

## **Emergency Shelter Programs**

Emergency shelter (ES) is emergency housing and related supportive services provided in a safe, protective environment for individuals and families who have no alternative places to reside or housing resources to utilize.

### **Access to Emergency Shelter:**

- ES can be accessed by anyone in Saint Louis who is experiencing homeless – men, women, and children regardless of residential origin.
- Individuals and families accessing ES are seeking permanent housing solutions.
- Referrals to ES are made solely from Front Door providers. ES providers are not to accept any referrals from other sources.
- If space is available, ES providers can accept a limited number of referrals from Saint Louis PD who transport a person experiencing a nighttime emergency to the shelter. That person would then need to obtain a referral from the Front Door the following day.
- ES programs will not require consumer sobriety or income for entry and access to services

### **Emergency Shelter Services:**

- ES is a safe place to sleep overnight. ES provides basic needs (bed, food, drink, hygiene products, clothing (if available), showers, blankets, etc.). If ES providers are not open to provide services during the day, partnerships should be in place so that these services are available 24 hours a day.
- Shelter and housing focused case management services are offered 24 hours a day. If 24 hour services are not available, partnerships should be in place for necessary referrals. Resource referrals should include, but are not limited to vocational, medical, mental health, substance abuse, and benefits assistance (i.e. food stamps, SSI).
- ES offers crisis services for circumstances needing immediate attention (medical, familial, mental health, etc.).
- ES providers will have policies that allow for service to individuals under the influence of drugs and/or alcohol. These policies will ensure the safety of staff and fellow consumers.
- Length of clients' stay in ES is based on the clients' exit to housing, using the CoC target benchmarks as a guide.
- ES providers will offer reasonable accommodations for individuals with disabilities.
- Transgender clients are able to receive ES services based on the gender they identify with.
- Intake processes should address all shelter and privacy policies. Hard copies of these policies must be given to each consumer.
- ES consumers have freedom to choose the services they need and ES providers will not require consumers to save money.
- ES providers focus on services and supports that will help consumers be successful and satisfied in housing rather than on symptom reduction.

### **Emergency Shelter Operations:**

- HMIS compliance
  - a. All programs should be trained and aware of the HMIS standards and enter data accordingly
  - b. All programs will enter data into HMIS accurately and in a timely manner
  - c. Ensure confidentiality of all consumer data entered by obtaining informed consent
- Shelter exits occur under the following conditions: when consumers choose to leave, are not engaged in housing-focused services, referred to housing programs, or do not adhere to shelter policies and procedures.
- Shelters must have in place standardized guidelines for involuntary termination of client services, due process, and timeframes for re-admittance to services.
- Consumer evaluation of shelter services must be conducted annually to ensure quality of services.
- At a minimum PSH programs use community-wide standard performance measures established through the CoC among their core program outcomes.

### **Emergency Shelter Coordination:**

- An Emergency Shelter Subcommittee composed of both administrative and front line staff will meet quarterly to improve and standardize the services offered in shelters and to create professional development opportunities for shelter staff.
- At least one member of the Emergency Shelter Subcommittee will attend the monthly meeting of Street Outreach staff. The Emergency Shelter Subcommittee together with Street Outreach will share information and collaborate to serve clients with the highest needs – in particular, clients who move rapidly between street and shelter. This collaboration must be visible in HMIS.

## Transitional Housing Programs

Transitional housing (TH) is non-emergency housing for individuals and families experiencing homelessness. TH is free or low-cost subsidized housing directly available through a TH program. TH affords more privacy and independence than emergency shelter.

### **Access to Transitional Housing:**

- TH can be accessed by anyone in Saint Louis who is experiencing homelessness- men, women, and children regardless of residential origin.
- Individuals and families accessing TH are seeking permanent housing solutions.
- Referrals to TH are made solely from Front Door providers. TH providers are not to accept any referrals from other sources.
- The VI-SPDAT will be the standardized assessment tool by which a consumer will be approved to receive TH services. TH is accessed by individuals/families that have a medium acuity level with transitional issues (as defined by the CoC).
- TH programs will not require consumer sobriety or income for entry and access to services.

### **Transitional Housing Services:**

- Housing focused case management services are offered 24 hours a day; if not possible, partnerships should be in place for necessary referrals. Resource referrals should include, but are not limited to vocational, medical, mental health, substance abuse, and benefits assistance (i.e. food stamps, SSI).
- TH providers offer crisis services for circumstances needing immediate attention (medical, familial, mental health, etc.).
- Length of services is based on the clients' exit to housing, using the CoC target benchmarks as a guide.
- TH programs will offer reasonable accommodations for individuals with disabilities.
- Transgender clients are able to receive TH services based on the gender they identify with.
- Intake processes should address all program policies. Hard copies must be given to each consumer.
- TH consumers have freedom to choose the services they need and housing matches consumer preferences.
- TH providers focus on services and supports that will help consumers be successful and satisfied in housing rather than on symptom reduction.

### **Transitional Housing Operations:**

- HMIS compliance
  - a. All programs should be trained and aware of the HMIS standards and enter data accordingly
  - b. All programs will enter data into HMIS accurately and in a timely manner
  - c. Ensure confidentiality of all consumer data entered by obtaining informed consent
- Adherence to Housing First Principles
  - a. Continued housing is not dependent on participation in services
  - b. Consumers are moved into housing directly from the street/shelter without preconditions of treatment acceptance or compliance
  - c. Harm reduction approach rather than mandating abstinence
  - d. Residents have leases and tenant protection under the law
  - e. Can be implemented in either project based or scattered site model
- TH exits occur under the following conditions: when consumers choose to leave, are not engaged in housing focused services, referred to housing programs, non-adherence to program policies and procedures.
- Consumer evaluation of TH services must be conducted annually to ensure quality of services.
- TH services may be provided through any of the following types of housing:
  - a. Organization owned and leased;
  - b. Organization owned and managed by a property management company;
  - c. Leased by organization;
  - d. Off-site, one location; and
  - e. Off site, scattered locations
- At a minimum TH programs use community-wide standard performance measures established through the CoC among their core program outcomes

## **Permanent Supportive Housing Programs**

Permanent Supportive Housing (PSH) is a proven, effective means of reintegrating chronically homeless and other highly vulnerable homeless families and individuals with psychiatric disabilities or chronic health challenges into the community by addressing their basic needs for housing and providing ongoing support.

### **Access to Permanent Supportive Housing:**

- PSH can be accessed by anyone in Saint Louis who is experiencing homelessness- men, women, and children regardless of residential origin.
- Individuals and families accessing PSH are seeking permanent housing solutions.
- Referrals to PSH are made solely from Front Door providers. PSH providers are not to accept any referrals from other sources.
- The VI-SPDAT will be the standardized assessment tool by which a consumer will be approved to receive PSH services. PSH is accessed by individuals/families that have a high acuity level; targeted for the most vulnerable homeless person in the community
- PSH programs will not require consumer sobriety or income for entry and access to services.

### **Permanent Supportive Housing Services:**

- Housing focused case management services are offered 24 hours a day; if not possible, partnerships should be in place for necessary referrals. Resource referrals should include, but are not limited to vocational, medical, mental health, substance abuse, and benefits assistance (i.e. food stamps, SSI).
- PSH providers offer crisis services for circumstances needing immediate attention (medical, familial, mental health, etc.).
- PSH providers provide person-centered services that are holistic in nature, working as a team with client to provide practical assistance, emotional support and teaching life skills; services are flexible, voluntary and recovery-focused.
- Length of services is based on the clients' exit to housing, using the CoC target benchmarks as a guide.
- PSH programs will offer reasonable accommodations for individuals with disabilities.
- Transgender clients are able to receive PSH services based on the gender they identify with.
- Intake processes should address all program policies. Hard copies must be given to each consumer.
- PSH tenants have freedom to choose the services they need and housing matches consumer preferences.
- PSH providers focus on services and supports that will help consumers be successful and satisfied in housing rather than on symptom reduction.
- PSH services should include but not limited to: outreach and engagement, ensuring client choice in housing, assisting to find and secure housing, help with apartment set-up, move in and getting utilities turned on client's name, ongoing community support services directed by yearly assessment and treatment planning, mediating issues between client and landlord, working closely with landlord to avoid any evictions, ensuring utilities remain on during length of stay in housing
- PSH tenants have rights to tenancy: privacy, repairs, and protection against eviction
- PSH providers need to be knowledgeable of both the rights and responsibilities of both the tenants and landlords

### **Permanent Supportive Housing Operations:**

- HMIS compliance
  - a. All programs should be trained and aware of the HMIS standards and enter data accordingly
  - b. All programs will enter data into HMIS accurately and in a timely manner
  - c. Ensure confidentiality of all consumer data entered by obtaining informed consent
- PSH services may be provided through any of the following types of housing:
  - a. Organization owned and leased;
  - b. Organization owned and managed by a property management company;
  - c. Leased by organization;
  - d. Off-site, one location; and
  - e. Off site, scattered locations
- If a single agency conducts property management and service provision, it is important to ensure that confidentiality is maintained and that coercion does not occur. PSH providers will assign individual staff to either property management or support service duties.
- PSH providers will adhere to the PSH guidelines for operating a PSH program as outlined in the CoC Interim Rule legislation issued by HUD
- PSH providers will ensure that Housing Quality standards are met prior to move-in and yearly thereafter
- Adherence to Housing First Principles
  - a. Continued housing is not dependent on participation in services

- b. Consumers are moved into housing directly from the street/shelter without preconditions of treatment acceptance or compliance
- c. Harm reduction approach rather than mandating abstinence
- d. Residents have leases and tenant protection under the law
- e. Can be implemented in either project based or scattered site model
- PSH providers will adhere to eligibility requirements with correct and accurate documentation confirming disability and homeless status on file
- PSH consumers will not pay more than 30 percent of income toward their rent as outlined in HUD guidelines
- PSH consumers will be educated by CoC and PSH programs on how to gain access to the appropriate PSH program
- At a minimum PSH programs use community-wide standard performance measures established through the CoC among their core program outcomes
- PSH programs will have a goal to “graduate” clients as they are ready and able to safe, affordable and appropriate permanent housing
- Consumer evaluation of PSH services must be conducted annually to ensure quality of services.

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## **Rapid Rehousing Programs**

Rapid rehousing (RRH) is an intervention that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid rehousing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking to community resources that enable them to achieve housing stability in the long-term.

### **Access to Rapid Rehousing:**

- RRH can be accessed by anyone in Saint Louis who is experiencing homelessness- men, women, and children regardless of residential origin.
- Individuals and families accessing RRH are seeking permanent housing solutions.
- Referrals to RRH are made solely from Front Door providers. RRH providers are not to accept any referrals from other sources.
- The VI-SPDAT will be the standardized assessment tool by which a consumer will be approved to receive RRH services. RRH is accessed by individuals/families that have a medium acuity level.
- RRH programs will not require consumer sobriety or income for entry and access to services.

### **Permanent Supportive Housing Services:**

- Housing focused case management services are offered 24 hours a day; if not possible, partnerships should be in place for necessary referrals. Resource referrals should include, but are not limited to vocational, medical, mental health, substance abuse, and benefits assistance (i.e. food stamps, SSI).
- RRH providers offer crisis services for circumstances needing immediate attention (medical, familial, mental health, etc.).
- RRH providers provide person-centered services that are holistic in nature, working as a team with client to provide practical assistance, emotional support and teaching life skills; services are flexible, voluntary and recovery-focused.
- Length of services is up to one year, using the CoC target benchmarks as a guide.
- RRH programs will offer reasonable accommodations for individuals with disabilities.
- Transgender clients are able to receive RRH services based on the gender they identify with.
- Intake processes should address all program policies. Hard copies must be given to each consumer.
- RRH tenants have freedom to choose the services they need and housing matches consumer preferences.
- RRH providers focus on services and supports that will help consumers be successful and satisfied in housing rather than on symptom reduction.
- RRH services should include but not limited to: outreach and engagement, ensuring client choice in housing, assisting to find and secure housing, help with apartment set-up, move in and getting utilities turned on client's name, ongoing community support services directed by yearly assessment and treatment planning, mediating issues between client and landlord and working closely with landlord to avoid any evictions.
- RRH providers need to be knowledgeable of both the rights and responsibilities of both the tenants and landlords.

### **Permanent Supportive Housing Operations:**

- HMIS compliance
  - d. All programs should be trained and aware of the HMIS standards and enter data accordingly
  - e. All programs will enter data into HMIS accurately and in a timely manner
  - f. Ensure confidentiality of all consumer data entered by obtaining informed consent
- If a single agency conducts property management and service provision, it is important to ensure that confidentiality is maintained and that coercion does not occur. RRH providers will assign individual staff to either property management or support service duties.
- Adherence to Housing First Principles
  - f. Continued housing is not dependent on participation in services
  - g. Consumers are moved into housing directly from the street/shelter without preconditions of treatment acceptance or compliance
  - h. Harm reduction approach rather than mandating abstinence
  - i. Residents have leases and tenant protection under the law
  - j. Can be implemented in either project based or scattered site model
- At a minimum RRH programs use community-wide standard performance measures established through the CoC among their core program outcomes
- Consumer evaluation of RRH services must be conducted annually to ensure quality of services.

# **Domestic Violence Programs**

## **Emergency Shelter (ES)**

All domestic violence service providers will comply\* with the general best practices for ES providers in addition to the following:

- A domestic violence ES must provide access, admittance and residence in temporary shelter for victims of domestic violence and their children 24 hours a day, every day of the year.
- A domestic violence program that provides safe shelter at locations separate from the primary shelter facility, including motel/hotel placement and/or other direct placement programs providing safe housing, must ensure that those accommodations are safe and that participants have access to a telephone and bathroom facilities, and that all doors to the accommodations have locks.
- A domestic violence ES must provide education and information about how batterers maintain control and dominance over their victims and the need to hold batterers accountable for their actions

\*One exception to compliance with the general best practices: Domestic Violence ES providers will not solely accept referrals from the front doors. Each provider will operate as their own front doors and have the ability to receive self-referrals and referrals from other sources as well.

## **Confidentiality Service Standards for Domestic Violence Service Providers**

Confidential information includes any written, electronic or spoken information and communication between a person seeking or receiving services and any program staff, volunteer, or Board member in the course of that relationship; any records or written or electronic information identifying a person to whom services are provided; and any information about services provided to an individual.

1. This standard for confidentiality policies and procedures of domestic violence programs, and the interconnected standards for documentation, are based upon state and federal law. These include Missouri law §455.220 RSMo. and federal law 42 U.S.C. §§11383,13925(b)(2), 10604(d) and 10402(a)(2)(e).
2. A domestic violence program must have policies and procedures to ensure that the confidentiality of any information that would identify individuals seeking or receiving services is not breached. These policies should include, but are not limited to, interagency communications, storage and access to records and service documentation, information systems and computers containing personally identifying information. Information contained in an individual's service records or other verbal or written communications that identify individuals served by the program is considered confidential.
3. In compliance with Missouri law §455.220 RSMo., a domestic violence shelter that qualifies for public funding from marriage license fees, civil court filing fees and/or criminal ordinance violation fees must "require persons employed by or volunteering services to the shelter to maintain the confidentiality of any information that would identify individuals served by the shelter and any information or records that are directly related to the advocacy services provided to such individuals." Specific provisions to document adherence to this statutory requirement must be included in the program's policies on confidentiality. A domestic violence shelter that qualifies for state and local public funds, as identified above, is required to inform individuals served by the shelter about the nature and scope of this confidentiality requirement prior to providing any advocacy services, in compliance with state law §455.220 RSMo.
4. A domestic violence program that receives federal funds that have specific confidentiality requirements must have policies and procedures to ensure compliance with those requirements. These grants or contracts include the:
  - a. State domestic violence grants administered by the Missouri Department of Social Services, which require adherence to "MCADSV Service Standards and Guidelines for Confidentiality";
  - b. The Violence Against Women Act of 2005 grant requirements codified in 42 U.S.C. §§11383 and 13925(b)(2). These federal grant requirements include, but are not limited to, STOP grants administered by the Missouri Department of Public Safety. Grants administered by the Missouri Department of Public Safety require adherences to the "MCADSV Service Standards and Guidelines for Confidentiality" for those providing services to domestic violence victims;
  - c. The Victims of Crime Act grant requirement codified in 42 U.S.C. §10604(d); and
  - d. The Family Violence Prevention and Services Act grant requirements codified in 42 U.S.C. §10402(a)(2)(e) for domestic violence contracts administered in Missouri by the Department of Social Services.
  - e. In accordance with the Department of Housing and Urban Development Record Keeping Requirements and the Federal Register/Vol. 76,233/Monday, December 5, 2011/Rules and Regulations, domestic violence programs only need to require of the individuals they serve an oral statement of why they are seeking assistance, as defined in section 401(32) of the McKinney-Vento Act.
5. Domestic violence programs that receive federal funds through the Violence Against Women Act of 2005 must have policies and procedures that maintain compliance with the confidentiality requirements of 42 U.S.C. §13925(b)(2). These include the following specific provisions that require those programs receiving grant funds to:
  - a. Protect the confidentiality and privacy of adults, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families. No individual client information can be revealed without the informed, written, reasonably time-limited consent of the person about whom information is sought;

- b. Have policies specific to maintaining the confidentiality of information that can be released to the parent or guardian of an unemancipated minor, to the guardian of a person with disabilities, or pursuant to statutory or court mandate. Federal law provides that consent for release may not be given by the abuser of the minor, the abuser of the other parent of the minor, or the abuser of a person with disabilities; and
  - c. Have policies which detail how the program will make reasonable attempts to provide notice to the victims affected by any disclosure of information. Federal law requires that VAWA-funded programs must take steps necessary to protect the privacy and safety of persons affected by the release of information.
6. Domestic violence programs that receive federal funds through the Violence Against Women Act of 2005 must have additional policies and procedures that maintain compliance with confidentiality provisions in federal law 42 U.S.C. §§11383 and 13925(b)(2) that prohibits the disclosure of personally identifying victim information to any third party shared data system, including "HMIS," or the Homeless Management Information System. Personally identifying information is defined in 42 U.S.C. §11383 to include:
    - a. A first and last name, a home or other physical address, contact information, a Social Security number, and any other information including date of birth, racial or ethnic background, or religious affiliation, which, in combination with any other non-personally identifying information would serve to identify any individual.
  7. A domestic violence shelter must have policies and procedures in place to ensure that records of services sought or provided to individuals will be held confidential. To comply with Missouri state law §455.220 RSMo., and the Missouri Supreme Court's 2004 ruling in State ex rel. Hope House, domestic violence shelters may not release records of services provided to an individual in response to a subpoena unless the individual whose records are sought signs a written consent for release of the documents for use in a court case.
  8. A domestic violence program or shelter must have policies that detail the specific distinctions in procedures regarding release of records, in compliance with state law, state court rulings and grant requirements, and should have policies that set forth the requirements for the written consent for release of information by individuals seeking or receiving services from the program.
  9. A domestic violence program must have policies that ensure all consent for release of information forms are signed in writing by the person about whom information is to be released. These forms must specifically state:
    - a. The purpose of the release of information;
    - b. The specific information that a person receiving services agrees can be released;
    - c. The person or entity to whom the information is to be released;
    - d. The date on which the form was signed;
    - e. Clear time limits for the duration of the release of information which includes the date at which the consent for release of information terminates; and
    - f. Language that clearly indicates that the consent for release of information may be revoked at any time.
  10. Policies must also include how domestic violence program staff, volunteers and Board of Directors will respond to summonses, subpoenas and warrants, and should, whenever possible, provide specific detail allowing for service of these court orders at a location other than that of the domestic violence program.
  11. A domestic violence program must ensure that members of the Board of Directors, staff, and volunteers sign a written statement agreeing to maintain the confidentiality of all information and records pertaining to those receiving or seeking services through the program, in accordance with confidentiality requirements of state law, contracts for funding with state service standards and guidelines for confidentiality and/or federal agencies, and federal law and regulations. A domestic violence program or shelter additionally may require the Board of Directors, staff and volunteers to maintain the confidential location of the program or shelter if it is not publicly disclosed.
  12. A domestic violence program must maintain all records which contain personally identifying information in a secure, locked storage area. Organizations should have policies and safeguards in place to prevent unauthorized access to information identifying individuals seeking or receiving services, including all information systems and computer-accessible records or documents.
  13. A domestic violence program must have policies that allow review and access to records only by staff and volunteers as necessary to provide or supervise services, perform grant or audit reporting duties, or to respond to court orders, such as orders subject to state law and court decisions (§455.220 RSMo. and State ex rel. Hope House). Programs may identify in their confidentiality policies which specific staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.
  14. A domestic violence program must ensure that an individual receiving services sign a written statement agreeing to maintain the confidentiality of others who also are provided with services by the program. A domestic violence shelter or program additionally may require a person receiving services to maintain the confidential location of the shelter or program if it is not publicly disclosed.
  15. To maintain confidentiality, a domestic violence program must ensure that policies and procedures require that staff and volunteers' discussions and communication regarding services provided to individuals will occur in appropriate and private locations.
  16. A domestic violence program must develop policies which address the specific procedures by which staff who are legally mandated to report child abuse and neglect comply with the mandated reporting provision of Missouri law §210.112 RSMo. Such policies for domestic violence shelters should also include provisions for such reporting in compliance with the confidentiality requirements for shelter service information and records in Missouri law §455.220 RSMo. All such policies should identify the procedures by which non-legally mandated staff and volunteers report instances of child abuse and neglect

to designated staff responsible for making such reports. Legally mandated reporters of child abuse and neglect, as identified in §210.115 RSMo. are:

- a. any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section §352.400 RSMo., peace officer or law enforcement official, or other person with responsibility for the care of children.

- 17. A domestic violence program should have policies and procedures for reporting personally identifying information that may be required in instances of medical emergencies.
- 18. A domestic violence program must have policies and procedures for reporting personally identifying information that is required in instances of credible threats of suicide or homicide communicated to domestic violence staff, volunteers or Board members. However, there is no Missouri law requiring advocates to report credible threats of suicide or homicide. Licensed individuals should follow their licensing requirements.
- 19. A domestic violence program must have policies and procedures for documentation of service provision through records of services provided that are consistent with the program's policies and procedures for maintaining the confidentiality of service recipients in compliance with state and federal laws, grant and contract requirements.
- 20. A domestic violence program must have policies in place that ensure confidentiality will be protected when a funder monitors program files. These policies must include safeguards that prevent identifying information in clients' files from being released during an audit, such as blacking out or redacting said information.

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