



St. Louis City Continuum of Care

Approved Best Practices



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 ES 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.

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- Length of services is based on the clients' exit to housing other than PSH, 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.

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.

Rapid Rehousing 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.
- PSH providers need to be knowledgeable of both the rights and responsibilities of both the tenants and landlords

Rapid Rehousing 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

Domestic Violence Programs (DV) are programs whose primary mission is to provide direct services to victims of domestic violence. This includes emergency domestic violence shelters, non-residential programs, domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services and programs.

Access to Domestic Violence Programs:

- DV providers will comply with the general best practices for ES providers, with the following exception. DV providers will not solely accept referrals from the front doors. Each DV provider will operate as their own front door and have the ability to receive self-referrals and referrals from other sources as well.
- DV providers should comply with the applicable best practices of the Missouri Coalition Against Domestic and Sexual Violence.

Domestic Violence Services:

- DV providers' highest priority is the safety and rights of the survivor.
- Case management, crisis intervention, counseling and other supportive services focus on the provision of information, advocacy, safety planning, empowerment and support to reinforce the individual's autonomy, self-determination and safety.
- DV providers will have policies and procedures that safeguard the confidentiality and safety of survivors.
- DV services should comply with the applicable best practices of the Missouri Coalition Against Domestic and Sexual Violence.

Domestic Violence Operations:

- DV providers must ensure the confidentiality of any individuals seeking or receiving services.
- DV providers are not required to enter data into HMIS.
- When placing a survivor on the housing waiting list, DV providers will use a unique identifier, rather than the survivor's name or other identifying information.
- Quality assurance measures must be conducted regularly to ensure quality of services.
- DV operations should comply with the applicable best practices of the Missouri Coalition Against Domestic and Sexual Violence.