



North Carolina Balance of State Continuum of Care

bos@ncceh.org

919.755.4393

www.ncceh.org/BoS

NC Balance of State Continuum of Care Program Standards Emergency Shelter

OVERVIEW

The NC Balance of State Continuum of Care has developed these program standards to provide specific guidelines for how programs can operate to have the best chance of ending homelessness. These guidelines create consistency across the Balance of State, protect our clients by putting their needs first, and provide a baseline for holding all CoC programs to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to:

- Develop policies and procedures for evaluating individuals' and families' eligibility for and determining the process for prioritizing eligible households in emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs.
- For Emergency Shelters, HUD requires program standards to define policies and procedures for admission, diversion, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of DV, dating violence, sexual assault, and stalking.
- Develop policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, Homelessness Prevention programs, Rapid Rehousing programs, and Permanent Supportive Housing programs.
- Define participation in the CoC's Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

The Balance of State Continuum of Care developed the following Emergency Shelter program standards to ensure:

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

EXPECTATIONS

All program grantees using Department of Housing and Urban Development Continuum of Care and Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the Balance of State Continuum of Care to ensure compliance. The BoS CoC recommends that emergency shelters funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the BoS.

EMERGENCY SHELTER

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

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

Emergency shelters serve a wide variety of people experiencing homelessness in our communities and may target their services to a particular type of population. Many emergency shelters serve a single gender, individuals and/or families, people fleeing domestic violence, or a combination thereof. The most effective emergency shelters direct their services and resources toward a truly interim housing solution and have strong connections to permanent housing programs catering to the needs of people experiencing homelessness. Emergency shelters can provide short-term housing for individuals and families waiting for placement in a rapid rehousing program or permanent supportive housing program.

In the NC Balance of State Continuum of Care, shelters frequently remain below capacity or do not accept high-need individuals or families. However, this is where emergency shelters can play a significant role in the Balance of State's efforts to end homelessness as we know it. Emergency shelters can provide triage and interim beds for high-need and chronically homeless individuals and families while they await permanent housing placement. .

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



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

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

DEFINITIONS

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

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

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of homelessness has been homeless. (24 CFR 578.3)



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

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

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

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

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a group of persons



residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless:

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

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

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

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

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

Rapid Rehousing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or



sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

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

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based tool used by all regions in the Balance of State to determine initial acuity and set prioritization and intervention for permanent housing placement.

PERFORMANCE STANDARDS

PERSONNEL

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

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.



- If the shelter provides case management as part of its programs, case managers provide case management with the designated Case Management Tool¹ on a frequent basis (minimum of monthly) for all clients.
- Organizations will share and train all program staff on the NC Balance of State Emergency Shelter Written Standards.

CLIENT INTAKE PROCESS

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

Benchmarks

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

¹ CM Tool: <http://www.ncceh.org/files/6600/>; CM Tool Training: https://prezi.com/adwfk2xzig_/case-management-tool-version-2/



- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators who need said information.
- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants.

EMERGENCY SHELTER

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

Benchmarks

- Shelters must meet state or local government safety, sanitation, and privacy standards. Shelters should be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents.
- Shelters must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act, and Title II of the Americans with Disabilities Act, where applicable.
- Shelters may provide case management, counseling, housing planning, child care, education services, employment assistance, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, and transportation per 24 CFR 576.102 but cannot deny services to individuals and families unwilling to participate in services. See next section for specific required and optional services shelters must provide.
- Shelters providing shelter to families may not deny shelter to a family on the basis of the age and gender of a child under 18 years of age.
- Shelters must comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4946), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4956), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.
- Shelters must actively participate in their community's coordinated assessment system.
- Shelters shall not charge money for any housing or supportive service provided.
- Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.

CASE MANAGEMENT SERVICES

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

Benchmarks (Standard available services)

- Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.
- Shelter staff provide regular and consistent case management to shelter residents based on the individual's or family's specific needs. Case management includes:
 - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
 - Assisting clients to maintain their shelter bed in a safe manner and understand how to get along with fellow residents.



- Helping clients to create strong support networks and participate in the community as they desire.
- Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
- If the shelters provide case management as part of its programs, use of the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
- Shelter staff or other programs connected to the shelter through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

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

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

TERMINATION

STANDARD: Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. BoS recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks

- In general, if a resident violates program requirements, the shelter may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance.
- Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.



- Termination may carry a barred list when a client has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the program a chance to provide further assistance at a later date

CLIENT FILES

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

Benchmarks

- Client files should, at a minimum, contain all information and forms required by HUD and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the shelter program and indirectly by other community service providers. ESG requires:
 - Documentation of homeless status (see above for the priority of types of documentation)
 - Determination of ineligibility, if applicable, which shows the reason for this determination
 - Annual income evaluation
 - Documentation of using the community's coordinated assessment system
- All client information should be entered into the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, enter HUD required data elements, and update the client's information as changes occur.
- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All programs must have a consent for release of information form for clients to use to indicate consent in sharing information with other parties.
- All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

EVALUATION AND PLANNING

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

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by ESG.



- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
- Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

