

MIAMI-DADE COUNTY HOMELESS TRUST
CONTINUUM OF CARE
EMERGENCY SHELTER PROGRAM STANDARDS

I. PURPOSE OF CoC EMERGENCY SHELTER PROGRAMS

Emergency shelters within the Miami-Dade County Continuum of Care (CoC) provide short-term emergency housing and care to homeless individuals and/or families with the objectives of housing crisis stabilization, housing need assessment and rapid re-housing.

Such programs are operated by local community-based agencies and supported by federal Emergency Solution Grant (ESG) funds, Miami-Dade County 1% Food & Beverage tax proceeds and/or other funding sources.

Access to the Miami-Dade County's ESG and CoC-funded emergency shelter programs is coordinated through the Miami-Dade County Homeless Trust's Coordinated Outreach and Assessment Process as described below.

These Standards of Care for the provision of emergency shelter apply to all emergency shelter beds under an agreement with Miami-Dade County. The CoC encourages non-County funded emergency shelters to adopt these Standards of Care to ensure that all homeless persons receive the same level of care regardless of provider or source of financial support.

II. DEFINITIONS

A. Emergency Shelter

Emergency Shelter is also known as "Temporary Care" in the Miami-Dade County Homeless Plan, or "Emergency Housing." The term emergency shelter refers to emergency housing facilities as well as such facilities' service-related programs and the providers who operate such facilities and programs. Emergency shelters are indoor living facilities, generally congregate, with exception for quarters serving large families. Shelters provide individual raised beds along with meals, hygiene facilities, case management and other services.

B. Housing First

The Miami-Dade CoC is Housing-First focused, meaning shelter stays must not exceed a length longer than necessary to assist the participant to become permanently housed or to access a program such as short-term residential treatment or specialized transitional housing which may assist their goal of long-term housing stability.

C. Homeless

All shelter beds funded by Miami-Dade County and participating in Miami-Dade County's

HMIS must serve only participants who meet the federal Homeless definitions 1, 2, or 4 (see attached Homeless Verification).

[✓] Category 1: Literally Homeless. This includes individuals or families whose primary nighttime residence is a place not meant for human habitation, sheltered households, or persons exiting an institution where they resided for less than 90 days and either slept in a place not meant for human habitation or shelter immediately before entering the institution.

[✓] Category 2: Imminent Risk of Homelessness. This includes persons whose residence will be lost in 14 days, have no subsequent residence and lack resources to obtain other permanent housing.

[X] Category 3: Homeless under other Federal statutes. This includes unaccompanied youth, families with children and youth who do not qualify as homeless.

[✓] Category 4: Fleeing/Attempting to Flee Violence. This includes individuals or families who are fleeing or attempting to flee domestic violence, have no other residence, and lack resources to obtain other permanent housing.

D. Trauma-Informed Service Provision

Trauma-Informed service provision takes into account knowledge about trauma — its impact, interpersonal dynamic, and paths to recovery — and incorporates this knowledge into all aspects of service delivery.

Trauma Informed Service provision:

- Integrates an understanding of trauma, substance abuse and mental illness throughout the program.
- Reviews service policies and procedures to ensure prevention of re-traumatization.
- Involves consumers in designing/evaluating services.
- Sees trauma as a defining and organizing experience that can shape survivors' sense of self and others.
- Creates a collaborative relationship between providers and consumers, and place priority on consumer safety, choice and control.
- Focuses on empowerment and emphasize strengths.

E. Strength-Based Client-Centered Case Management

Strength-based client-centered case management includes strategies to identify and build on clients' strengths and goals rather than focusing primarily on their problem areas. Staff, in partnership with clients, tap into clients' motivation and identify clients' skills and capacities, existing resources, challenges, and the supports they need to meet their short- and long-term goals. This approach also recognizes the importance of drawing from the strengths of an individual's family and community when developing a plan.

Strengths-based approaches employ a holistic approach to working with clients, recognizing their intrinsic value, and working with the individual's strengths and capacities in addition to his/her unmet needs. When employed together, client-centered case management and strength-based approaches aim to reduce stigmatization and

marginalization experienced by clients by promoting their self-worth and value, and targeting the spectrum of challenges causing conflict in their lives rather than focusing exclusively on individual problems.

F. Restorative Practices

Restorative practice is a social science that integrates developments from a variety of disciplines and fields including education, psychology, and social work in order to build healthy communities, decrease crime and antisocial behavior, repair harm and restore relationships. Restorative circles and restorative conferences allow clients and program staff to come together to explore how everyone has been affected by an offense and, when possible, to decide how to repair the harm caused by the offense.

G. Housing Stability Plan

Housing Stability Plan is defined as a document that outlines the steps both the participant and their case manager will take to support the participant moving to permanent housing, or when appropriate, treatment or TH. This plan should address the steps needed to build on the participant(s) resources. The plan should set clear benchmarks and timelines so that when the plan is developed, all parties know what happens next, when things need to be done, and who is responsible for each action step. It is good practice for all participants to sign the plan. The plan is meant to be flexible and can adjust to account for changes in a participant's circumstances. Providers may use different names to refer to their Housing Stability Plan, common examples are care plan, case plan, service plans, or action plans.

H. Motivational Interviewing

Motivational Interviewing (MI) is defined as a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. This approach contrasts to approaches that would directly inform the client that the person has a problem and needs to change; offers direct advice or prescribes solutions to the problem without the person's permission or without actively encouraging the person to make his or her own choices; uses an authoritative/expert stance leaving the client in a passive role; and/or imposes a diagnostic label.

III. ELIGIBILITY, COAP SCREENING/REFERRAL, HMIS PARTICIPATION AND CONFIDENTIALITY

A. Eligibility

1. Homeless

All shelters beds funded by Miami-Dade County and participating in Miami-Dade County's Miami-Dade County Homeless Trust Homeless Management Information System (HMIS) may only serve participants who meet Federal homeless definitions 1, 2, or 4 (see attached Homeless Verification form). Homeless status is verified following the Coordinated Outreach Assessment and Placement (COAP) process prior to referral to emergency shelter.

2. Emergency Shelter Requirements

a. Participant Requirements:

Emergency shelters may require that participants adhere to a code of behavior including provisions such as:

- Agree to be nonviolent
- Agree not to use or sell illegal substances on the premises.
- Agree to treat other clients, staff and the property with respect.
- Agree to obey fire and other safety regulations.

These Standards of Care set forth minimum requirements for a code of behavior (see Article VI below).

As part of screening for placement, emergency shelters may not require:

- Participation in religious services or activities
- Proof of citizenship
- Physical Identification
- Payment or ability to pay program fees or rent (though saving plans are encouraged)

Emergency shelters serving only singles and couples shall not require:

- Sobriety and/or commitment to be drug free (unless the shelter is running a recovery focused program)
- Adherence to take medication (Does not exclude provider's ability to contract for safety; when a client with behavioral health issues violates program rules, they may be placed on a safety contract asking them to take medications to remain in shelter)
- Participation in behavioral health services (including NA/AA)

Emergency shelters serving children are encouraged to exercise as much flexibility as possible in allowing program participants who do not commit to sobriety and/or being drug free, or adhere to medication regimens or behavioral health services, to remain temporarily housed. Any accommodation should not risk the safety of minor clients. It is acknowledged that relapse is part of addiction recovery. Therefore, discharges that are solely based use of drugs and/or alcohol, failure to adhere to medication regimens or failure to engage in behavioral health services, without accompanying behavior that risks the safety of minor clients, are discouraged.

b. Self-Care for Medical Condition:

- i. Adult participants must be capable of self-administration of medications; adults must administer medications for their minor children; prescriptions must have doctor's name and be locked. Prescription medications must be kept in adult client's possession or in a locked area designated by the facility at all times.
- ii. Emergency shelters may reject shelter services to any person whose medical care (including psychiatric conditions) needs exceed the shelter's capacity to accommodate. In the event that a shelter participant's health deteriorates to such point while an appropriate care placement remains pending, the shelter should seek appropriate medical placement (including psychiatric).

c. Sex Offenders: Street Outreach teams must use Florida Department of Law Enforcement (FDLE) and National Sex Offender Public Website (NSOPW) to verify persons being placed in Emergency Shelters are not on the State sex offender registry before initiating a referral to shelters. Shelters serving households without children may accept sex offenders if permitted under state and local laws.

d. History of Violent Behavior: Emergency shelters serving children may reject persons with a history of violent behavior due to children on site.

e. Unaccompanied Minors: CoC-funded emergency shelter may have specific programs serving unaccompanied minors under the age of 18. Otherwise, unaccompanied minors can be referred to the local emergency shelter for unaccompanied minors.

f. Equal Access Rule: Pursuant to Homeless Trust Equal Access policy HT009, Emergency Shelters must service individuals and families regardless of their actual or perceived sexual orientation, gender identity or marital status. Shelters operating sex-segregated programs should assign persons based on the gender with which they identify unless it presents health and safety concerns. Shelters should take reasonable steps to address privacy concerns of transgendered individuals.

Shelters must abide by applicable federal, state and local laws regarding equal access, including:

1. Implementing nondiscriminatory policies and procedures,
2. Affording reasonable accommodations as necessary in policies and procedures in order to provide equal access and use of their services,
3. Providing auxiliary aides and services as necessary for effective communication, and
4. Providing physical access to and within the shelter.

- g. Service Animals:** A service animal is a dog that is individually trained to do work or perform tasks for a person with a disability. Service animals must be harnessed, leashed or tethered, unless devices interfere with the service animals' work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal or other effective controls. Shelters must permit service animals to accompany people with disabilities in all areas where the members of the public are allowed to go. When it is not obvious what service the animal provides, shelter staff may ask (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task. Shelters are not required to provide care or food for service animals.
- h. Prohibition against Involuntary Family Separation:** The age or sexual orientation of a household member, or lack of marriage certificate must not be used as a basis for separating family's in an emergency shelter.

B. Screening, Assessment and Referral

- 1.** Individuals and households seeking CoC emergency housing assistance will be screened and complete housing plans for assistance in accordance with the COAP policies and procedures within 21 days of admission.
- 2.** Individuals and families seeking CoC assistance will be verified as homeless following the COAP policy. The Homeless Outreach teams and other COAP approved access points will refer households, independent of their vulnerabilities into emergency shelter.
- 3.** Individuals and families seeking CoC assistance will be assessed utilizing the Vulnerability Index - Service Decision Assistance Tool (VI-SPDAT) or Family Vulnerability Index - Service Decision Assistance Tool (F-VI-SPDAT).
- 4.** The CoC's Coordinated Entry (CE) also known as COAP process is Housing-First focused. Based on the length of homelessness and VI-SPDAT or F-VI-SPDAT score, the Housing Coordinator will initiate a referral to PH. Shelters shall refer to the most appropriate housing placement with the goal of making the homeless episode brief and non-recurring. This may include Rapid-Rehousing, TH, SH, SSO or residential treatment as part of the Housing Plan. Disabled households may remain on the Permanent Supportive Housing waiting list so long as they retain homeless status following the CoC's Orders of Priority for Referral to PSH.

Homeless Outreach will complete the initial VI-SPDAT. The CoC recognizes that outreach may not be able to complete the VI-SPDAT during the short engagement process. Further information following shelter intake may surface indicating that the VI-SDPAT score did not reflect the participant's chronicity and/or acuity. At such time, the shelter case manager and participant must review the VI-SPDAT and complete the most appropriate housing referral pursuant to the VI-SPDAT score.

C. Intake Documentation

All CoC projects will utilize HMIS to comply with local, state and federal data requirements surrounding homeless services. This will include, but not be limited to: adding the Universal and Program Specific Data Elements; adding additional household members; adding when release of information is granted and expiration date; adding program entry, interim contacts, and exits; completing the VI-SPDAT assessment; and making referrals to third parties participating in HMIS.

D. HMIS Participation and Confidentiality

All emergency shelter beds funded through the Miami-Dade County Homeless Trust must participate in HMIS under an HMIS Participation Agreement and subject to the HMIS Standards, Policies and Procedures. Agencies contracting with the Homeless Trust agree that no fewer than 85% of the funded project type, for all beds dedicated to homeless persons in Miami-Dade County, will participate in HMIS.

IV. HOURS OF OPERATION AND LENGTH OF SHELTER STAY

A. Hours of Operation

Emergency shelters must make accommodations to support residents who are working shifts other than “9 to 5”, giving them daytime access to the shelter facilities and to allow them to enter and exit as their employment dictates.

B. Length of Stay

1. Shelters must refrain from discharging residents merely because they achieved a predetermined length of stay.
2. Shelter stays must not exceed a length longer than necessary to assist the participant to become permanently housed or to access a treatment or specialized transitional housing program which may assist their goal of long-term housing stability.¹

¹ HUD's High Performing Community Standard is 20 days.

3. There is no maximum number of times a participant may re-enter a shelter, with the exception of permanent expulsion.

C. Termination, Suspensions and Permanent Expulsions

1. Terminations

If a program participant violates program requirements, the participant's emergency shelter assistance may be terminated in accordance with a formal process established by the emergency shelter that recognizes the rights of individuals affected and complies with the Miami-Dade CoC Grievance Standards, as adopted and amended from time to time. The emergency shelter must exercise

judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases. Unless a client poses a safety risk, program discharges should follow reasonable notice as outlined in care/housing plan. Planned discharges should occur during business hours.

2. Readmission

The shelter may outline in their policies and procedures any restrictions on a client returning to the same shelter after discharge or expulsion.

- The shelter may outline restrictions for the client returning to shelter. Restrictions for readmission should not exceed thirty (30) days for the first readmission episode.
- Grounds for Permanent Expulsion: The shelter may document in an HMIS incident on the client profile any restrictions for the client returning to shelter.
- Re-Admission: People who have been expelled require the approval of the emergency shelter's Executive Director or designee for such approvals to be readmitted.

3. CoC Response to Suspension or Expulsion

Suspension from shelter assistance or permanent expulsion will not impede the household from pursuing PH through the COAP.

V.

CASE MANAGEMENT AND HOUSING PLACEMENT ASSISTANCE

Resolving a housing crisis is a shelter's primary focus. Emergency shelter programs' focus is resolving the individual or family's housing crisis. Working towards a Housing First model, case management should create a dialog focused on addressing barriers to housing and identifying a course for rapid re-housing.

Through training and monitoring, our goal is to offer ES that utilizes trauma-informed service provision in shelter operations and case management program policies and procedures exercised by all emergency shelter staff.

1. First Contact: Shelters must ensure initial personal contact between a participant (resident) and shelter staff is made to acclimate new participants to the facility and help them establish a sense of safety.
2. Housing Needs Assessment and Stability Plan (or its equivalent): A participant should be assisted through one of the evidence-based strength-based client-centered case management methodologies such as Motivational Interviewing techniques to develop a Housing Stability Plan (or its equivalent) no later than twenty-one (21) days following shelter intake.

a. Housing Assessment

The participant and case manager should engage in an assessment of the participant's current housing crisis and the steps necessary to assist them to exit into permanent housing.

During housing assessment and planning, the case manager and participant must review the housing placement options and establish a housing stability plan (or its equivalent). Housing placement options must include a PH intervention unless the client requires or chooses treatment or TH. Case Managers will communicate with the CoC Housing Coordinator when they assist participants with short to medium-term rental assistance that should remain on the PSH waiting list.

During the Housing Assessment, information may surface indicating for example that the VI-SDPAT score did not reflect the participant's chronicity and/or acuity; the participant would prefer placement into a residential treatment or a specialized transitional housing program to assist them toward their goal of long-term housing stability; or a participant's housing solution might be through another path such as family re-unification.

b. Housing Stability Plan

- i. Acceptable goals and objectives to be identified in a Housing Stability Plan (or its equivalent) are (1) identify the most appropriate permanent housing solution; (2) incorporate the participant's goals or objectives designed to assist them in obtaining and maintaining permanent housing and; (3) identify the action steps toward achieving such goals.
- ii. The case manager should introduce into discussion behaviors which promote housing stability, such as:
 - Pay their portion of the rent on time every month;
 - Maintain their home in a safe and sanitary condition and in the condition in which it was initially rented to them, except normal wear and tear;
 - Avoid behavior (their own or that of a household member or guest) that would disturb their neighbors' peaceful enjoyment of their own home (i.e. yelling, loud music or noise, violence, drug use, other illegal activity, damage to, or theft of, others' property, blocking or cluttering common areas or right-of-ways).
- iii. The case manager and the participant may revise the Housing Stability Plan (or its equivalent) and make adjustments as warranted to ensure that the housing placement process is moving forward. The case manager and participant also should review whether the participant is accessing the services and resources that the participant identified as immediate needs in their Housing Stability Plan (or its equivalent) no less than twice a monthly.
- iv. For participants not making progress on their Housing Stability Plans (or its equivalent), case managers should convene care team meetings (or its equivalent) with households that present unique housing challenges, with the

focus of exiting them into permanent destinations. Care team meetings (or its equivalent) may be staffed by supervisors, a multidisciplinary team equipped to address the household's unique challenges, and when appropriate, the Homeless Trust.

3. Active Engagement in Permanent Housing Placement

The participant's case manager must be actively engaged in assisting the participant in exiting the shelter into an appropriate permanent housing placement, unless the client requires or chooses treatment or TH. If the participant has been referred to Permanent Housing, the case manager must work closely with the Homeless Trust's Housing Coordinator and CoC provider, including, but not limited to, assisting the participant complete the application process and making a "warm handoff" transfer of the resident's case to the next CoC housing provider.

If the participant is pursuing a permanent housing solution outside the CoC, the case manager must be actively engaged in assisting the participant with the logistics necessary to exit the shelter into such housing.

4. Shelter Services and Programs

To assist a participant in working toward personal goals as may be identified in his or her Housing Stability Plan (or its equivalent), the shelter must offer residents the following services and/or programs directly or through referral partnerships.

- a. Identification and Documentation Assistance: Homeless Outreach teams will usually have commenced assistance with securing identification for shelter participants. However, all shelter must assist participants with securing birth certificates and state photo identification. The Miami-Dade CoC has created a Miami-Dade CoC List of Required Documentation for placement into all CoC permanent housing programs (i.e. RRH, PSH). This list also is fairly standard for all other federally-assisted housing programs and private market landlords. Shelters must assist participants to secure this documentation when preparing the application for CoC permanent housing. Shelters are also expected to use this list to assist participants to develop a folder of this documentation for exits to any other permanent housing solution. Documents may be scanned into HMIS to facilitate the referral process.
- b. Health Assessment and Access to Health Care: Residents' health needs, including behavioral health needs, must be assessed. Residents must be promptly assisted in accessing medical and behavioral services.
 - i. Health Screening: To reduce risk of harm to other residents and staff, emergency shelters shall arrange for health screenings for communicable, air-borne diseases, such as tuberculosis. Residents determined to pose a direct threat to the health of others shall be quarantined and referred for appropriate medical treatment.
- c. Disability and Other Benefits: All emergency shelters are encouraged to have trained SOAR staff or a relationship with a provider doing SOAR applications to assist persons with disability to expeditiously secure approval of disability benefits (see <http://soarworks.prainc.com/course/ssissdi-outreachaccess-and-recovery-soar-online-training> for free on-line training). The case manager must also work with the

participant to secure other government and private benefits and financial assistance including, but not limited to, Medicaid; Special Nutrition Assistance Program; Women Infants and Children; unemployment; Social Security Income/Social Security Disability Insurance, Temporary Assistance for Needy Families, retirement benefits for which the participant is entitled.

- d. Living Skills Program: Emergency shelters must offer or partner with mainstream resources which offer voluntary living skills training to enhance their participants' skills. Living skills training may include (1) social skills (e.g. communication skills, self-esteem, establishing/ maintaining social support, conflict resolution, dealing/avoiding neighbor disputes); (2) independent living skills (e.g. managing household, paying bills on-time, appointment-keeping, grocery shopping, cooking, house-cleaning, laundering, and responsibilities as a tenant); (3) basic skills (math, literacy and technology) ; and (4) education in the area of budget management skills, credit clean-up.
- e. Work Readiness: Emergency shelters must offer internal or a referral to voluntary education and assistance in such areas including resume development, computer skills, mock interviews, and GED prep.
- f. Legal Services: Emergency shelters must offer to refer participants to legal services for assistance with matters including, but not limited to, benefits, employment, record expungement, immigration, child support, and special education.
- g. Family and Children's Services: Emergency shelters contracted to serve households with children must ensure services for minors are established, including child-care, school enrollment or transportation to school of origin, early childhood programs, after-school programs, health care, special need assistance and services, and school-based services. Adult household members should have access to parenting education, health care and family services on a voluntary basis.

Children's Educational Rights: All school-aged children must attend school, unless they are ill. Shelters serving families with children should contact the Miami-Dade County Public School's Homeless Liaison and facilitate arrangements, including transportation, to keep/place children in the most appropriate school setting including remaining in school of origin. Children's educational needs should be considered in placing families in permanent housing, especially if the child has special needs and is accessing needed services in school.

VI.

EMERGENCY SHELTER COMMUNITY RULES; SAFE ENVIRONMENT

Emergency shelters must create a safe and supportive environment that respects the dignity of participants and helps participants resolve their housing and other crises.

A. Non-Discrimination in Provision of Services

Emergency shelter must provide participants with written rules and/or codes of conduct, which must be posted in public areas visible to all participants.

There shall be no discrimination on the basis of race, color, gender, sexual orientation, disability, religion, national origin, age, race, color, creed, religion, sex, sexual orientation, gender identity, gender expression, handicap, national origin, ancestry, familial status, marital status, pregnancy, veteran status or source of income in the provision of emergency shelter to participants by agencies. No religious practice or affiliation requirement shall be imposed upon participants.

Providers shall demonstrate sensitivity to participants' primary language and cultural background.

B. Client Confidentiality and Sharing of Information:

1. Client Expectation of Privacy: Emergency shelters shall comply with all federal and state laws and regulations governing the confidentiality of information regarding AIDS/HIV status and medical, substance abuse or mental health history, referral or treatment. Participants may expect a reasonable degree of privacy with regard to information not otherwise protected from disclosure by federal or state laws and regulations that is shared with the emergency shelter staff members.
2. Personal Mail and Telephone Calls: Emergency shelters shall respect the privacy of a participant's personal mail and telephone calls.
3. Sharing Client Information: Participants consent to share information with CoC providers is obtained during the COAP. Case managers may not share a participant's information with non-CoC providers to whom the participant may be referred without the participant's written consent.

VII.

SHELTER FACILITY STANDARDS

A. Minimum Shelter Facility Requirements

1. Each individual must be provided their own bed. A bed must be raised from the ground. Shelters may use bunk beds. Mattresses must be in a clean and sanitary condition and inspected, and if necessary treated, for presence or evidence of arthropod/insect activity.
 - a. Participants must be offered the right to reserve their own bed each night once admitted to the emergency shelter.
 - b. Reasonable accommodations may be made for persons with disabilities who cannot access a higher bunk.
2. If a shelter serves a mix of populations, the shelter must maintain separate sleeping quarters and personal hygiene facilities for (a) single male

adults; (b) single female adults and (c) families.

3. Each shelter will provide clean bedding upon entry: sheets, blankets, pillows, mattress covers, and mattress. These must be in a clean and sanitary condition and inspected, and if necessary treated, for presence or evidence of arthropod/insect activity.
4. Each shelter will provide personal items as possible: towels, minimum toiletries, and hygiene articles.
5. Shelters shall assist participants in obtaining at least two sets of appropriate clothing (both under and outerwear) and shoes. Appropriate clothing in the instance of underwear and socks shall mean new or previously unused items. Donated clothing must be washed/sanitized prior to distribution to clients.
6. Each participant will be provided a minimum of two meals a day, one of which will be a hot meal. All meals served shall be nutritionally sound and balanced in compliance with standards and/or regulations adopted and/or issued by the local public authority responsible for the regulation of facilities which serve meals at residential facilities.
7. While storage may not always be available; the CoC preference is that each shelter provide personal space to each participant or participating household. Participants must be provided the opportunity to safely keep papers, documents and valuables.

B. Minimum Habitability Standards

Any emergency shelter receiving ESG assistance, whether for renovation or operations, must comply with minimum standards for safety, sanitation and privacy set forth in 24 CFR 576.403(b). Such standards also apply to any emergency shelter receiving fund under agreement with Miami-Dade County (e.g. Food & Beverage Tax).

C. Food Preparation and/or Dining Facilities

Food preparation and/or dining facilities located at emergency shelters must comply with all local and state ordinances, regulations and laws governing facilities which serve meals to the public in a residential facility or otherwise. Emergency shelters must secure necessary licensing or certification as may be required by the local public authority responsible for the regulation of facilities which serve meals to the public.

D. Prevention/Control of Communicable Diseases

Emergency shelters shall comply with all local and state ordinances, regulations and laws governing the prevention and/or control of the spread of communicable, air-borne diseases within residential facilities which may include the implementation of structural or environmental measures and quarantining, notification and health screening procedures.

E. Site and Licensing Requirements

Emergency shelters shall comply with all local and state ordinances, regulations or laws governing such facilities and secure necessary licensing as may be required under such local or state law for any services located on such premises. Emergency shelters with co-located service providers must ensure that such providers also comply with all local and state licensing requirements.

VIII.

GRIEVANCE PROCESS

All CoC providers must follow the grievance policies and procedures set forth in the Grievance Standards adopted by the Miami-Dade County Homeless Trust, as may be amended from time to time.