

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 shelters provided renovation and/or operations assistance 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

Also known as "Temporary Care" in the Miami-Dade County Homeless Plan, 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. ESG programs may use hotel/motel for shelter when regular shelter is not available, in accordance with waivers and alternative requirements outlined in CPD-20-08ⁱ. Emergency shelters are indoor living facilities, generally congregate except for family quarters, providing individual raised beds along with meals, hygiene facilities, case management and other services.

The Miami-Dade CoC is Housing-First focused. Therefore, 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.

B. Homeless

All shelters 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).

C. 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.

D. 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.

E. 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.

F. 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.

G. Harm Reduction Model

This is a homeless housing model. The Harm Reduction philosophy prioritizes housing stability among persons who have experienced homelessness and who may be facing disabilities. Although recovery from mental health and substance abuse disorders is always the goal, harm reduction acknowledges that persons may be at different places along the continuum of behavior change. Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants' lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.

Harm reduction focuses on meeting tenants where they are at and assisting them to set and achieve goals for themselves. In this process a trusting relationship is established with the provider. This relationship has been proven to be a key to many individual change processes. Services focus on helping tenants stay housed by assisting with the management of problems that interfere with their ability to meet the obligations of tenancy, such as paying rent. Tenants are also encouraged to explore obstacles toward their goals in an open and non-judgmental atmosphere where they can contemplate costs and benefits of receiving services addressing their special needs, so that staff does not alienate tenants or cause them to begin a dishonest game of hiding their drug use, psychiatric symptoms, etc.

III.

ELIGIBILITY, COAP SCREENING/REFERRAL, HMIS PARTICIPATION AND CONFIDENTIALITY

A. Eligibility

1. Homeless

All shelters 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 through COAP prior to referral to emergency shelter except with Pottinger placements and DV referrals.

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
- Identification
- Payment or ability to pay (though saving plans are encouraged)

Emergency shelters serving households without children may not require:

- Sobriety and/or commitment to be drug free (unless the shelter is running a recovery focused program)
- Requirement to take medication
- Participation in behavioral health services (including NA/AA)
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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. Locked prescription medications may be kept in adult client's possession or in a locked area designated by the facility.
- ii. Emergency shelters may reject shelter services to any person whose medical care 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.

c. Sex Offenders: Street Outreach teams must use FDLE and NSOPW to verify persons being placed in Emergency Shelters are not on the State sex offender registry before initiating a referral and placement. 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 serving unaccompanied minors under the age of 18 must comply with state and local regulations. Otherwise, minors can be referred to the Miami Bridge for emergency shelter.

- 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 enjoyment 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. Prohibition against Involuntary Family Separation: The age, of a child under age 18 must not be used as a basis for denying any family's admission or separating household members to an emergency shelter.

B. Screening, Assessment and Referral

1. Individuals and households seeking CoC emergency housing assistance will be screened and referred for assistance in accordance with the Coordinated Entry Process within 21 days of admission.
2. Individuals and families seeking CoC assistance will be verified as homeless by Homeless Outreach teams. The Homeless Outreach teams will refer households, independent of their vulnerabilities and based on appropriateness, into emergency shelter.
3. Individuals and families seeking CoC assistance will be assessed utilizing the VI-SPDAT, TAY-VI-SPDAT or F-VI-SPDAT.
4. The CoC and its Coordinated Entry Process is Housing-First focused. Based on the Orders of Priority for referral, the CoC Housing Coordinator will initiate a referral to the most appropriate housing placement, such as Rapid-Rehousing, Other Permanent Housing or Permanent Supportive Housing.
 - i. Homeless Outreach will attempt to 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 basic client demographics; adding additional household members; adding when release of information is granted and expiration date; adding program entry, interim contacts, and exits; completing HUD CoC and ESG data elements that accompany the entry, exit and interim contacts; completing the VI-SPDAT assessment; and making referrals to third parties.

D. HMIS Participation and Confidentiality

All providers of emergency shelter must participate in the Miami-Dade County Homeless Trust HMIS under an HMIS Participation Agreement and subject to the HMIS Standards, Policies and Procedures.

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. 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.
2. There is no maximum number of times a participant may re-enter a shelter, with the exception of shelter imposed restrictions for behaviors that endangered other residents, staff, volunteers, contractors and/or visitors.

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 possess a threat to self or others, program discharges should follow proper notice such as outlined in care plan with at least 4 weeks' notice. Planned discharges should occur during business hours.

2. Length and Number of Suspensions

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

3. Grounds for Permanent Expulsion

The shelter may outline in HMIS any restrictions for the client returning to shelter.

4. CoC Response to Suspension or Expulsion

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

5. 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.

V.

CASE MANAGEMENT AND HOUSING PLACEMENT ASSISTANCE

Resolving housing crisis is 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.

Trauma-informed service provision must be holistically incorporated into shelter operations and case management program policies and procedures and exercised by all emergency shelter staff. Many persons entering emergency shelter will benefit from a Harm Reduction model approach offered through the CoC or as part of their own long-term housing stability plan. Such staff must be trained in such harm reduction philosophy and trauma-informed service provision and application.

- 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 within a trauma-informed environment.**
- 2. Housing Needs Assessment and Stability Plan: A resident must 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 no later than fifteen (15) days of 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 referral made during COAP to determine if such housing placement remains the most appropriate option and to communicate any additional information to the CoC Housing Coordinator to assist in appropriate housing placement.

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. The Housing Stability Plan must (1) identify the most appropriate permanent housing solution; (2) incorporate the participant's goals designed to assist them in exiting the shelter and move into permanent housing and, if identified, longer-term goals that will promote their housing stability once permanently housed and; (3) identify the action steps toward achieving such goals.
- ii. The case manager should introduce into discussion the three (3) behaviors which promote housing stability and avoid future homelessness as a result of eviction:
 - 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 resident may revise the Housing Stability Plan 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 no less than twice a month.
- iv. Case managers should convene care team meetings with households that present unique housing challenges, with the focus of exiting into permanent destinations. Care team meetings 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:

- a. If the participant is on the Permanent Supportive Housing waiting list, 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.
- b. Similarly, if the participant is seeking residential care or permanent housing assistance from a non-CoC system, the case manager must assist the participant with the application process and make a "warm hand-off" to transition the participant into the next program.
- c. If the resident is pursuing a permanent housing solution outside the CoC, the case manager must be actively engaged in assisting the resident with the logistics necessary to exit the shelter into such housing.

4. Shelter Services and Programs

To assist a resident in working toward personal goals as may be identified in his or her Housing Stability Plan, the shelter must offer residents the following services and/or programs directly or through referral partnerships. The shelter must work to ensure that the resident is able to maintain linkage to such care, service or program as required following permanent housing placement/shelter exit.

- 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. Shelter 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. Immediate 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, within thirty-six (36) hours of the client's entry into the facility. Residents determined to pose a direct threat to the health of others shall be quarantined and referred for appropriate medical treatment.
 - ii. Full Medical Assessment and Evaluation: Upon client request, emergency shelters shall arrange for a full medical assessment and evaluation (i.e. complete physical) for each client within seventy-two (72) hours of the

client's entry into the facility.

- c. Disability and Other Benefits: All emergency shelters must 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 resident to secure other government and private benefits and financial assistance including, but not limited to, Medicaid; SNAP; WIC; unemployment; SSI/SSDI, Food Stamps, retirement benefits) for which the resident is entitled.
- d. Living Skills Program: Emergency shelters must offer voluntary living skills training to enhance their residents skills such as (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 tenants to legal services for assistance with matters including, but not limited to, benefits, employment, record expungement, immigration, child support, special education.
- g. Family and Children's Services: Emergency shelters must ensure services for minors are established, including child-care, school enrollment, 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.
- i. 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.. 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.

C.

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 may request a sleeping on the floor or a lower 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 storage 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.

ⁱ <https://www.hud.gov/sites/dfiles/OCHCO/documents/20-08cpdn.pdf>