Service Standards

Shelter Services

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

Definition

Shelter Services provide individuals who are experiencing homelessness or in transition with temporary shelter, food, clothing, and a variety of other supports. Programs may be designed to provide different types and levels of service, including a most basic level of emergency shelter, an enhanced level of emergency shelter, and transitional housing. Programs may also be designed to serve different populations, including adults, families, and children/youth without their parents.

COA Accreditation's Shelter Services (SH) standards are designed to accommodate the range of different programs that organizations may offer. Organizations have the option to take NAs at specific standards throughout the section, if those standards are not applicable to the services they provide.

Note: *Programs that provide mental health or substance use services will also complete COA Accreditation's standards for Mental Health and/or Substance Use Services (MHSU).*

Note: *Organizations that operate shelters specifically designed to serve survivors of domestic violence will complete the COA Accreditation standards for Domestic Violence Services (DV), not Shelter Services (SH). Organizations that operate shelters designed to serve survivors of sexual assault or human trafficking may choose to complete the standards for Domestic Violence Services (DV) rather than the standards for Shelter Services (SH).*

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 for the research that informed the development of these standards.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Shelter Services

SH 1: Person-Centered Logic Model

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on 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.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

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

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

3

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

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

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.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	
	• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:

1. Program director
2. Relevant personnel

SH 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to: (a) characteristics of the service population; (b) needs assessments and periodic reassessments; (c) risks assessments conducted for specific interventions; and (d) the best available evidence of service effectiveness.*

SH 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Shelter Services

SH 2: Personnel

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

Program personnel have the competency and support needed to provide services and meet the needs of individuals experiencing homelessness.

Interpretation: *Competency can be demonstrated through education, training, or experience, including lived experience when applicable. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

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, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

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

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, and, as a result, the integrity of the service may be compromised; or
- 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; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- 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; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; 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.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	
*	• Procedures or other documentation relevant to continuity of care and case assignment	
*	• List of program personnel that includes: 1. Title 2. Name 3. Employee, volunteer, or independent contractor 4. Degree or other qualifications 5. Time in current position • See organizational chart submitted during application	
*	• Procedures or other documentation specific to peer support workers, if applicable	

Site Visit Evidence

*	• Sample job descriptions from across relevant job categories • Documentation tracking staff completion of required trainings and/or competencies • Training curricula • Contract or agreement with agency employing peer support workers, if applicable • Coverage schedules for the past six months • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel • Review personnel files

SH 2.01

Direct service personnel are qualified by:

a. a bachelor's degree in social work or a comparable human service field;
b. a bachelor's degree in a field other than a human service, with appropriate experience; or
c. appropriate licensure or certification.

Interpretation: *Specialized training and appropriate experience, including lived experience, can compensate for a lack of a bachelor's degree.*

SH 2.02

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 years of direct care experience in human services; or
b. a bachelor's degree in social work or a comparable human service field and four years of direct care experience in human services.

Interpretation: *Specialized training and appropriate experience, including lived experience, can compensate for a lack of a degree.*

SH 2.03

All direct service personnel are trained on, or demonstrate competency in:

a. understanding homelessness, including the causes and effects of homelessness, overrepresented and vulnerable populations, barriers to exiting homelessness, and service needs;
b. understanding the local homelessness response system;
c. employing an empathetic and non-judgmental approach to engagement;
d. fostering motivation;
e. identifying and remedying practices and language that may stigmatize persons served;
f. recognizing and responding to risks, needs, and emergencies related to health and mental health, including signs of suicide risk; and
g. implementing harm reduction strategies.

Examples: *Overrepresented and vulnerable populations can include, for example: (a) individuals coping with substance use and/or mental health issues, including dual diagnosis; (b) individuals coping with trauma; (c) individuals with HIV/AIDS; (d) individuals who identify as lesbian, gay, bisexual, transgender, or gender non-conforming; (e) individuals who have been victims of violence, abuse, or neglect; (f) individuals who may be the victims of human trafficking or sexual exploitation; (g) pregnant and parenting individuals; (h) runaway and homeless children and youth, including both young children and older youth; (i) individuals with current or past criminal justice system involvement; (j) individuals with current or past child welfare system involvement; (k) individuals with disabilities; (l) individuals with developmental disabilities; (m) individuals of racial or ethnic backgrounds overrepresented among those experiencing homelessness or in transition; (n) veterans; and (o) older adults.*

SH 2.04

Case managers and other relevant staff are trained on, or demonstrate competency in, as appropriate to the populations served:

a. assessing needs;
b. conducting safety assessments, when individuals are victims of human trafficking, sexual exploitation, or domestic violence;
c. understanding local housing resources and conducting housing searches;
d. engaging landlords;
e. understanding and navigating issues experienced by individuals involved with multiple systems; and
f. reconnecting runaway and homeless youth to their families.

NA: The organization only provides a basic level of emergency shelter.

SH 2.05

Personnel leading education and/or support groups are trained on, or demonstrate competency in:

a. establishing a supportive, nonjudgmental environment that promotes respectful interactions;
b. engaging and motivating participants;
c. helping participants develop skills and/or understanding relevant to the group's area of focus;
d. understanding group dynamics;
e. leading discussions; and
f. facilitating group activities.

NA: The organization does not offer education and/or support groups.

SH 2.06

When individuals with lived experience are enlisted to provide peer support to persons served, the organization:

a. clearly defines their roles and responsibilities;
b. establishes guidelines for recruitment and selection;
c. ensures peer support workers are trained to perform their roles and responsibilities;
d. provides ongoing support and supervision to address any issues that may arise on the job, including helping peer support workers navigate complex situations and manage personal triggers and challenges; and
e. facilitates opportunities for peer support workers to connect and consult with others performing similar roles.

NA: The organization does not utilize peer support workers.

Interpretation: *When peer support workers are employed by another agency, and that agency is responsible for implementing elements (b), (c), (d), and/or (e), the organization should provide evidence documenting that arrangement (e.g., a contract).*

Examples: *Pre- and in-service training can prepare peer support workers to fulfill their roles and responsibilities by addressing: (a) their job duties; (b) skills, concepts, and philosophies related to peer support; (c) healthy and appropriate boundaries; (d) expectations for maintaining confidentiality and documenting contacts; and (e) how to handle ethical dilemmas.*

SH 2.07 (FP)

There is at least one person on duty at each service delivery location any time persons served are present who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

SH 2.08

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

SH 2.09

The organization minimizes the number of workers assigned to persons served over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

Examples: *One of the most important aspects of care for victims of 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 2.10

Employee workloads support the achievement of positive outcomes and are regularly reviewed.

Examples: *Factors that may be considered when determining employee workloads include, but are not limited to: (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 persons served.*

Shelter Services

SH 3: Intake and Assessment

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

The organization's intake and assessment practices ensure that persons served receive prompt and responsive access to appropriate services.

Examples: *The organization's intake and assessment processes can be connected to the community's overall coordinated entry process, when possible and available. This integration will allow the individuals served to be assessed and prioritized for housing assistance in the same manner as any other person seeking services from the homelessness system.*

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
- In a few rare instances, urgent needs were not prioritized; 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 and training; or
- Active participation of persons served 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
- 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
- Assessments are sometimes not sufficiently individualized; or
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

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.

Table of Evidence

Self Study Evidence

* • Screening and intake procedures	
* • Copy of screening tool(s)	
* • Assessment procedures	
* • Copy of assessment tool(s)	

Site Visit Evidence

* • Documentation of collaboration with other community providers and resources, if applicable • Eligibility criteria, if applicable • Community resource and referral list

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

SH 3.01

In an effort to ensure services are available to those in need, the organization avoids overly restrictive eligibility criteria that unnecessarily pose barriers to entry.

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

Examples: *In an effort to ensure services are available to those who need them, shelters will ideally admit individuals or families regardless of ability to pay, employment status, level of income, sobriety, or criminal record. Some shelters also strive to accommodate individuals with pets.*

SH 3.02

Individuals and/or families seeking services are informed about:

a. how well their request matches the organization's services; and
b. what services will be available and when.

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

SH 3.03 (FP)

Prompt, responsive intake practices:

a. explore whether individuals can be diverted to safe and appropriate alternatives to shelter;

b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

Interpretation: *Element (a) may not be applicable if another party or entity has already considered whether individuals can be diverted to safe and appropriate alternatives to shelter.*

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

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

SH 3.04 (FP)

Individuals participate in an age-appropriate intake screening that includes:

a. 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. education status, including enrollment in early childhood education or school, when serving children/youth.

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

Interpretation: *To ensure that transgender and gender non-conforming individuals are treated with respect and feel safe, intake forms and procedures should allow individuals to self-identify their gender, in accordance with applicable federal and state laws.*

SH 3.05

Persons served participate in an individualized, culturally, and linguistically responsive assessment that is:

a. completed within established timeframes, generally within two weeks of intake;
b. updated as needed based on the needs of persons served; and
c. focused on information pertinent for meeting service requests and objectives.

NA: The organization only provides a basic level of emergency shelter and does not conduct assessments.

Examples: *The frequency of updates to assessments can vary depending on the ages and needs of persons served. For example, updates may be conducted more frequently for young children due to the rapid pace of their development.*

SH 3.06

A comprehensive, age-appropriate assessment includes, as appropriate:

a. housing history for the past five years;
b. housing barriers;
c. housing goals and preferences;
d. employment history;
e. veteran status;
f. level of education and educational goals;
g. income and resources, including mainstream benefits history;
h. substance use history;
i. mental health history, diagnoses, and medications;
j. developmental disability status and history;
k. family situation, functioning, and stability, including strengths, struggles, and conflicts;

l. a social network inventory, including relationships with family, friends, and/or significant others;
m. history of childhood victimization and trauma;
n. history of adult victimization, including domestic violence and sexual abuse, and imminent and long-term safety concerns;
o. cognitive, language, motor, behavioral, and social-emotional development, when serving children/youth; and
p. involvement in education, child welfare, and/or juvenile justice systems, when serving children/youth.

NA: The organization only provides a basic level of emergency shelter and does not conduct assessments.

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

Interpretation: *Personnel that conduct assessments should be aware of the indicators of a potential trafficking victim, including, but not limited to: evidence of mental, physical, or sexual abuse; physical exhaustion; working long hours; living with employer or many people in confined area; unclear family relationships; heightened sense of fear or distrust of authority; presence of older significant other or pimp; loyalty or positive feelings towards an abuser; inability or fear of making eye contact; chronic running away or homelessness; possession of excess amounts of cash or hotel keys; and 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.*

Examples: *Regarding element (m), assessments may explore a range of adverse childhood experiences (ACEs), including: (a) emotional, physical, and sexual abuse; (b) violence in the home; (c) household substance use; (d) mental illness in the household; (e) parental divorce or separation; (f) household members with criminal justice involvement; and (g) emotional and physical neglect.*

Shelter Services

SH 4: Service Planning and Monitoring

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

Individuals participate in the development and ongoing review of service plans that are the basis for delivery of appropriate services and support.

NA: The organization only provides a basic level of emergency shelter and does not develop service plans.

Interpretation: *Implementation of this core concept may vary based on both the nature of services provided and the needs and circumstances of persons served. For example, some emergency shelters may work with persons served to develop "housing plans" that focus solely on connecting individuals to a safe and stable living arrangement. Furthermore, given that some individuals and families may only stay in an emergency shelter for a brief time, a plan may not be developed for every person who walks through the shelter's door. Planning will be most important when individuals use the shelter on a long-term or recurring basis.*

When an organization serves children placed by a public child welfare agency and the caseworker is responsible for service planning and monitoring, the organization can: (a) provide documentation of this arrangement; and (b) demonstrate how it collaborates with the child welfare agency to support implementation of the standards.

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 and training; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served 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
- Case reviews are not being done consistently; or
- Level of care for some people is clearly inappropriate; or
- Service planning is often done without the full participation of persons served; or
- Appropriate family involvement is not documented; or

- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

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.

Table of Evidence

Self Study Evidence

*	• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

SH 4.01

An assessment-based service plan is developed in a timely manner with the full participation of persons served, and their family when appropriate, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. possibilities for maintaining and strengthening family relationships and other informal social networks;
d. procedures for expedited service planning when crisis or urgent need is identified; and
e. documentation of the individual's or family's participation in service planning.

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 victims to develop safety plans that focus on increasing physical safety by securing needed documents, property, and services; maintaining the program's location in confidence or restricting access to the program site; and linking efficiently to law enforcement, if needed. Psychological safety should also be prioritized as the emotional effects of trauma – mistrust, anxiety, and depression – can be persistent and overwhelming.*

SH 4.02

The organization works in active collaboration with persons served, the homelessness service system, and other community providers to:

a. help individuals access needed services;
b. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
c. ensure that persons served receive appropriate advocacy support; and
d. mediate barriers to services within the service delivery system.

Interpretation: *In some cases (e.g., when serving children placed by a public child welfare agency) it may be necessary and appropriate to collaborate with the child welfare system instead of the homelessness service system.*

SH 4.03

The worker and a supervisor, or a clinical, service, or peer team, review the case every two weeks, or more frequently depending on the needs of persons served, to assess:

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

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

SH 4.04

The worker partners with the individual or family to:

a. review progress toward achievement of agreed upon service goals; and
b. document revisions to service goals and plans.

Shelter Services

SH 5: The Rights of Persons Served

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

The organization respects individuals' rights, dignity, and values.

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 and training; or
- Active participation of persons served 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
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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.

Table of Evidence

Self Study Evidence

*	• Program guidelines and expectations	
*	• Procedures regarding opening mail of persons served	
*	• Involuntary discharge policy	

*	• Involuntary discharge procedures

Site Visit Evidence

*	• Information regarding the rights of persons served • Documentation demonstrating that program guidelines and expectations are periodically reviewed

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

SH 5.01 (FP)

Stays in the program are voluntary, unless legally mandated.

SH 5.02 (FP)

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

SH 5.03

Program guidelines and expectations are:

a. designed to promote a safe and respectful environment without infringing upon the autonomy of individuals, to the extent possible and appropriate; and
b. periodically reviewed to determine whether they are functioning as intended.

Interpretation: *Although guidelines and expectations can help to maintain safety and facilitate communal living, they can also be restrictive and controlling, which can both undermine an individual's sense of agency and lead some of those most in need to leave the shelter. Accordingly, organizations should strive to minimize the number of guidelines and expectations they have, and make an effort to ensure those they keep do not unnecessarily impede individuals' ability to: (a) make choices; (b) access their social support networks; (c) find and hold jobs; (d) parent their children; (e) participate in activities outside the shelter (e.g., religious services); and (f) follow their routines and rituals to the greatest extent possible.*

Examples: *Soliciting input on shelter guidelines and expectations from persons served can help an organization determine if guidelines and expectations are functioning as intended.*

SH 5.04 (FP)

The organization does not open mail received by persons served unless a previous incident involving the individual 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 individual in the presence of designated personnel; or
b. receiving or sending unopened mail is contraindicated.

SH 5.05 (FP)

Policies and procedures regarding involuntary discharge:

a. are provided and explained at intake;
b. define specific behaviors, conditions, or circumstances that may result in involuntary discharge, and limit involuntary discharge to extreme situations;
c. are clear and simple, avoiding bureaucratic language;

d. include timely due process provisions;
e. describe the conditions or process for re-admission, and avoid overly restrictive requirements regarding how much time must pass before an individual can return; and
f. require all reasonable efforts be made to prevent exits to unsheltered locations.

Shelter Services

SH 6: Program Facilities

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

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

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 and training; or
- Active participation of persons served 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
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

*

- Criteria for making group assignments

On-Site Activities

*

- Interviews may include:

1. Program director
2. Relevant personnel
3. Persons served

- Observe facility and outdoor area/grounds

SH 6.01

Accommodations include:

a. adequately and attractively furnished rooms with a separate bed for each individual, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets;
b. safe, private bathroom and shower facilities;
c. a non-stacking crib for each infant and toddler that is 24 months or younger that meets safety guidelines, as applicable; and
d. a safe place, such as a locker, to keep personal belongings.

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

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

Examples: *The Consumer Product Safety Commission (CPSC) provides standards to ensure safety for full-size and non-full-size cribs.*

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

SH 6.02

Programs provide:

a. sufficient space, supplies, and equipment to meet the needs of persons served;
b. rooms for the provision of on-site services, if applicable;
c. accommodations for informal gatherings, including during inclement weather;
d. adequate space, supplies, and equipment for food preparation, housekeeping, laundry, maintenance, storage, and administrative support functions;
e. at least one room suitably furnished for the use of on-duty personnel; and
f. private sleeping accommodations for personnel who sleep at the facility, if applicable.

Examples: *Regarding element (a), space will ideally enable residents to: (a) spend time alone; (b) access the outdoors; and (c) engage in physical activity.*

Note: *See SH 9.01 for additional expectations when the organization serves families with children. See SH 10.08 for additional expectations when the organization serves children/youth without their parents.*

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

SH 6.03

The organization considers individuals' unique characteristics, needs, and preferences when grouping people together.

Interpretation: *Characteristics and needs that should be considered can include age, necessary accommodations, ability to adjust to a group, gender, gender identity, and gender expression. Transgender and gender non-conforming individuals should be given access to sleeping quarters, bathroom facilities, and services based on their preferences and in accordance with applicable federal and state laws.*

Examples: *Examples of ways that organizations can meet the grouping needs of transgender and gender non-conforming individuals can include, but are not limited to: (a) respecting the individual's name and pronouns; (b) providing gender neutral restrooms where facility structure allows; (c) having individuals use restrooms one at a time; (d) allowing for single bedroom models; or (e) providing LGBTQ+ specific sleeping quarters.*

SH 6.04

The organization houses families as a unit and keeps sibling groups together, whenever possible.

NA: The organization does not serve families or children/youth without their parents.

Shelter Services

SH 7: Basic Services

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

The organization provides services that ensure that individuals are safe and their immediate needs are met.

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 and training; or
- Active participation of persons served 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
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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.

Table of Evidence

Self Study Evidence

*	• Procedures for referring individuals to services	

Site Visit Evidence

*	• Community resource and referral list

- Informational materials provided to persons served
- Group schedule for the previous 12 months, if applicable
- Educational curricula, if applicable

On-Site Activities

*

- Interviews may include:

1. Program director
2. Relevant personnel
3. Persons served

- Observe facility
- Review case records

SH 7.01

Personnel engage with persons served in ways that build trust and promote the development of positive relationships.

Examples: *Personnel can build trust and promote the development of positive relationships by, for example: (a) adopting a trauma-informed approach to engagement; (b) engaging with individuals in a respectful, non-threatening, non-stigmatizing, and non-judgmental manner; (c) demonstrating sensitivity to the willingness of an individual to be engaged; (d) interacting with individuals in a culturally and linguistically responsive manner; (e) being honest, transparent, and authentic; (f) listening to what individuals say and trying to understand their perspectives; (g) responding to individuals' goals and concerns; (h) being consistent and reliable; (i) recognizing strengths; (j) offering encouragement and emotional support; (k) respecting individuals' autonomy, confidentiality, boundaries, and choices; and (l) remaining persistent over time.*

SH 7.02

Shelters meet basic needs by providing:

a. water;
b. nutritious food;
c. clothing;
d. personal hygiene supplies;
e. a mailing address and/or voicemail;
f. outlets for charging electronic devices;
g. access to a telephone;
h. access to a computer and the internet;
i. access to laundry facilities;
j. crisis intervention; and
k. linkage to urgent medical and/or mental health care, as needed.

Interpretation: *Urgent medical care should include access to opioid reversal medication.*

Examples: *Providing persons served with a private voicemail account may help them to communicate and stay connected with employers, landlords, service providers, and family members.*

Examples: *Organizations can respond to identified suicide risk by: (a) connecting the individual to more intensive services; (b) facilitating the development of a safety and/or crisis plan; or (c) contacting emergency responders, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines, as appropriate.*

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

SH 7.03

The organization helps individuals explore their housing options and access safe and stable housing.

NA:

- The service population is limited to children/youth for whom living independently is not an option.
- The organization only serves children who have been placed by a public child welfare agency, and the child welfare agency is responsible for arranging future living arrangements.

Interpretation: *The type and extent of assistance provided will vary based on the needs and circumstances of persons served. While some individuals may be able to find housing and exit shelter with minimal assistance, others may require more extensive support. Individuals who use the shelter on a long-term or recurring basis may need the most help obtaining safe and stable housing.*

Examples: *Support and assistance may include helping individuals: (a) access information about housing available in the community (e.g., apartment listings); (b) understand the different types of housing programs that may be available to them, including eligibility requirements, application process, wait times, support provided, and duration; (c) explore other housing options outside the homelessness service system (e.g., living with family, shared housing); (d) obtain documents that may be needed to secure housing (e.g., birth certificate, photo identification, and/or social security card); (e) make informed decisions about which type of housing to pursue; and/or (f) initiate the steps needed to access housing (e.g., completing required assessments or applications). Connecting individuals to financial and in-kind assistance programs, as referenced in SH 7.04, will also support their ability to afford housing.*

Note: *When the organization serves youth without their parents, implementation of this standard will overlap with SH 10.12.*

SH 7.04

Individuals are linked to any available financial assistance and in-kind supports.

NA: The organization only serves children who have been placed by a public child welfare agency, and the child welfare agency is responsible for connecting children to financial assistance and in-kind supports.

Interpretation: *Implementation of this standard may be fairly limited when an organization provides only a most basic level of emergency shelter, but personnel can still strive to provide some degree of support. For example, the organization might distribute pamphlets that explain how to access the types of assistance that may be available, or offer general information about other organizations that provide this type of help.*

Examples: *Financial assistance and in-kind supports may include, for example: (a) cash assistance; (b) food and nutrition assistance; (c) transportation assistance; and (d) child care subsidies. Once housing has been secured individuals may also need move-in and utility assistance.*

SH 7.05

Individuals are linked to additional services and supports that promote stability and well-being, as appropriate to their needs and wishes.

NA: The organization only serves children who have been placed by a public child welfare agency, and the child welfare agency is responsible for connecting children to additional services and supports.

Interpretation: *Implementation of this standard may be fairly limited when an organization provides only a most basic level of emergency shelter, but personnel can still strive to provide some degree of support. For example, the organization might distribute pamphlets that explain how to access available services, or offer general information about other organizations that provide this type of help.*

Examples: *Individuals may need or wish to be connected to services and supports that include, for example: (a) medical and dental services; (b) mental health services; (c) substance use services; (d) employment opportunities and services; (e) education services; (f) legal assistance; (g) peer support services; (h) child care; (i) domestic violence services; and/or (j) services for victims of human trafficking.*

Note: *When the shelter also provides the additional supportive services addressed in SH 8, implementation of this standard will overlap with that core concept.*

SH 7.06

When the organization offers education and/or support groups, services:

a. address topics relevant to the needs and/or interests of persons served;
b. are provided in a safe, supportive environment;
c. are designed to respond flexibly to the changing needs of participants;
d. provide opportunities for participants to ask questions, share their thoughts and experiences, and learn from the thoughts and experiences of others;
e. enable participants to build connections and develop positive relationships with others; and
f. are scheduled with participants' time commitments in mind, to the extent possible and appropriate.

NA: The organization does not offer education and/or support groups.

Note: *When the shelter also provides the supportive services addressed in SH 8, implementation of this standard will likely overlap with that core concept.*

Shelter Services

SH 8: Supportive Services

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

Supportive services help individuals meet needs and prepare for reintegration into community life.

NA: The organization does not provide supportive services.

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 and training; or
- Active participation of persons served 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
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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.

Table of Evidence

Self Study Evidence

*	• Procedures for referring individuals to services	

Site Visit Evidence

- Informational materials provided to persons served
- Educational curricula, if applicable
- Community resource and referral list

On-Site Activities

- Interviews may include:

1. Program director
2. Relevant personnel
3. Persons served

- Review case records

SH 8.01

Individuals are helped to develop knowledge and skills that promote housing stability, independence, and/or positive personal functioning.

NA: The service population is limited to children/youth for whom living independently is not an option.

Examples: *Individuals may be helped to develop knowledge and skills in areas related to, for example: (a) tenant rights and responsibilities; (b) household management; (c) budgeting and money management; (d) credit and debt counseling; (e) activities of daily living; (f) accessing and utilizing needed services and resources; (g) healthy and effective communication; (h) maintaining and strengthening interpersonal relationships; (i) problem solving and conflict management; (j) coping with adversity, negative emotions, and stress; and (k) personal growth and future aspirations.*

SH 8.02 (FP)

Individuals are provided with or linked to health services that include, as needed:

a. routine medical and dental care, including medical and dental assessments for children and youth that are conducted in accordance with well-child guidelines, as applicable;
b. behavioral health care, including substance use and mental health services;
c. medication management and/or monitoring;
d. medical respite care services;
e. developmentally appropriate information regarding topics including safe and healthy relationships, pregnancy prevention, family planning, and prevention of HIV/AIDS and other sexually transmitted infections/diseases; and
f. harm reduction that aims to prevent behaviors that can have negative outcomes and/or reduce the negative outcomes associated with the behavior.

Interpretation: *Transgender individuals may need assistance accessing specialized medical services and should be referred to appropriate providers in the community, as needed and in accordance with applicable legal requirements.*

Examples: *Regarding element (f), interventions and goals may vary depending on the behavior that is targeted and the population served, for example preventing pregnancy among youth or reducing harm from continued substance use among adults.*

SH 8.03 (FP)

Pregnant individuals are provided with or linked to specialized services that include, as appropriate:

a. pregnancy counseling;
b. prenatal care;
c. postpartum care;
d. mental health care, including information, screening, and treatment for prenatal and postpartum depression;
e. pediatric health care; and
f. children's health insurance programs.

NA: The organization does not serve pregnant individuals.

Interpretation: *Pregnant youth and young adults may need more intensive services that are developmentally appropriate for adolescence and early adulthood.*

SH 8.04

Pregnant and parenting individuals are provided with or linked to education that addresses:

a. basic caregiving routines;
b. child growth and development;
c. meeting children's social, emotional, and physical health needs;
d. environmental safety and injury prevention;
e. parent-child interactions and bonding; and
f. age-appropriate behavioral expectations and appropriate discipline, including alternatives to corporal punishment.

NA: The organization does not serve pregnant or parenting individuals.

Examples: *Topics can be tailored based on the needs of persons served. For example, when serving expectant parents or parents of young children, education on environmental safety and injury prevention will typically address topics such as safe practices for sleeping and bathing.*

SH 8.05

Individuals are provided with or linked to the following supports, as needed:

a. transportation;
b. legal assistance;
c. help with basic literacy;
d. help with basic computer literacy;
e. education services, including GED preparation;
f. child care;
g. peer support services; and
h. social, cultural, recreational, and religious/spiritual activities.

SH 8.06

Individuals are provided with or linked to employment and vocational support that includes help with:

a. developing the habits, skills, and self-awareness essential to employability;
b. writing resumes, completing job applications, and preparing for interviews; and
c. finding and accessing local employment resources and placement options, including on-the-job training.

NA: The organization only serves children/youth.

Note: *Helping individuals secure transportation and child care, as per SH 8.05, will also support their ability to find and maintain employment.*

SH 8.07

Individuals are helped to maintain, strengthen, and expand their social support networks.

Examples: *Individuals can maintain, strengthen, and/or expand their connections with: (a) family and extended family; (b) friends; (c) community members; (d) community institutions; and/or (e) other shelter residents.*

Shelter Services

SH 9: Services for Families With Children

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

Organizations that serve families with children support the well-being of children and youth.

NA: The organization does not admit families with children.

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 and training; or
- Active participation of persons served 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
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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.

Table of Evidence

Self Study Evidence

* • Procedures for responding to educational needs	
* • Procedures for referring individuals to services	
• See program guidelines and expectations submitted in SH 5	

Site Visit Evidence

* • Schedule of program activities, if applicable • Community resource and referral list • Informational materials provided to persons served • Educational curricula, if applicable

On-Site Activities

* • Interviews may include: 1. Programdirector 2. Relevant personnel 3. Persons served • Observe facility and outdoor area/grounds • Review case records

SH 9.01

The shelter promotes the well-being of families with children by:

a. ensuring space can accommodate play, recreation, socialization, and family time;
b. providing supplies, equipment, and activities that are appropriate to the ages, developmental levels, and other characteristics of children and youth; and
c. childproofing rooms and common areas, including both indoor and outdoor environments.

Interpretation: *All toys and equipment must be installed and used according to the manufacturer's instructions and meet all applicable safety standards.*

Interpretation: *Regarding element (b), characteristics to take into account include language, ability, gender and gender identity, culture, race, ethnicity, religion, immigration status, socioeconomic status, and sexual orientation. Organizations providing only a basic level of emergency shelter may not provide activities for children and youth, but should still ensure that appropriate supplies and equipment are available.*

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

SH 9.02

The organization responds to the educational needs of children and youth by:

a. informing children/youth and their parents of their educational rights;
b. ensuring children ages 0-5 are connected with early childhood education programs;
c. coordinating educational services with relevant school districts; and
d. providing support that promotes educational participation and success, to the extent possible and appropriate.

Examples: *Organizations can support educational participation and success by, for example: (a) offering transportation to school; (b) providing time and space for quiet reading and studying; (c) offering assistance with school assignments; (d) connecting children and youth to tutoring; (e) helping children and youth obtain needed school supplies; and (f) helping college-bound students with college applications and the Free Application for Federal Student Aid (FAFSA) form.*

SH 9.03

The organization helps parents meet their children's needs by:

a. supporting parents' efforts to care for and bond with their children; and
b. linking parents to classes and/or other resources on positive parenting, as needed.

Interpretation: *Implementation of element (b) may be fairly limited when an organization provides only a most basic level of emergency shelter, but personnel can still strive to provide some degree of support. For example, the organization might distribute pamphlets that explain how to access available services, or offer general information about other organizations that provide this type of help.*

Examples: *Regarding element (a), personnel can support parents' efforts to care for and bond with their children by, for example: (a) modeling positive and responsive interactions; (b) offering encouragement and positive feedback; (c) taking care not to undermine parents' authority in front of their children; (d) providing opportunities for parents to spend time with their children; and (e) establishing guidelines and expectations that accommodate family routines and recognize and respect the role of a parent in a child's life, as referenced in SH 5.03.*

SH 9.04

Families are linked to services and supports that their children may need, including, as appropriate:

a. medical and dental services, including well-child visits and immunizations;
b. early intervention services;
c. mental health services, including trauma-specific services; and
d. social and recreational services and supports.

Interpretation: *Implementation of this standard may be fairly limited when an organization provides only a most basic level of emergency shelter, but personnel can still strive to provide some degree of support. For example, the organization might distribute pamphlets that explain how to access available services, or offer general information about other organizations that provide this type of help.*

Note: *When the shelter also provides the additional supportive services addressed in SH 8, implementation of this standard will overlap with SH 8.02 and SH 8.05.*

Shelter Services

SH 10: Services for Children/Youth Without Their Parents

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

The organization promotes the well-being and positive development of children and youth who are staying in the shelter without their families.

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 and training; or
- Active participation of persons served 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
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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.

Table of Evidence

Self Study Evidence

*	• Procedures for serving children/youth without their parent or legal guardian, including parental notification procedures	

*	• Procedures for referring individuals to services	
	• See program guidelines and expectations submitted in SH 5	
*	• Procedures for responding to educational needs	

Site Visit Evidence

*	• Coverage schedules and adult-child ratios for the past six months • Community resource and referral list • Schedule of program activities

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Observe facility and outdoor area/grounds • Review case records

SH 10.01

Organizations that serve children and youth without their parent or legal 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 organization 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.

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

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

SH 10.03

Organizations assess or confirm the appropriateness of family involvement, and when appropriate:

a. plan for reconnection and reconciliation with the family;
b. facilitate an active connection between parents and children/youth; and
c. provide or arrange services designed to stabilize and strengthen the family.

NA: The organization only serves children who have been placed by a public child welfare agency, and the child welfare agency is responsible for facilitating family involvement and contact.

Interpretation: *In cases where the child/youth is, or is suspected to be, a victim of human trafficking, it is important to be aware that their 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.*

Note: *See SH 11.05 for more information about the support that should be provided when children/youth are leaving shelter and returning to their families.*

SH 10.04 (FP)

The organization promotes appropriate supervision by ensuring:

a. personnel provide continuous 24-hour supervision for all children and youth; and
b. the adult-child ratio facilitates appropriate supervision, and does not exceed 1:4 when children younger than school age are in the service population.

SH 10.05

The organization 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 the state or local licensing authority requires or permits a higher maximum capacity, the organization should: (a) supply supporting documentation; and (b) demonstrate that it has sufficient staffing and capacity to ensure appropriate supervision and services.*

SH 10.06

Children and youth have sufficient uninterrupted sleep and, to the extent possible and appropriate, follow their usual and familiar routines for bedtime, bathing, and meals.

SH 10.07

Program stays are as brief as possible, and do not exceed 30 days unless:

a. the safety and/or well-being of runaway and homeless children and youth requires an extended stay (e.g., if family reunification is the preferred outcome and may take longer than 30 days to achieve); or
b. children and youth in foster care are awaiting placement or experiencing a crisis, and all other appropriate placement options have been exhausted.

SH 10.08

The organization meets the needs of children and youth by:

a. establishing clear, consistent, and developmentally-appropriate behavioral expectations;
b. providing an organized daily program of social, recreational, and educational activities;
c. ensuring space, supplies, equipment, and activities are appropriate to the ages, developmental levels, and other characteristics of children and youth; and
d. arranging opportunities for children and youth to participate in activities where they can expand their life experiences and develop meaningful relationships with peers, when possible and appropriate.

Interpretation: *Regarding element (c), all toys and equipment must meet applicable safety standards and be installed and used according to the manufacturer's instructions, and the organization should childproof rooms and common areas as appropriate to the ages of children served. Other characteristics to take into account include language, ability, gender and gender identity, culture, race, ethnicity, religion, immigration status, socioeconomic status, and sexual orientation.*

Interpretation: *Elements (b) and (d) may not apply when an organization provides only emergency short-term child welfare placements (i.e., for a few days), under contract with a public child welfare authority. However, the organization should be prepared to demonstrate that it collaborates with the child welfare agency to support children's participation in any activities or programs specified in their service plans.*

Note: *See SH 5.03 for more information regarding shelter guidelines and expectations.*

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

SH 10.09

In an effort to encourage the development of strong and healthy relationships with caring individuals who can provide long-term support, the organization helps children and youth to:

a. identify possible sources of support;
b. foster supportive relationships with current contacts, when it is safe and appropriate to do so; and
c. develop plans for managing any negative influences in their social support networks.

NA: The organization provides only emergency short-term child welfare placements (i.e., for a few days), under contract with a public child welfare authority.

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 or older relative, or communicate through another individual and utilize in-person contact to continue the exploitation of the victim.*

Examples: *"Caring individuals" may include, for example, friends, significant others, classmates, teachers, mentors, and other community members, as well as siblings, cousins, grandparents, and extended family members. Children and youth may also develop positive connections with their peers at the shelter and with other participants in the activities addressed in SH 10.08. Social support networks can reduce isolation and promote safety by providing emotional support, practical advice, and concrete assistance (e.g., material resources or a place to stay).*

Note: *Implementation of this standard may overlap with work done to facilitate family connections as per SH 10.03. When the organization provides the supportive services addressed in SH 8, implementation of this standard will also overlap with SH 8.07.*

SH 10.10

The organization responds to the educational needs of children and youth by:

a. informing children and youth of their educational rights;
b. informing parents/guardians of their children's educational rights, when possible and appropriate;
c. ensuring children ages 0-5 are connected with early childhood education programs;
d. coordinating educational services with relevant school districts; and
e. providing support that promotes educational participation and success, to the extent possible and appropriate.

NA: The organization provides only emergency short-term child welfare placements (i.e., for a few days) under contract with a public child welfare authority, and the child welfare agency is responsible for addressing educational needs.

Interpretation: *When an organization serves children placed by a public child welfare agency and the caseworker is responsible for implementing any aspect of this practice standard, the organization can: (a) provide documentation of this arrangement; and (b) demonstrate how it collaborates with the child welfare agency to support standards implementation.*

Examples: *Organizations can support educational participation and success by, for example: (a) offering transportation to school; (b) providing time and space for quiet reading and studying; (c) offering assistance with school assignments; (d) connecting children and youth to tutoring; (e) helping children and youth obtain needed school supplies; and (f) helping college-bound students with college applications and the Free Application for Federal Student Aid (FAFSA) form.*

SH 10.11

Children and youth are linked to needed services and supports offered by other community providers, including, as appropriate:

a. medical and dental services, including well-child visits and immunizations;
b. early intervention services; and
c. mental health services, including trauma-specific services.

NA: The organization only serves children who have been placed by a public child welfare agency, and the child welfare agency is responsible for connecting children to needed services and supports.

Note: *When the shelter also provides the additional supportive services addressed in SH 8, implementation of this standard will overlap with SH 8.02.*

SH 10.12

The organization explores a range of possible living arrangements with children and youth including, as appropriate to their needs, age, and developmental level:

a. return to family when possible and in the best interest of the individual served;
b. residing with friends or relatives;
c. referral to community-based residential facilities or foster care; and/or
d. living independently in the community.

NA: The organization only serves children who have been placed by a public child welfare agency, and the child welfare agency is responsible for arranging future living arrangements.

Note: *When living independently in the community is an option, implementation of this standard will overlap with SH 7.03.*

Shelter Services

SH 11: Case Closing and Aftercare

Purpose

Shelter Services enable individuals and families who are experiencing homelessness or in transition to stay in a safe place, meet their basic needs, access needed services and supports, and transition to a stable living situation.

The organization works with persons served, and their families when appropriate, to plan for case closing and, when possible, to develop aftercare plans.

NA: The organization provides only emergency short-term child welfare placements (i.e., for a few days), under contract with a public child welfare authority.

Interpretation: *Service planning and aftercare planning are often the same process and service and aftercare plans are often integrated.*

Interpretation: *Implementation of this core concept may vary based on both the nature of services provided and the needs and circumstances of persons served. For example, while planning for case closing and aftercare may be fairly extensive when a person has used a shelter on a long-term or recurring basis, planning will likely not occur if an individual or family stays in an emergency shelter for a night or two. Planning may also be fairly limited when an organization provides only a most basic level of emergency shelter.*

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 and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements 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 frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Aftercare planning and follow-up procedures	

Site Visit Evidence

*	• Relevant portions of contract with public authority, as applicable

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

SH 11.01

Planning for case closing:

a. is a clearly defined process that includes assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, persons served, and others, as appropriate to the needs and wishes of the service recipient.

SH 11.02

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

SH 11.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

SH 11.04

When appropriate, the organization works with persons served, and their family as appropriate, to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; or
b. develop a case closing summary that includes identification of unmet needs, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

Interpretation: *Some organizations that provide only a basic level of emergency shelter may develop case closing summaries rather than aftercare plans even if they do not have a relevant contract with a public authority.*

SH 11.05

When the organization serves children/youth without their parents and the child/youth will return to their family, family members receive information and support to help them:

a. understand the needs of the child/youth; and
b. promote successful reintegration with the family and community.

NA:

- The organization does not admit children/youth without their parents.
- The organization has a contract with a public authority that prohibits or does not include aftercare planning.

Interpretation: *Different families may need different types of information and support. For example, when youth identify as LGBTQ+, it will be important to provide their families with education and guidance that is culturally relevant and focused on strategies for increasing acceptance and support. Similarly, if youth are trafficking victims, educating parents 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, covering topics such as internet safety, how to respond when a child runs away, and developing healthy relationships. Additionally, information should address the issue of stigma and focus on how to foster a healthy, nonjudgmental environment that supports successful reintegration.*

SH 11.06

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of persons served.

NA:

- The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.
- The organization only provides a basic level of emergency shelter and does not provide follow-up.

Examples: *Reasons why follow-up may not be appropriate include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the individual, such as in cases of domestic violence.*