic goals in an empowering and trauma-informed manner.*

### **SH 4.04**

The service plan addresses, as appropriate:

- a. a return to permanent housing;
- b. unmet service and support needs;

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- c. possibilities for maintaining and strengthening family relationships; and
- d. the need for support of the service recipient's informal social network.

**Interpretation:** *Family members and significant others, as appropriate, and with the consent of the service recipient, are advised of ongoing progress and are invited to participate in case conferences.*

### **SH 4.05**

The worker, service recipient, and legal guardian regularly review progress toward achievement of agreed upon goals and document revisions to service goals and plans.

**Interpretation:** *In regards to documentation, any revisions to the service plan or service goals should be signed by a member of the treatment team and the service recipient, and a legal guardian when the service recipient is a minor, or otherwise documented in a manner that is consistent with the organization's service planning and monitoring procedures.*

**Interpretation:** *If the organization provides enhanced emergency shelter services, progress toward achieving service goals should be reviewed with the service recipient every two weeks, or more often, depending on the needs of the person or family and/or expected length of stay.*

### **SH 4.06**

Service plans are reviewed at least biweekly by the worker and a supervisor, or a clinical, service, or peer team, to assess:

- a. service plan implementation;
- b. progress toward achieving service goals and desired outcomes; and
- c. the continuing appropriateness of the agreed upon service goals.

**Interpretation:** *Significant revisions to the service plan are made with the participation of the service recipient or legal guardian, as appropriate. Experienced workers may conduct service plan reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations according to the requirements of the standard.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 5: The Rights of Service Recipients

The program respects individuals' rights, dignity, culture, religion/spirituality, values, and goals.

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### Table of Evidence

#### **Self-Study Evidence**

- Procedures regarding opening service recipients' mail
- Procedures for expelling persons served

#### **On-Site Evidence**

- Documentation/procedures regarding service recipients' rights

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review case records
- Observe facility

### (FP) SH 5.01

Stays in the program are voluntary, unless legally mandated.

### (FP) SH 5.02

The use of services beyond the provision of shelter is voluntary and is not required as a condition of stay.

### SH 5.03

The environment promotes a non-threatening, welcoming, and inclusive approach, fosters trust, and fosters engagement for all service recipients.

**Interpretation:** *Programs need to provide an affirming, safe and welcoming environment for all individuals. Youth who identify as lesbian, gay, bisexual, and transgender (LGBT) are greatly overrepresented among youth experiencing homelessness. Programs can help to signal that they provide an environment that is safe and welcoming, for example, by posting "visual cues" in the reception or common area such as a nondiscrimination policy or LGBTQ symbols (i.e., posters, stickers, and flags).*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### **(FP) SH 5.04**

Program rules are developed with service recipients, are regularly re-evaluated, and consistently enforced.

### **(FP) SH 5.05**

The organization does not open mail received by a resident unless a previous incident involving the resident indicates that:

- a. the mail is suspected of containing unauthorized, dangerous, or illegal material or substances, in which case it may be opened by the resident in the presence of designated personnel; or
- b. receiving or sending unopened mail is contraindicated.

### **(FP) SH 5.06**

The program has written policies and procedures for expelling individuals or families that:

- a. are provided at intake to the individual or family served;
- b. define reasons or conditions for expulsion;
- c. include timely due process provisions;
- d. are clear and simple, avoiding overly rigid and bureaucratic language and rules;
- e. describe the conditions or process for re-admission to the program; and
- f. require all reasonable efforts be made to provide an appropriate referral.

**Interpretation:** *Regarding element (b), expulsion should be limited to extreme situations, such as when a service recipient exhibits severely disruptive behavior or is violent toward self or others.*

**Interpretation:** *Exits to unsheltered locations are highly undesirable, and great effort must be made to connect service recipients with safer options.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 6: Program Facilities

Program facilities provide a physically and psychologically safe, clean, and non-institutional environment.

**Note:** Please see *Facility Observation Checklist - Private, Public, Canadian* for additional assistance with this standard.

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

No Self-Study Evidence

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Observe facility

### **SH 6.01**

Accommodations for service recipients include:

- a. single rooms, rooms for two to four individuals, rooms for families with children, or accommodations for larger groups, if appropriate;
- b. adequately and attractively furnished rooms with a separate bed for each resident, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets;
- c. a non-stacking crib for each infant and toddler that is 24 months or younger that meets federal safety regulations; and
- d. a safe, lockable place to keep personal belongings and valuables.

**Interpretation:** *If the physical housing structure prevents the provision of private rooms, basic emergency shelters and enhanced emergency shelters may place service recipients in open plan, dormitory-style rooms.*

**Interpretation:** *All cribs, including portable cribs that can be folded or collapsed without being disassembled, must meet current Consumer Product Safety Commission (CPSC) full-size and non-full size crib standards per Sections 1219 and 1220 of Title 16 of the Code of Federal Regulations to ensure safety.*

*The American Academy of Pediatrics recommends that cribs are used by children under 90 centimeters (35 inches) tall.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

**Note:** *Element (c) will not apply to organizations that do not serve families.*

### **SH 6.02**

Programs provide:

- a. sufficient supplies and equipment to meet service recipients' needs;
- b. rooms for the provision of on-site services, as applicable;
- c. at least one room suitably furnished for the use of on-duty personnel;  
and
- d. private sleeping accommodations for personnel who sleep at the facility,  
if applicable.

### **SH 6.03**

The program accommodates informal gatherings of service recipients, and ensures that such spaces are usable in inclement weather.

### **SH 6.04**

The program has adequate facilities for housekeeping, laundry, maintenance, storage, and related administrative support functions.

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 7: Service Components

The program ensures that service recipients are safe and their immediate needs are met.

**Note:** Please see *Facility Observation Checklist - Private, Public, Canadian* for additional assistance with this standard.

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- A description of services

#### **On-Site Evidence**

- Criteria for making group assignments
- Information describing age appropriate recreational and educational activities
- Review coverage schedules for the past two quarters
- Procedures for coordinating educational services
- Procedures and data for evaluating referral resources

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review case records
- Observe facility and outdoor area/grounds

### SH 7.01

Programs meet the basic needs of homeless adults, children and youth in transition, and families in a safe, minimally intrusive environment.

**Interpretation:** *Family life and parenting practices are often disrupted during periods of housing instability and homelessness, which can negatively affect the well-being of parents and their children. To support stability, family functioning, and minimize stress, families should be allowed to follow their schedules, routines, and rituals to the greatest extent possible during their stay.*

### SH 7.02

All programs provide:

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- a. safety from the streets and the elements;
- b. sleeping accommodations;
- c. nutritious food;
- d. clothing;
- e. personal hygiene supplies and safe, private bathroom and shower facilities;
- f. crisis intervention;
- g. a mailing address and/or voicemail;
- h. access to a computer and the internet;
- i. information and referral for services; and
- j. connections to behavioral health and medical services.

**Interpretation:** *Safe and private bathroom and shower facilities may be separate rooms or stalls with locks. In programs serving families with young children, bathrooms need to be appropriate and safe for the care of infants and toddlers (e.g., providing tubs and baby changing areas).*

**Interpretation:** *Providing service recipients with a private voicemail account allows them to communicate and stay connected with employers, landlords, service providers, and family members.*

### **SH 7.03**

The program considers unique characteristics of shelter residents when grouping people together.

**Interpretation:** *Characteristics that may be considered can include the number of individuals grouped together, age, special needs, gender, gender identity, and gender expression.? All service recipients should be treated according to their self-identified gender, meaning that transgender and gender non-conforming service recipients should be given access to sleeping quarters, bathroom facilities, and services based on their stated gender, not their assigned sex at birth, in accordance with applicable federal and state laws.*

### **SH 7.04**

Programs maintain families as a unit and keep sibling groups together, whenever possible.

**Interpretation:** *If maintaining a family as a unit is contraindicated, other appropriate placement alternatives may be considered.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

**NA** *The program does not serve families or children and youth without their parents.*

### **SH 7.05**

Programs serving families with children provide, or arrange for, age-appropriate recreational and educational activities in a physical environment that is childproofed and encourages daily play and physical activity.

**Interpretation:** *Indoor and outdoor play spaces provide a safe environment with age, developmentally, and culturally appropriate toys and equipment. Examples include: sensory materials, books in the languages spoken by service recipients, art materials, sorting/stacking toys, and gross-motor equipment. All toys and equipment must be installed and used according to the manufacturer's instructions and meet all applicable safety standards.*

**NA** *The organization does not admit families with children.*

### **SH 7.06**

Supervisors or other designated personnel are available or on call 24 hours a day.

### **SH 7.07**

The program evaluates the educational status and needs of children and youth, and:

- a. informs youth and their parents of their educational rights;
- b. connects children ages 0-5 with early childhood learning programs;
- c. coordinates educational services with relevant school districts;
- d. assists college-bound students with Free Application for Federal Student Aid and college applications; and
- e. assists children and youth to stay current with the curricula.

**Interpretation:** *Regarding element (e), children and youth should have access to a quiet, well-lit space for reading, studying, and help with school assignments.*

**NA** *The organization does not admit families with children or children and youth without their parents.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### **SH 7.08**

The program meets the developmental needs of children and youth by:

- a. facilitating connections to early intervention and trauma-specific services, as necessary;
- b. supporting parents to ensure that children meet age-appropriate developmental milestones; and
- c. providing access to resources and parenting classes on age- and developmentally-appropriate parenting skills and techniques.

**NA** *The organization does not admit families with children or children and youth without their parents.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 8: Safety and Security

The program monitors the safety and security of its facilities, and:

- a. takes appropriate measures to protect the safety of all individuals in its facilities or on its grounds;
- b. establishes safety protocols;
- c. trains staff on potential risks; and
- d. trains staff on self-protection techniques, as necessary.

**Interpretation:** *Safety measures address security issues related to visitors.*

**Interpretation:** *Safety concerns for victims of human trafficking and domestic violence often do not end when they are admitted to residential settings, including emergency shelters and transitional housing programs. The organization should work with the victim to develop a safety plan that focuses on increasing physical safety by securing needed documents, property, and services; maintaining the program's location in confidence; and linking efficiently to law enforcement, if needed.*

**Interpretation:** *Lesbian, gay, bisexual, transgender, and gender non-conforming service recipients are at higher risk for verbal, physical, and sexual harassment and assault. To ensure their safety, the program should create and maintain a respectful, safe and welcoming environment that is free from discrimination, including homophobic and transphobic language.*

**Interpretation:** *Programs admitting children must ensure that all accessible areas are childproofed.*

### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
  - Procedures need strengthening; or
  - With few exceptions procedures are understood by staff and are being used; or

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Security protocols

#### **On-Site Evidence**

- Documentation of training
- Training curricula

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals or families served

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- Observe facility

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 9: Supportive Services

An array of supportive services are provided, directly or by referral, that help service recipients obtain housing and plan for reintegration into community life.

**Interpretation:** *Programs that provide some or all supportive services listed in SH 9 through collaborative arrangements with other service providers need to show evidence of coordination with and monitoring of services received from collaborating organizations.*

**NA** *The organization does not provide enhanced emergency shelters, transitional housing, or shelters for runaway and homeless children and youth, children and youth in foster care, or unaccompanied children without legal status.*

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- A description of services
- A description of services and support for expectant and parenting service recipients
- Educational curricula for expectant and parenting service recipients

#### **On-Site Evidence**

- Procedures outlining how to make appropriate referrals
- Written agreements with collaborating organizations
- Documentation in case records for referrals made in response to identified service needs
- Evidence of coordination with and monitoring of services received from collaborating organizations

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review case records

### **SH 9.01**

The program provides case management and other services that are tailored to the needs and preferences of individual service recipients.

**Interpretation:** *One of the most important aspects of care for victims of*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

*human trafficking and other forms of trauma is to be able to develop a consistent, trusting relationship with one staff person who serves as the central coordinator for the full myriad of needed services.*

### **SH 9.02**

Housing support includes:

- a. assistance obtaining a safe, stable living environment,
- b. including housing search support;
- c. assistance applying for rental subsidies or other financial aid programs;
- d. information about available community housing options;
- e. education on tenant rights and responsibilities; and
- f. advocacy for safe, affordable, appropriate housing.

**Research Note:** *The large-scale Family Options Study, which compared different interventions for families experiencing homelessness, found that permanent housing subsidies were the most beneficial compared to other program models. Families receiving priority access to such subsidies saw greater improvements in housing stability, adult and child well-being, and food security during the three-year follow-up period.*

**NA** *The service population is limited to children and youth for whom living independently is not an alternative.*

### **SH 9.03**

Skills training that promotes independence, and/or housing stability, includes:

- a. activities of daily living;
- b. household management;
- c. budgeting and money management;
- d. credit and debt counseling;
- e. the use of community resources;
- f. information about mainstream benefits; and
- g. interpersonal communication.

**NA** *The service population is limited to children and youth for whom living independently is not an alternative.*

### **(FP) SH 9.04**

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

Health services include, as needed:

- a. routine medical and dental care;
- b. clinical services, including substance use and mental health services;
- c. medication management and/or monitoring;
- d. age or developmentally appropriate information, including pregnancy prevention, family planning, safe and healthy relationships, and prevention of HIV/AIDS and sexually transmitted diseases; and
- e. harm reduction.

**Interpretation:** *When an organization does not provide linkages to family planning services because doing so is counter to its mission or beliefs, the organization should disclose this fact to service recipients and provide individuals with a list of other community providers that offer pregnancy support and education services.*

**Interpretation:** *Medical and dental assessments for children and youth should be conducted in accordance with well-child guidelines. See also, RPM 3, Medication Control and Administration.*

**Interpretation:** *Individuals recovering from an illness or injury should be connected with medical respite care services, if available. Such programs provide a safe environment for individuals experiencing homelessness whose medical conditions do not warrant continued hospitalization, but where staying on the street or in a shelter would make recovery more difficult or impossible.*

**Interpretation:** *Transgender service recipients may need assistance accessing specialized medical services and should be referred to appropriate providers in the community, as needed.*

**Interpretation:** *Harm reduction is a public health strategy that aims to prevent behaviors that can have negative outcomes and/or reduce the negative outcomes associated with that behavior. The interventions and goals used will vary depending on the behavior that is targeted and the population, for example preventing pregnancy among youth or reducing harm from continued substance use among adults.*

**Research Note:** *Trafficking victims commonly suffer from multiple physical and psychological health issues as a result of inhumane living conditions, isolation, poor sanitation and hygiene, malnutrition, physical and emotional abuse from their traffickers, dangerous working situations, alcohol and other drug use, and overall lack of health care.*

### Purpose

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

**Research Note:** *Youth experiencing homelessness face multiple barriers to accessing physical and mental health care, including distrust in adults and institutional settings, no health insurance, lack of transportation, limited knowledge of available services, and lack of culturally competent care that is safe and friendly for youth who identify as LGBTQ.*

### **SH 9.05**

Pregnant service recipients are provided or linked with specialized services that include, as appropriate:

- a. pregnancy counseling;
- b. prenatal health care;
- c. genetic risk identification and counseling services;
- d. fetal alcohol syndrome screening;
- e. labor and delivery services;
- f. postpartum care;
- g. mental health care;
- h. pediatric health care, including well-baby visits and immunizations;
- i. peer counseling services; and
- j. children's health insurance programs.

**Interpretation:** *Regarding element (g), expectant mothers should be screened for depression, informed about prenatal and postpartum depression, and connected to available support and treatment services.*

**Interpretation:** *Young service recipients may need more intensive services that are developmentally appropriate for adolescence and early adulthood.*

**Research Note:** *Parenting youth tend to experience higher rates of mental health issues, such as prenatal and postpartum depression, substance use, and post-traumatic stress disorder, as a result of the difficulties of balancing the stressors and developmental tasks of adolescence with the challenges of parenthood.*

**NA** *The organization does not serve pregnant service recipients.*

### **SH 9.06**

Pregnant and parenting service recipients are helped to develop skills and knowledge related to:

- a. basic caregiving routines;
- b. child growth and development;
- c. meeting children's social, emotional, and physical health needs;

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- d. environmental safety and injury prevention;
- e. parent-child interactions and bonding;
- f. age-appropriate behavioral expectations and appropriate discipline;
- g. family planning; and
- h. establishing a functioning support network of family members or caring adults.

**Interpretation:** *When an organization does not provide linkages to family planning services because doing so is counter to its mission or beliefs, the organization should disclose this fact to service recipients and provide individuals with a list of other community providers that offer pregnancy support and education services.*

**NA** *The organization does not serve pregnant or parenting service recipients.*

### **SH 9.07**

Support services include, as needed:

- a. transportation;
- b. legal assistance;
- c. case advocacy;
- d. mainstream benefits enrollment;
- e. help with basic literacy;
- f. help with basic computer literacy;
- g. educational services, including G.E.D. preparation;
- h. parent education and family support;
- i. child care; and
- j. social, cultural, recreational and religious/spiritual activities.

### **SH 9.08**

Employment and vocational supports include helping individuals;

- a. develop the habits, skills, and self-awareness essential to employability;
- b. write resumes, complete job applications, and prepare for interviews;
- c. find and access local employment resources and placement options, including on-the-job training;
- d. secure childcare while attending interviews; and
- e. travel to interviews and places of employment.

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

**NA** *The organization only serves youth under 16 years of age.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 10: Services for Children and Youth

Programs that provide services for runaway and homeless children and youth meet the age-specific needs of children and youth.

**Interpretation:** *To ensure that the most vulnerable children and youth are not screened out, programs should adopt a low-barrier for entry model focused on harm reduction.*

**Research Note:** *Literature indicates that youth in shelters are sometimes responsible for recruiting other youth into sex trafficking. Youth experiencing homelessness are particularly vulnerable to human trafficking due to their immediate needs for food, housing, and money, as well as their emotional and psychological needs.*

**Research Note:** *A report issued by the U.S. Department of Health and Human Services indicates that many homeless youth engage in "shelter hopping" to avoid mandatory reporting requirements, which also makes it difficult for shelter staff to identify potential human trafficking victims.*

**NA** *The organization does not provide shelter for runaway and homeless children and youth, children and youth in foster care, or unaccompanied children without legal status.*

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Procedures for serving youth without their parent or legal guardian, including parental notification procedures

#### **On-Site Evidence**

- Provide client/staff ratios and coverage schedules for the past two quarters
- Review a sample of census data for the past year

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records
- Observe facility

### **SH 10.01**

Programs that serve children and youth without their parent or legal

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

guardian:

- a. consult with the child protection authority, as appropriate;
- b. establish or confirm the youth's legal status; and
- c. obtain authorization to provide care.

### **SH 10.02**

Children and youth are informed that their parent or guardian will be notified of their whereabouts, and the program documents:

- a. exceptions for adolescents who are emancipated minors, who have reached the age of majority, who could be endangered as a result of notification, or who will refuse services if notification is required;
- b. a case supervisor's review prior to notification;
- c. that youth are informed of the planned notification; and
- d. that notification occurred within 72 hours or sooner as required by law.

**Interpretation:** *When the program serves youth under contract with the child welfare authority, it coordinates notification of the child's parent or legal guardian with the authority.*

**NA** *The organization only serves children who have been placed by a public child welfare agency.*

### **SH 10.03**

Programs serving children or youth, assess or confirm the appropriateness of family involvement, and when appropriate:

- a. facilitate an active connection between parents and children;
- b. plan for reconnection and reconciliation with the family; and
- c. provide family support and strengthening services.

**Interpretation:** *In cases where the child is a victim of human trafficking, it is important to be aware that the child's parent or caregiver may be the trafficker or complicit in the trafficking. In such cases, determining appropriate family supports and level of involvement should include the input of the child, as well as child welfare and law enforcement systems.*

**Research Note:** *Research has shown that family rejection due to a youth's LGBTQ status negatively affects the youth's physical and mental health. Program staff trained in family counseling techniques can successfully increase family acceptance and facilitate reconnection and reconciliation.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

*Even modest improvements in family relations can result in a reduction in youth suicide risk, depression, and substance use.*

### **SH 10.04**

Personnel who directly supervise school-age children and youth provide continuous coverage 24 hours a day, and the adult-child ratio is 1:4 when children under school age are in the service population.

**Interpretation:** *The term "school-age children" refers to children and adolescents who are legally required to attend school. COA does not provide specific age limits for this term; however, "school-age" is generally considered to be between 5-17 years old.*

### **SH 10.05**

Children and youth have sufficient uninterrupted sleep and, when practical, follow their usual and familiar routines for bedtime, bathing, and meals.

### **SH 10.06**

The program houses no more than 20 children and youth at one location, and in exceptional circumstances, makes necessary physical, administrative, and programmatic accommodations to house additional children on a time-limited basis.

**Interpretation:** *If state or local licensing authority requires or permits a higher maximum capacity, the program needs to:*

- a. *supply supporting documentation; and*
- b. *demonstrate a staff-to-child/youth ratio sufficient to ensure appropriate supervision and treatment.*

### **SH 10.07**

Program stays are as brief as possible.

**Interpretation:** *Program stays should not exceed 30 days except in situations where the safety and/or wellbeing of runaway and homeless children and youth requires an extended stay. For example, if family reunification is the preferred outcome, a safe return home may take longer than 30 days to achieve. Strong housing outcomes at discharge are*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

*demonstrated for stays of less than 30 days.*

*When emergency shelter is used for children or youth in foster care awaiting placement or experiencing a crisis, shelter stays should be as brief as possible and can only extend beyond 30 days if all other appropriate placement options have been exhausted.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 11: Developmentally Appropriate Programs for Children and Youth

Programs that serve children and youth provide a program that meets their social, emotional, cognitive, behavioral, linguistic, and physical development needs.

**NA** *The organization does not provide shelter for runaway and homeless children and youth, children and youth in foster care, or unaccompanied children without legal status.*

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### Self-Study Evidence

- Rules and behavioral expectations

#### On-Site Evidence

- Schedule of social and recreational activities
- List of community programs and services and information on how to access them

#### On-Site Activities

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records
- Observe facility

### (FP) SH 11.01

The program serves children and youth in a supportive setting that:

- a. enables them to feel physically and psychologically safe and secure; and
- b. provides a developmentally appropriate structure, with clear and consistent rules and behavioral expectations that are developed with their participation.

**Interpretation:** *Programs need to provide an affirming, safe, and welcoming environment for all youth. In addition, youth who identify as lesbian, gay, bisexual, and transgender (LGBT) are greatly overrepresented among youth experiencing homelessness. Once homeless, these youths are at increased risk for physical and sexual harassment, violence and exploitation. To assist youth who identify as LGBTQ with appropriate referrals, programs should maintain a list of community centers, medical and behavioral health clinics, and other service providers that are known to*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

*be affirming and competent in serving this population.*

### **SH 11.02**

Children and youth are offered an organized daily program of age- and developmentally- appropriate social, recreational, and educational activities, in a child- and/or youth-friendly environment.

### **SH 11.03**

Youth have opportunities to participate in group activities to meet, support, and share experiences with peers, based on their assessed readiness to participate in these activities.

**Interpretation:** *Opportunities to participate in culturally appropriate social, cultural, recreational, and religious activities should be designed to expand the range of life experiences, and be sensitive to the needs of youth who identify as LGBTQ, indigenous groups, or youth with special needs.*

### **SH 11.04**

Youth are helped to develop social support networks and build or maintain healthy, meaningful relationships with caring individuals.

**Interpretation:** *"Caring individuals" may include mentors, community members, friends, siblings, and other family members. The organization should be aware of any involvement that youths may have with their family members and other caring individuals and should (1) foster supportive relationships when it is safe and appropriate to do so, (2) ensure that all assessment activities explore relationships with family members and other caring individuals and potential for reconnection, and (3) assist youth in coping with or avoiding unhealthy relationships.*

**Interpretation:** *The organization should work with the child/youth to identify individuals with whom they wish to maintain a relationship, especially when trafficking is suspected. Traffickers may pose as a significant other, older relative, or communicate through another individual and utilize visitation to continue the exploitation of the victim.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 12: Exit Planning, Aftercare, and Follow-Up

Each individual or family participates in the development of an exit plan that includes supports and services needed to adjust to living in the community and to maintain stable housing.

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirement of the standard.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- A number of client records are missing important information; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Exit planning procedures
- Aftercare/follow-up procedures

#### **On-Site Evidence**

- Review contract with public authority, as applicable

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review case records

### SH 12.01

Exit planning:

- a. is a clearly defined process that includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves the individual, and a legal guardian, as appropriate.

**Interpretation:** *Service planning and exit planning for program stays are often the same process and service and exit plans are often integrated.*

### SH 12.02

Exit plans for runaway and homeless children or youth take into account

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

differences presented by:

- a. youth who have left home;
- b. youth for whom returning home is not an appropriate or safe plan;
- c. youth meeting legal requirements for emancipation;
- d. youth who are without family or community supports; and
- e. youth who are rejected by their families, including youth who identify as LGBTQ.

**NA** *The organization does not provide shelters for runaway and homeless children and youth, children and youth in foster care, or unaccompanied children without legal status.*

### **SH 12.03**

Upon case closing, the organization notifies collaborating service providers, including the courts, as appropriate.

### **SH 12.04**

When the organization has a contract with a public authority that does not include aftercare or follow-up, the organization:

- a. conducts a formal evaluation and assessment of unmet needs when service ends; and
- b. informs the public body of any recommendations, in writing, as appropriate to the contract and with the permission of the person or his/her legal guardian.

**NA** *The organization does not have a relevant contract with a public authority.*

### **SH 12.05**

The organization takes the initiative to explore suitable resources and contact service providers when appropriate.

**Research Note:** *Literature indicates that successfully meeting the needs of victims of human trafficking depends on the organization being part of a continuum that includes prevention, education, outreach, and collaboration that reaches a wide array of community providers, such as schools, law enforcement, juvenile courts, child protective services, drop-in centers,*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

parents, and the community at large.

**NA** *The organization has a contract with a public authority that prohibits or does not include aftercare planning.*

### **SH 12.06**

The organization explores a range of aftercare alternatives with runaway and homeless children and youth, including:

- a. return to family when possible and in the best interest of the individual served;
- b. reconnection with family and continuously strengthened family relationships;
- c. referral to community-based residential facilities or foster care; and
- d. residence with friends, relatives, or independently in the community.

**Interpretation:** *When children and youth are returned to family, family members should receive information and support to help them understand the needs of the child or youth and promote successful reintegration with the family and community. It is especially important to provide culturally relevant education and guidance for diverse families with children who identify as LGBTQ.*

**Interpretation:** *Educating parents on sex trafficking is an important component to prevention, identification, and treatment. Information provided should address how parents can raise their children in an environment free of abuse, neglect, and exploitation, through information on topics such as internet safety, how to respond when a child runs away, and developing healthy relationships. Additionally, information for parents of trafficking victims should emphasize the issue of stigma associated with prostitution to help the family provide a healthy, nonjudgmental home environment, supportive of a successful reintegration.*

**NA** *The organization has a contract with a public authority that prohibits or does not include aftercare planning.*

**NA** *The organization does not provide shelter for runaway and homeless children and youth, children and youth in foster care, or unaccompanied children without legal status.*

### **SH 12.07**

The program follows-up, whenever possible, with each person or family

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

regarding their progress, housing status, and well-being.

**Interpretation:** *If follow-up with a particular person or family is not possible, the reasons are to be noted in the case record.*

**NA** *The organization has a contract with a public authority that prohibits or does not include aftercare planning.*

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### SH 13: Personnel

Personnel are qualified by training, skill, and experience to meet the needs of youth, adults, and families with children experiencing homelessness, and receive necessary training, supervision, and opportunities for professional development.

#### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
    - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
    - Most staff who do not meet educational requirements are seeking to obtain them.
  - With some exceptions staff have received required training, including applicable specialized training.
    - Training curricula are not fully developed or lack depth.
    - A few personnel have not yet received required training.
    - Training documentation is consistently maintained and kept up-to-date with some exceptions.
  - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
    - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
  - With a few exceptions caseload sizes are consistently maintained as required by the standards.
  - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
    - Procedures need strengthening.
    - With few exceptions procedures are understood by staff and are being used.
  - With a few exceptions specialized staff are retained as required and

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

possess the required qualifications.

- Specialized services are obtained as required by the standards.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
  - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
  - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
  - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
  - Procedures need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Purpose

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### Table of Evidence

#### **Self-Study Evidence**

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
  - a. name;
  - b. title;
  - c. degree held and/or other credentials
  - d. FTE or volunteer;
  - e. length of service at the organization;
  - f. time in current position
- Table of contents of training curricula
- Procedures and criteria used for assigning and evaluating workloads

#### **On-Site Evidence**

- Job descriptions
- Documentation of training
- Training curricula
- Procedures for responding to a crisis or traumatic event

#### **On-Site Activities**

- Interview:
  - a. Supervisors
  - b. Personnel
- Review personnel files

### **SH 13.01**

Direct service personnel demonstrate experience or receive training and education on the following topics:

- a. understanding homelessness;
- b. stigma and labeling;
- c. conflict resolution;
- d. trauma-informed care;
- e. harm reduction;
- f. engagement with service recipients, including establishing trust and professional boundaries;
- g. recognizing and responding to signs of suicide risk;
- h. crisis intervention; and
- i. first aid and CPR.

**Related:** TS 1, TS 2, TS 2.09

#### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

**Interpretation:** *Regarding element (a), training curricula should address, at a minimum, the causes and effects of homelessness, overrepresented and vulnerable populations, impact of homelessness on child development, barriers to exiting homelessness, and service needs. Each topic covered needs to consider the unique characteristics of different subpopulations.*

### **SH 13.02**

Personnel receive training and supervision on the special service needs of service recipients, including, as appropriate:

- a. individuals coping with substance use and/or mental health issues, including dual diagnosis;
- b. individuals coping with trauma, including how to recognize trauma and appropriate interventions for addressing the acute needs of trauma victims;
- c. individuals with HIV/AIDS;
- d. individuals who identify as lesbian, gay, bisexual, transgender or gender non-conforming;
- e. individuals and families who have been victims of violence, abuse, or neglect;
- f. individuals who may be the victims of human trafficking or sexual exploitation, including how to identify potential victims;
- g. pregnant and parenting mothers and/or fathers with young children;
- h. runaway and homeless children and youth;
- i. persons with current or past criminal justice system involvement;
- j. persons with current or past child welfare system involvement;
- k. persons with developmental disabilities; and
- l. older adults.

**Related:** TS 1, TS 2

**Interpretation:** *Regarding element (f), staff should receive training on screening methods to identify victims of human trafficking or sexual exploitation.*

### **SH 13.03**

Personnel providing case management possess:

- a. a bachelor's degree in social work or a comparable human service field, or at least 5 year's direct care experience in human services; and
- b. skills in case management and case coordination, and ability to work with people in groups.

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

### **SH 13.04**

Case managers receive training on the following:

- a. engaging individuals and families experiencing homelessness;
- b. basic counseling skills;
- c. determining when and how to conduct safety assessments;
- d. conducting assessments using standardized instruments;
- e. community programs and how to access services;
- f. mainstream benefits programs, including eligibility requirements;
- g. providing case advocacy;
- h. local housing resources;
- i. conducting housing searches;
- j. landlord engagement;
- k. issues related to individuals involved with multiple systems; and
- l. family-reconnection skills for runaway and homeless youth.

**Interpretation:** *As staff titles and roles sometimes vary, organizations that do not employ "case managers" need to ensure that relevant staff receive the training components in SH 13.04.*

**Interpretation:** *Regarding element (d), safety assessments are needed for service recipients who are identified as victims of human trafficking or sexual exploitation and service recipients who are homeless due to domestic violence.*

### **SH 13.05**

Supervisors of direct service personnel are qualified by:

- a. an advanced degree in social work or a comparable human service field and at least two year's direct care experience in human services; or
- b. a bachelor's degree in social work or a comparable human services field and four years' direct care experience in human services.

### **SH 13.06**

Supervisors demonstrate a commitment to providing structure and support to direct service personnel to:

- a. address and reduce stress, anxiety, secondary traumatic stress, and vicarious trauma;

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

- b. process and debrief following a crisis or traumatic event;
- c. create an atmosphere of problem-solving and learning;
- d. build and maintain morale;
- e. provide constructive ways to approach difficult situations with service recipients; and
- f. facilitate regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

**Interpretation:** *Supervision is an important determinant of service recipient outcomes, organizational culture, and staff retention.*

**Interpretation:** *In order to promote workforce well-being, organizations should implement policies that address and help prevent stress-related problems. Strategies to reduce the adverse effects of secondary traumatic stress and vicarious trauma include: helping staff identify and manage the difficulties associated with their respective positions; promoting self-care and well-being through policies and communications with personnel; offering positive coping skills and stress management training; and providing adequate supervision and staff coverage.*

**Interpretation:** *Before a crisis or traumatic event occurs, the organization's leadership should establish a coordinated plan detailing its organization-wide response strategy (see also ASE 7), in accordance with all applicable confidentiality laws and regulations. For example, response plans in the event of a suicide can include: procedures for managing information about the death, coordination of internal or external resources, supports for those affected by the death, commemoration of the deceased, and follow-up with anyone at elevated risk for suicide.*

**Interpretation:** *The suicide attempt or death of a service recipient can be a traumatic experience for staff and appropriate supports and avenues for grief are often not provided. Staff may feel responsible for the individual's death, professionally inadequate, and ashamed. Individuals exposed to suicide can also be at elevated risk for suicide. To help staff process the loss of a service recipient to suicide, voluntary non-judgmental support services should be provided to help the affected staff and other personnel grieve and prepare for future contact with individuals at risk for suicide.*

**Research Note:** *Secondary traumatic stress (STS)--distress that results from being exposed to the traumatic stories of others, and vicarious trauma (VT)--internal changes in the perception of self due to chronic exposure to*

### Purpose

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.



## Shelter Services

*traumatic material, have a significant impact on direct care workers and supervisors. STS has been linked to increased absenteeism among employees, high staff turnover, and decreased compliance with organizational requirements. The impact of VT can impede organizational function and negatively influence an individual's sense of trust, safety, control, and esteem.*

### **SH 13.07**

When clinical services are provided on-site, experienced personnel with an advanced degree in social work, psychology, counseling, psychiatry, psychiatric nursing, or other human services, provide:

- a. case supervision or case consultation;
- b. overall guidance to the program; and
- c. training of direct-service and supervisory personnel.

**NA** Program personnel do not provide clinical services.

### **SH 13.08**

Employee workloads are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the worker, including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume, accounting for assessed level of needs of new and current clients and referrals.

### **Purpose**

Shelter Services meet the basic needs of individuals and families who are homeless or in transition, support family stabilization or independent living, and facilitate access to services and permanent housing.