EMERGENCY SHELTER PROGRAM STANDARDS

RATIONALE: Emergency shelters are safety net facilities for people experiencing housing crisis. They provide an entry point into stabilization services leading as quickly as possible to permanent housing. Because participants are in crisis, entry requirements and documentation are minimal and regardless of ability to pay. Programs involve congregate living, therefore basic community rules ensure a safe and healthy environment in which participants can progress in resolving their housing crisis.

Program Standards serve as a common policy framework for Sonoma County's Emergency Shelters. These policies have been developed through a working consensus process with agreements recorded in a decision log. Ultimately the intent is to bring the policy to the Continuum of Care Board for adoption system-wide. While the Emergency Shelter Program standards are not policies and procedures, they may be used as an outline for local agency policies and procedures, and adopted policies should be incorporated into local manuals.

TARGET GROUPS: This document establishes minimum standards for shelters serving single adults, families with children, unaccompanied teenagers, and other specialized populations. *Individual shelters may establish standards for more specialized practice.*

1. Evaluating eligibility for assistance

a. Homeless per federal definitions.

i. All shelters participating in HMIS must serve only clients who meet federal definitions of homelessness (and in limited cases, those "at-risk" of homelessness). Shelters operating with federally-originated funds may only serve people meeting federal homeless definitions 1, 2, or 4. Homeless status is verified at intake for all incoming shelter residents. Refer to attached Homeless Definitions chart, page 14.

ii. Documentation: Please see the chart on page 15 for acceptable forms of documentation. Shelters should make every effort to meet federal standards of documentation. The preference is for 3rd party documentation. 2nd party documentation (observation by a homeless services provider) is acceptable if 3rd party documentation is not available. At a minimum, client self- certification will be accepted.

iii. Lack of 3rd party documentation must not prevent an individual or family from being immediately admitted to emergency shelter. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of 3rd party documentation and intake worker observations.

b. Income Levels: *There is no fee for using emergency shelter services.* However, all shelter participants will be required to certify their income level. Please see current Sonoma County Community Development Commission guidelines, attached page 17.

c. Required intake documents:

   i. Personal identification: at least one photo ID is preferred, see attached list for options, page 16. If the participant is unable to produce personal identification, the shelter may make a local decision about the necessity of pursuing ID.

   ii. Documentation of Homelessness or At Risk status per federal guidelines (page 15).

   iii. Income self-declaration

   iv. HMIS intake forms

   v. Signed acknowledgment of receiving program rules or requirements.

d. Eligibility screening:

   i. All persons seeking shelter will be screened first for their housing status to identify whether they meet federal homelessness definitions (1, 2 or 4—see page 14).

   ii. As Coordinated Intake is phased in with specific target populations and eventually rolled out to all homeless populations, adult members of the household will be screened with the VI-SPDAT screening tool to identify acuity of housing and service needs—either by the agency where the household presents for services (if the agency has this capacity), or via referral to 211 or Coordinated Intake for screening and follow-up comprehensive assessment on completion of the VI-SPDAT. The VI-SPDAT screening tools can be found at http://sonoma-county-continuum-of-care.wikispaces.com/Coordinated+Intake+Task+Force.

   iii. Until Coordinated Intake is fully implemented, individual shelters will maintain individual waiting lists for populations not yet included in Coordinated Intake. Shelters will incorporate vulnerability screening with the VI-SPDAT as possible among people identified as homeless per federal definitions.

e. **Comprehensive Assessment:**

   i. Comprehensive Assessments will be conducted by the Coordinated Intake provider within one week of initial screening if at all possible. It is anticipated that the Coordinated Intake provider's waitlist case management and education about services will minimize the phenomenon of participants leaving the shelter before a full assessment can be conducted.

ii. Shelters will provide a basic intake, with HMIS enrollment, within 24 hours of accepting a participant into services.

iii. A case management interview, resulting in a written action plan, is preferred within 7 days. All shelters will work toward this standard, with the understanding this is impacted by capacity: current capacity often limits case management beginning before 21 days in many cases.

f. **Changes to forms:** The Emergency Shelter Standards Group will meet quarterly. Proposed changes to forms and policies are due to the CoC Coordinator 7 days prior to the quarterly meeting, and will be presented there. Changes will be considered and agreed to by working consensus. Any conflicts will be discussed and resolved in person. The relevant regulations will rule first. On other issues, working consensus will be the required process for resolving disputes. If no consensus can be found within a reasonable length of time (currently defined as two quarterly meetings), the majority will rule.

2. Coordination with other providers

a. Coordinated intake

i. Universal prescreening, assessment and referral will be conducted by the Coordinated Intake provider.

ii. Shelters will receive prescreened referrals from Coordinated Intake operator. The Coordinated Intake provider will be responsible for the appropriateness of referrals and for ensuring there is space before a referral is made.

iii. Coordinated Intake will make every attempt to begin the effort to obtain identification, CalFresh, Medi-Cal and a primary care home, and to address income needs (via benefits advocacy or work readiness activities).

iv. If a shelter wishes to turn away a referral, or if no slots are available:

1. **Inappropriate referral**: the client will be referred back via an immediate call to Coordinated Intake, or rejection of the referral through EtO HMIS. This includes clients who have been suspended or expelled from the program for cause.

2. **No availability**: If the referral is appropriate, the shelter may, at its discretion, provide one night of emergency shelter or place the client in a motel, prior to referring them back to Coordinated Intake for routine placement.

3. In addition to referral back to Coordinated Intake, the shelter should provide the client with referrals to appropriate community resources. A direct referral with a "warm" handoff is preferred.

4. If the client is in danger due to family violence, a referral should be made to the YWCA for placement in another county.

v. **Wait list management** will be provided by the Coordinated Intake agency, including tracking acceptance of referrals and/or housing placements.

vi. **Grievance procedure:** A sample grievance form is attached at page 18, for providers to put on their own letterhead and customize for specific agency practice. If a common pattern of grievance emerges, the Program Standards Group will take up possible changes of policy.

b. Street Outreach

i. Outreach workers will refer unsheltered persons into Coordinated Intake as quickly as possible, conducting the VI-SPDAT screening as possible and assisting them to access Coordinated Intake.

c. Prevention & One-time Financial Assistance providers

i. Households seeking assistance must first be screened for homeless vs. at risk housing status. If homeless, prescreen for Limited Assistance with VI-SPDAT screening tool and refer through Coordinated Intake to a one-time financial assistance program. If At Risk, refer directly to Prevention/Diversion assistance as resources are available.

ii. Emergency Shelter providers will collaborate with agencies providing one-time assistance, to help exiting participants to access one-time assistance or deposit assistance, (e.g., SOS, HCA, SSVF).

d. Rapid Re-Housing providers

i. Households meeting federal homeless definitions will be screened for Rapid Re-Housing at Coordinated Intake, and if appropriate referred through Coordinated Intake to a Rapid Re-Housing program. Options will be explored for accommodations short of entering the shelter, until an appropriate rental unit is located.

ii. Emergency Shelter providers will collaborate with Rapid Re-Housing providers, by providing short-term admittance to shelter while the household locates new housing.

3. Determining and prioritizing accepted clients vs. other forms of assistance

a. Each adult referred will be screened with the VI-SPDAT and assessed with the SPDAT comprehensive assessment tool. The full SPDAT tool can be found at: http://sonoma-county-continuum-of-care.wikispaces.com/Coordinated+Intake+Task+Force.

b. Coordinated Intake will provide knowledgeable referrals with a feedback loop and the possibility of case conferences triggered by inappropriate referrals. With this understanding, Sonoma County emergency shelter providers will operate from the viewpoint of screening people *in* rather than out. In doing so they commit to being good stewards of the funds, acting in the best interest of the clients in residence, and with transparency regarding the limits of the program.

c. **Prohibition against involuntary family separation**: per federal requirements, the age and gender of a child under age 18 cannot be used as a basis for denying any family's admission to emergency shelter. All shelters funded with federally-originated dollars must adhere to this rule.

d. Families and individuals meeting federal definitions of homelessness, but who cannot be assisted because of family size, being prohibited from being on site due to past behavior, or current challenges will be routed to Coordinated Intake for case conferencing and more refined referrals.

e. **Persons/Households accepted with limitations**

   i. **Mental Health Issues:** The Coordinated Intake provider will assess current ability to maintain in a group environment, compliant on medication and not actively violent.

   ii. **Persons with drug or alcohol history:** We acknowledge that the Sonoma County system of care needs a common minimum policy regarding approaches to substance use. At this time (November 2014), each year-round shelter operates under its own rules, but seasonal/winter shelters must be behavior-based. Discussion has begun toward developing a common policies on drugs and alcohol, and will appear in the next iteration of these standards, expected 2015.

   iii. **Persons with prescription medications**: Adult clients must be capable of self-administration of medications; staff will administer medications for unaccompanied minors. Prescriptions must have doctor's name and be locked. Locked prescription medications may be kept in adult client's possession or be held by staff for unaccompanied minors.

f. Exclusions with appropriate referral:

   i. **Households with children**: No one under the age of 18 should be allowed to remain at a single adult shelter. Families with minor children and unaccompanied minors should be referred to Coordinated Intake for screening and referral. As a priority, newly homeless families should be referred into Rapid Re-Housing (RRH) via the Coordinated Intake agency. If local resources do not exist to serve homeless families (for example in West County), RRH should be first choice for local housing, followed by the family

shelter wait list. Coordinated Intake is responsible for the disposition of homeless families throughout the county.

ii. Unaccompanied minors may only be served with agreement of the legal guardian or appropriate authorities. As of November 2014, per Community Care Licensing, the legal guardian must be notified within 24 hours of the minor's presence (within 72 hours if intake is via law enforcement). *This provision is expected to be updated in 2015 due to new legislation.* If the youth cannot be served (due to no vacancy, specific prohibited behaviors, or lack of Child Welfare, Probation, or parental approval), the legal guardian or authorized representative must be notified to request an alternative placement. Minors cannot be discharged without prior written approval from the proper authorities.

iii. Mental Health Crisis: If the participant is unstable but not actively violent, she or he should be immediately referred to Psychiatric Emergency Services (800-746-8181) or the Brookwood Clinic during operating hours. If safety of self or others is at stake (suicidal, imminent danger to oneself or others), an immediate call should be made to 911.

iv. Current drug or alcohol abuse should be referred to Orenda Detox (565-7450).

v. Readmission: People who have been suspended or expelled require the approval of the program manager to be readmitted. The process will include referral back to Coordinated Intake and a case conference with relevant partners towards addressing the behaviors that led to suspension of expulsion. An assessment in EtO HMIS will be provided to allow conditions of expulsions to be visible to, and inform referrals by Coordinated Intake.

vi. Legal concerns:

   a. The Sonoma County Sheriff's Warrant Search database will be checked before and during the resident's stay to assist participants in addressing outstanding warrants that may be a barrier to housing. *Having an outstanding warrant does not disqualify a person from entering the shelter.*

   b. 290 Sex Offenders: Shelters serving children must check adult names with the State sex offender registry before allowing entry. Single-gender adult shelters may accept 290 sex offenders. Offenders will be asked to make legally required disclosures and will be advised of youth programs in the vicinity so they can live up to their responsibilities. A stay may be discontinued if staff learn the offender is lingering in proximity to a youth facility.

   c. History of violent behavior: Many shelters do not accept persons with a history of violent behavior due to children on site or other specialty service populations.

Single-gender adult shelters may accept persons with this history on the basis of current behavior.

4. Emergency Shelter Program Elements

a. **Stabilization and basic orientation to program:** Shelters should ensure personal contact is made to acclimate new participants to the facility and help them establish a sense of safety. A one-to-one meeting should take place within the first week to build rapport and offer support in resolving housing crises.

b. **Resolving housing crisis is shelter's primary focus.** Emergency shelter programs should direct their services to resolving the individual's housing crisis. Working towards a Housing First model, case management should create a dialog focused on addressing barriers to housing. Individual activities should be compiled in an Individual Action Plan or equivalent, with weekly review with the case manager. HMIS staff will work towards a common case management template that addresses key challenges such as identification, food, medical care, and income.

c. Sonoma County shelters seek to provide a trauma-informed system of care. All shelters should work to bring *Seeking Safety* evidence-based practice into their programs. Trauma-informed services should include case management; onsite integrated health resources; ACEs-based programs; living skills programs focused on communication skills, grief/loss, and well-being.

d. With the understanding that each participant's needs are individual, as a system of care the CoC seeks to make the following services available to all shelter participants:

   i. Health Assessment, establishment of primary care home and health coverage, and access to behavioral health treatment as needed.

   ii. Financial education, Money Management & Savings Programs, including tenancy education and credit clean-up.

   iii. Work readiness, including resume development, computer skills, and mock interviews, GED. This may include community service, mentoring & other opportunities to foster self-esteem and confidence.

   iv. SOAR benefits assistance (see http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training for free on-line training).

   v. Legal services: record expungement, addressing pending charges, and legal services for those fleeing domestic violence.

e. Community rules: Emergency shelters must have a code of conduct that supports the dignity of participants, and creates a safe and supportive environment to help participants resolve their housing and other crises.

   i. Residents and staff are to be treated with dignity, respect & kindness:

      a. No discrimination or harassment of residents, volunteers or staff; no inappropriate language.

      b. Respect for personal space: no non-residents in resident rooms; residents may not take anything that does not belong to them.

      c. Attention to sound levels including TV and music; use private radios or other electronic devices only with earphones.

      d. Respect for the physical site: no damage to the property.

   ii. Our goal is to support a safe environment on site:

      a. Fire Prevention: No flammable chemicals, fireworks, candles, incense, or cooking in resident's rooms. No tampering with fire or smoke alarms. Smoking is allowed only in designated outside areas.

      b. Preventing physical harm: Participants cannot bring in any objects that could be used to harm self or others, e.g., no weapons (real or toy), and no verbal or physical threats.

      c. No illegal activity, including illegal drug use or possession on site.

      d. A Healthy and Sanitary Environment: No food in client rooms; residents must have access to personal hygiene resources. Shelters may require participation in chores or volunteer services to maintain a healthy environment, with provisions for disabilities and illness (e.g., modified assignments or being excused).

      e. No inappropriate sexual behavior. Shelters should specify what is appropriate or not depending on the population they serve, the room arrangements, or specific situations of participants.

   iii. Policies to support the health and safety of children under 18:

      a. Children on site must be supervised by their parents or legal guardians at all times (with the exception of the Teen Shelter, where they are present by permission of the legal guardian).

b. **Continuum of Care Policy on Children's Educational Rights:** All school-aged children must attend school, unless they are ill. All children should be observed and screened for appropriate development. Referrals should be made for additional services needed, provided on site if possible. Parent Education should be provided, on site if possible. Agencies serving families with children should contact the home school district's School Homeless Liaison and facilitate arrangements to keep the child in the most appropriate school setting, including transportation arrangements. Exceptions can be made where the family's safety needs or the parents' treatment for chemical dependency make retaining the child in the home school impossible. Children's educational needs should be a primary consideration in placing families in housing, especially if the child has special needs and is accessing needed services in school. *Adopted by the CoC governing body, October 26, 2010*.

iv. Community meetings will be conducted to ensure good communication, empowered problem-solving, health and well-being; individual shelters may make these mandatory.

v. The Continuum of Care encourages shelters to make accommodations to support program participants who are working swing shift and graveyard shifts, giving them daytime access to the shelter site.

f. Consequences of actions counter to participants' safe and quiet enjoyment of shelter facilities.

i. Sonoma County shelter providers will adhere to the principle of **consistent application of consequences**. The size of the facility, and special needs of the population served, may influence the way consequences are delivered; therefore all shelter providers will aim for consistent application of consequences when they occur within their programs.

ii. All program participants will be given a set of the house rules and expectations, and shelter-specific consequences will be reviewed with participant at Coordinated Intake (prior to accepting a placement), and as they come into the shelter.

iii. **Violation of quiet enjoyment of the premises** includes rude language, refusal to participate in community care of the facility, or not attending to basic hygiene (as it affects others). These are treated with verbal warnings and support for behavioral change. If they are repeated, it is possible to write up warnings and for participants to be asked to leave for periods of 1 to 30 days.

iv. **Violations of Safety**: Verbal violence can lead to temporary expulsion; physical violence can lead to permanent expulsion, especially if the police must be involved or if there is physical harm to staff. Each shelter will have clear written procedures for expulsions, subject to exceptions under behavior contract provisions below.

v. **Support for behavioral change:** In implementing consequences, shelter staff will assess the participant's openness to change, and whenever possible design behavior contracts to address those behaviors that have led to concerns, while making every effort to avoid an expulsion.

vi. If an expulsion is required to ensure safety, every effort will be made to connect the participant with more appropriate resources, and to identify a way to ensure the participant's safe transport to alternate services (e.g., detox). Whenever possible, shelter staff will elevate the case to a higher level of care, including case conferences with the Coordinated Intake program

g. Winter (Seasonal) Shelter and Extreme Cold/Wet Weather Policies:

i. The Sonoma County Community Development Commission is the lead agency for County-wide response to homeless services. See attached Homelessness Winter Weather Response Plan (County Plan), pages 19-25.

a. The County Plan distinguishes between Seasonal efforts mounted in a sustained way between November 1 and March 31 each year, vs. “pop-up” activities that can be opened and closed based on weather triggers (“Code Blue”).

ii. Seasonal Efforts:

a. The 24/7 Cold Weather Hotline, currently operated by Catholic Charities, is 707-800-2927. During cold weather, this line will provide information about seasonal shelter and weather-triggered warming efforts (e.g., “Code Blue” advisories).

b. **Seasonal shelter**: Shelter expansions are designed to address the public health risk of cold or wet winter weather to unsheltered people. Because this health risk is increased with consumption or drugs or alcohol, seasonal shelters should be **behavior-based**, with no sobriety or drug-testing requirements. Shelters should review safety and legal requirements to be in shelter with participants on entry (e.g., weapons and drugs cannot be brought inside the shelter).

i. Volunteers staffing seasonal shelters should receive training on protocols for behavior problems, e.g., when to call staff, and when to call 911.

ii. Any behavior problems occurring within seasonal shelters should be referred first to designated staff; and to police if there is a threat to the safety of self or others.

h. *Future iterations of these standards will include policies on Pets & Service Animals, and on Day Use of Facilities*.

5. How long a particular program participant will be provided with emergency shelter:

a. **Typical length of assistance**: Policies differ for Year Round Shelters vs. Winter/Seasonal shelters, and for General shelters vs. specialty shelters.

   i. At **year-round shelters**, admissions are for a minimum of 30 days, with extensions possible based on progress on individual action plans to ensure that in a community with limited shelter resources, these are most effectively used. Emergency overnight stays may be allowed, with 30-day admission dependent on behavior in the first 24 hours.

   ii. **Specialty shelter** lengths of stay:

      a. The YWCA's Safe House has a set 60-day program. 8 week program, with aftercare up to 2 years.

      b. Length of stay at the Coffee House Teen Shelter is determined case-by-case: youth who present on their own, without parental permission, may stay 23.5 hours. If brought by law enforcement, they may stay up to 72 hrs. Typical stays range from 1-21 days with the primary concern of placing children in a permanent situation as quickly as possible.

   iii. **Winter/Seasonal Shelters** are available November through March, funding available; there is no minimum or maximum length of stay as long as the seasonal shelter is open.

b. **Extensions of stay**: Extensions may be approved, typically on a 30-day basis up to 6 months based on engagement with an individual housing plan. In some cases, extensions may be available beyond 6 months if the participant has a contract for housing but special circumstances require them to wait for move-in.

c. **Re-Admission after exiting**: With the exception of expulsions, participants can re-enroll after a designated period of time out—as of November 2014, this is individual to each shelter. In collaboration with the Coordinated Intake provider, a standardized "time out" policy will be developed.

   i. Exited participants may apply for re-admission via Coordinated Intake. Coordinated Intake will gather information about what has happened since the last admission and how the participant hopes to spend a new stay in the shelter. For the Teen Shelter, these questions are asked of the parents. Readmission will be reviewed by a case conference.

6. **Occupancy standards: Minimum space, bedding, meals, and personal item storage to be provided per person:**

   a. Normal occupancy is set by a combination of use permits and construction or operational funding contracts. Sonoma County zoning allows up to 50 beds in designated urban service areas, with a use permit.

b. Standards for Temporary Shelters have been published by the Sonoma County Department of Health Services, Environmental Health & Safety (see full attachment on page 26):

   i. Each shelter will provide clean bedding upon entry: sheets, blankets, pillows, mattress covers, and mattress. These should be in a clean and sanitary condition and should be inspected, and if necessary treated, for presence or evidence of arthropod/insect activity.

   ii. Shelters must adhere to local building and fire codes. At a minimum, 2 means of egress should be available.

   iii. Shelters must have a minimum of 30 square feet per person in single-tier beds, or 20 square feet per person in 2-tier beds. At least 50 cubic feet of airspace must be provided per person, and when arranged head-to-toe, beds should have 3 feet of separation one from the next.

   iv. Every shelter must have at least 1 hand-washing sink and at least one shower per 15 people, with soap, warm water, and disposable towels.

   v. Every shelter must have 1 toilet for every 20 people (or 1 for every 10-20 females and 1 combined toilet/urinal for every 25-59 males).

c. Each shelter will provide personal items as possible: towels, minimum toiletries, and hygiene articles.

d. Storage may not always be available; the CoC preference is that each shelter provides a minimum of 10 cubic feet of personal storage per person.

7. Limits on emergency shelter assistance

a. Emergency shelter is always for a maximum of six months in any given homeless episode (with exceptions as noted in 5b, page 11). Assistance is generally approved in one-month increments, with reassessment every month. Extensions can be approved up to a total of six month in a given homeless episode.

b. There is no maximum number of times a participant may re-enter a shelter, with the exception of permanent expulsion due to violent behavior.

8. Records retention:

a. It is the common practice of Sonoma County homeless service providers to retain paper records for 7 years. The Continuum of Care's preference is that all data be entered into HMIS. HMIS meets all HIPAA, privacy and security requirements, more completely than most paper systems. Private user information can be drawn from the meta-data. Participating providers may scan documents and upload them to HMIS. Under HUD's data

standards, the HMIS vendor will be responsible for regular secure storage of data retained beyond the required periods. To the extent possible, providers will move toward such electronic records, with the understanding some agencies will be required to retain paper records for monitoring by their funders.

ACKNOWLEDGMENTS

With thanks to all who participated in developing these Emergency Shelter Program Standards:

COTS – Jed Heibel, Robin Phoenix

Cloverdale Community Outreach Committee – Colleen Halbohm, Richard Cafferata

Catholic Charities – Doreen Best, Allison MacDonald

Community Action Partnership - Pamela Powers

Community & Family Service Agency – Mary Kaye Gerski, Stephanie Hopkins

Community Support Network – Sheri Bright, Gayle Thomas

Redwood Gospel Mission, Men's Shelter, Rose Shelter – Pat Stratford, Rich Sundahl

Social Advocates for Youth – Heather Sweet, Lisa Fatu

YWCA – Dawn Silveira, Fabiola Saucedo

Sonoma Overnight Support – Jeff Severson

So. Co. Community Development Commission/So. Co. Continuum of Care – Jenny Abramson, Lynn Campanario, Teddie Pierce

Homeless Definition

CRITERIA FOR DEFINING HOMELESS	**Category 1**	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Homeless Definition

RECORDKEEPING REQUIREMENTS			

	Category 1	Literally Homeless	• Written observation by the outreach worker; or
			• Written referral by another housing or service provider; or
			• Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
			• For individuals exiting an institution—one of the forms of evidence above and:
			  ○ discharge paperwork or written/oral referral, or
			  ○ written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

	Category 2	Imminent Risk of Homelessness	• A court order resulting from an eviction action notifying the individual or family that they must leave; or • For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or • A documented and verified oral statement; and • Certification that no subsequent residence has been identified; and • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	Category 3	Homeless under other Federal statutes	• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and • Certification of no PH in last 60 days; and • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; and • Documentation of special needs or 2 or more barriers

	Category 4	Fleeing/ Attempting to Flee DV	• *For victim service providers*:
			  ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.
			• *For non-victim service providers:*
			  ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
			  ○ Certification by the individual or head of household that no subsequent residence has been identified; and
			  ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

ACCEPTABLE FORMS OF IDENTIFICATION FOR EMERGENCY SHELTER PROGRAMS

- Valid driver's license or identification card issued by DMV
- Valid driver's license or identification card from the state or country of origin
- Birth Certificate
- United States Passport
- Foreign passport
- Verification of citizenship, alienage, or immigration status
    - Permanent Resident Card or Alien Registration Receipt Card
    - Employment Authorization Document (Card) that contains a photograph
    - Green Card
    - Work Visa
- Certificate of Naturalization or Citizenship
- American Indian Card
- Voter's registration card
- US military card
- Military dependent's ID card
- Social Security Card or Tax ID number
- State Benefits Card

HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)
NEIGHBORHOOD STABILIZATION PROGRAM (NSP)

Effective May 2014

Notes: (1) These Income Limits apply only to Sonoma County Community Development Commission assisted units. They are NOT to be used as a guide for programs regulated by any agency other than the Sonoma County Community Development Commission. It is up to each property owner to determine which regulations preside if a unit is regulated by more than one program.

(2) These Income Limits do not apply to state or locally regulated programs (Density Bonus, Second Dwelling Unit, County Fund for Housing, California Redevelopment Law). Please refer to separate schedule for these units which are regulated by state income limits set annually by the California Department of Housing and Community Development.

INCOME LIMITS

Persons in Household	30% Income Limit	50% Very Low Income (HOME	60% Income Limit	80% Low Income (HOME High)
1	16,150	26,950	32,340	43,050
2	18,450	30,800	36,960	49,200
3	20,750	34,650	41,580	55,350
4	23,050	38,450	46,140	61,500
5	24,900	41,550	49,860	66,450
6	26,750	44,650	53,580	71,350
7	28,600	47,700	57,240	76,300
8	30,450	50,800	60,960	81,200

MAXIMUM RENT LIMITS for all HOME, CDBG, and NSP Units
As set by the U.S. Department of Housing and Urban Development

RENT LEVEL	Studio	1 BR	2 BR	3 BR	4 BR
LOW (Very Low-Income - 50%)	723	775	930	1,074	1,198
HIGH (Low Income - 65%)	820	956	1,187	1,362	1,500

Subtract from the maximum rent the approved utility allowance for any utilities that the tenant pays in addition to the rent. A utility allowance sheet is attached. Confirm the appropriate utility allowance with the Sonoma County Community Development Commission.

Published June 26, 2014

Sample Client Grievance Procedure

DEFINITIONS:
Complaint – When a client or community member doesn't like particular procedures, the outcome of a process, style differences between staff, time frame of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

Grievance – When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client's complaint is not resolvable with the staff person's supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency's Executive Director.

POLICY:
It is important to have a mechanism for clients to address grievances or complaints promptly. Clients need to feel that their concerns are well heard, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough manner. Client needs to know that we are engaged in continuous improvement of our services.

PROCEDURE:

1. In the instance of every complaint or grievance we learn of, the client must be encouraged to first try to work out the issue with the staff person involved or the staff person in charge of the client program.

2. If the grievance cannot be resolved by informal discussion between the client and the staff member, the client may submit the grievance in writing to the staff member's supervisor. If the grievance cannot be resolved by the staff member's supervisor, the client may request the grievance be submitted to the Executive Office.

3. The Executive Office will review all the information presented by the client, the staff member, and the supervisor and may collect additional information to resolve the grievance. The decision of the Executive Office is final.

4. The client may request a written response to the grievance. The final decision with regard to the grievance shall be made a part of the client's files.

_____ _____
Client Name Client Signature

_____ _____
Witness Name Witness Signature

_____
Date

Homelessness Winter Weather Response Plan – November 2014

INCIDENT OVERVIEW

INCIDENT TYPE: Extreme Cold or Wet Weather

LEAD AGENCY: Sonoma County Community Development Commission (SCCDC)

KEY PARTNERS: SCCDC, Department of Health Services, 2-1-1, Fire & Emergency Services, Catholic Charities of the Diocese Santa Rosa (Charities) and other emergency shelter & day center homeless services providers, County Administrator Office.

OVERARCHING OBJECTIVES: Minimize illness and death due to extreme cold weather, among unsheltered homeless individuals.

ANTICIPATED IMPACTS

- Unsheltered persons are at high risk of exposure related illnesses and deaths due to both exposure and the already vulnerable conditions many of these people survive. These conditions can quickly threaten the life of those living outside. Two of the common ailments during cold weather for the homeless are hypothermia.
- Hypothermia occurs when a person's core body temperature falls below 95 degrees.
- Hypothermia can occur not only during very cold weather, but other types of weather such as wind and rain can cause the body to lose heat even more quickly. Inadequate or wet clothing can quicken hypothermia.
- Additional risk factors include: malnutrition; decreased body fat; underlying infection; lack of fitness; fatigue; inadequate shelter and heat; pre-existing medical conditions; diabetes; smoking; presence of an infected wound.
- The National Health Care of the Homeless Council reports that people experiencing homelessness are 3-6 times more likely to become ill than housed people and the risk of developing hypothermia is further heightened by the use of alcohol, nicotine, drugs, and some medications.
- Social services systems that interface regularly with unsheltered homeless persons include, but not limited to, law enforcement and public safety, Department of Health Services, community-based non-profit organizations (NPO's), Emergency Medical Services (EMS) providers. Other public systems and networks that interact with unsheltered persons include public works, utilities, transportation, and environmental stewardship departments and agencies. Efficient and timely communication across these systems and sectors is critical.

THRESHHOLDS TO RESPONSE WITH COUNTY & HOMELESS SERVICE PARTNERS

- Seasonal: Possibility of cold and wet weather (November 1-March 31)
- High Risk Cold Weather: Temperature below 38°F; wind chill that is predicted to reduce the effective temperature to below 38°F; rainfall that makes it difficult or impossible for unsheltered

individuals to remain dry. Determination of a High Risk Cold Weather condition is determined by the Decision Team described below.

ROLES and RESPONSIBILITIES:

Sonoma County Community Development Commission (SCCDC): Plan coordination; lead on communications – the communications "hub"; package and assess funding requests; administer County-provided winter emergency funding; compile comprehensive listing of winter emergency efforts for stakeholder and public consumption. The SCCDC hosts and staffs the Sonoma County Continuum of Care (CoC) and can utilize the CoC communication infrastructure to communicate with non-profit homeless services providers and other interested stakeholders. Participate in Decision Team, as described below.

Catholic Charities of the Diocese of Santa Rosa (Charities): In coordination with the SCCDC, implement the county-wide Cold Weather Response Plan they developed for their agency. The Charities plan includes employing a Cold Weather Coordinator, seasonal shelter expansion, the piloting of a Cold Weather Hotline that operates 24/7 from November through March; targeted outreach efforts, fixed and mobile warming stations, and a seasonal expansion of the Safe Parking Program. Participate in Decision Team, as described below.

Other homeless service providers: Facilitate communication amongst all other homeless services providers and other stakeholders, implement High Risk Cold Weather-triggered warming stations; communicate with unsheltered homeless about seasonal and weather-triggered efforts via street outreach teams, communicate with the SCCDC as "hub" to facilitate multi-directional communication.

Department of Health Services (DHS): Coordinate communications with EMS and health services partners. Gather and monitor weather-related health data. Issue High Risk Cold Weather Advisories and Alerts, as needed. Participate in Decision Team, as described below.

Human Services Department (HSD): Publicize winter emergency efforts; assure coordination of communication and information between the Charities 24/7 Cold Weather Hotline and 2-1-1 (a Volunteer Center program funded by HSD).

2-1-1: Develop and implement a system, in conjunction with SCCDC and other members of the Continuum of Care, to maintain current information and staff training regarding homeless services and resources.

EMS providers: Gather and report data about weather-related transports of homeless individuals and related data points. Provide referral and resource information to unsheltered persons as possible.

County Administrator's Office, Public Affairs (CAO): Issue PIO alerts on weather-triggered events and responses, assist in communication across county government departments and agencies and other units of local government.

Department of Fire and Emergency Services: Support efforts to provide information to the public, provide technical assistance on emergency response techniques and protocols, provide liaison and communicator role to public safety agencies county-wide.

Law Enforcement: Distribute information about seasonal and weather-triggered efforts to unsheltered persons as they encounter them.

Cities in Sonoma County: Collaborate with SCCDC towards coordinated weather-triggered expansion policy; work with homeless service providers to support and publicize local warming stations and other seasonal resources. Provide operational funding support as possible.

American Red Cross (ARC): Distribute information about seasonal and weather-triggered efforts to unsheltered persons as they encounter them and communicate information to their broader network. Provide logistical and material support as possible.

DECISION TEAM:

- The team responsibility for determining whether or not the county is in a High Risk Cold Weather condition consists of three member agencies: the SCCDC, DHS and Charities.
- Each of the three organization shall designate a primary and secondary designee to be Team liaison
- Any of the three Team agencies can convene the Team to request the declaration of a High Risk Cold Weather condition.
- Three-way agency concurrence activates the High Risk Cold Weather response.

COMMUNICATIONS SYSTEMS:

- Health Alert/Advisory media releases and postings on County and homeless service provider websites
- Social media sign-up via homeless service providers
- Message boards at homeless service sites
- Word of Mouth via Street Outreach Teams and Law enforcement
- Email to provider listserv and key department and agency contacts
- Press releases/conferences
- 2-1-1
- Charities 24/7 Cold Weather Hotline

RELATED PLANS AND REFERENCES:
Catholic Charities Cold Weather Response Plan. Charities website: *http://www.srcharities.org/*

COORDINATED INCIDENT RESPONSE

Pre Winter

Objectives for this Phase: Develop & renew winter response infrastructure in preceding summer and autumn

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Sonoma County Community Development Commission

☐	Identify rapid response activities to be implemented when High Risk Cold Weather status is declared
☐	Identify responses better implemented as seasonal service expansions (i.e. without High Risk Cold Weather declaration)
☐	Develop funding strategy for seasonal expansion and cold weather expansions, in partnership with providers
☐	In partnership with homeless service providers, develop and refine provider communication system
☐	Identify staff persons to be primary and secondary Decision Team designees who will also monitor weather conditions and forecasts.
☐	Package and assess funding request to County for unmet resource needs
☐	Develop Homeless Management Information System (HMIS) reporting capability for seasonal and weather-triggered projects
☐	Compile a comprehensive listing of existing and seasonal/weather-triggered projects for sharing with 2-1-1 and emergency response partners
☐	Administer contracts with providers to fund seasonal and weather-triggered projects
☐	Facilitate communication with other funders to ensure common weather-triggered expansion policies (e.g., 15% expansion)
☐	Confirm and renew contact information for broad range of partners and stakeholder organizations
Homeless Service Providers (inclusive of Catholic Charities)	
☐	Catalog existing program services and document plan for seasonal or wet weather-triggered program expansions
☐	Communicate actual, developing and potential winter plans with SCCDC in a timely fashion
☐	Identify other resources needed for winter program expansions, either seasonal or weather-triggered
☐	Organize staff and volunteer resources needed to mount seasonal and weather-triggered expansion efforts

☐	Prepare to open a 24/7 cold weather telephone hotline November 1-March 31 (Charities)
☐	Prepare to open seasonal programs November 1 or as soon thereafter as feasible
☐	Designate staff to serve as primary and secondary Decision Team designees (Charities)
☐	

Department of Health Services

☐	Notify all Healthcare partners and EMS of communication plan
☐	Prepare to refine and implement data tracking for winter weather-related health and emergency transportation incidents
☐	Designate staff to serve as primary and secondary Decision Team designees

Winter:

Objectives for this Phase: Efficiently mount seasonal and triggered service expansions

Sonoma County Community Development Commission

☐	Notify homeless provider community via email, listserv, wiki and web communications as conditions and available resources and services change or expand, daily if required during periods of time of rapidly shifting information.
☐	Post comprehensive listing of seasonal and weather-triggered efforts to all partners and interested stakeholders
☐	Initiate communication with all Key Partners agencies regarding status of events and resources available
☐	Provide coordination support to 2-1-1 to assure 2-1-1- database is current

Homeless Service Providers

☐	Open day programs to 24-7 if possible, minimum open until midnight to 4:00 am.
☐	Operate fixed and mobile warming stations, as resources allow
☐	Expand facility capacity as possible to allow more unsheltered persons to come inside, as resources allow
☐	Implement pre-established winter weather communication plans designed to reach unsheltered persons in their service area
☐	Keep program services information current with 2-1-1
Department of Health Services	
☐	Communicate with 911, EMS, Clinics, Urgent Care Centers, and Hospitals to detail and catalog changes in circumstances and resources due to change of season or due to High Risk Cold Weather declaration
☐	Communicate all changes to data-gathering expectations to healthcare providers
☐	Issue High Risk Cold Weather advisories and alerts as appropriate
911 Dispatch/EMS providers	
☐	
Clinics / Urgent Care Centers	
☐	

Post Winter:

Objectives for this Phase: Evaluation of Cold Weather Response Plan program for effectiveness during the spring

Sonoma County Community Development Commission

☐	Monitor program delivery to understand numbers served, services delivered, and program outcomes. Perform quality assurance checks on submitted data and repair data errors and omissions with service providers
☐	Update seasonal/weather-triggered expanded services listing as needed
☐	Analyze collected data and share analysis with the DHS, Key Partners, and the CoC
☐	Convene Key Partners and other stakeholders to de-brief winter season. Revise and refine this Plan based on feedback provided. Disseminate revised Plan to all stakeholders prior to October 1.
Homeless Service Providers	
☐	Conduct internal debriefing on winter season and provide this information to the SCCDC. Revise and refine agency plans for future winters based on de-briefing information
☐	In concert with SCCDC, correct errors and omissions in HMIS data
☐	
Department of Health Services	
☐	Conduct internal debriefing on winter season and provide this information to the SCCDC. Revise and refine Department plans for future winters based on de-briefing information
☐	Analyze collected data and share analysis with the SCCDC, Key Partners and other health partners, as appropriate
☐	Communicate to all health services partners any data gathering changes expected for subsequent winter(s)

sonoma county
DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH DIVISION

Rita Scardaci, PHN, MPH – Director
Ellen Bauer, PhD, MPP – Division Director

Temporary Shelter Guidelines

Water and Food sanitation (CalCode):

1) Provide for an approved potable water source to assure safe drinking water to the public.
2) Do not accept food or water from unapproved or unknown sources.
3) Follow rules of the California Retail Food Code
4) Keep hot foods HOT (above 135°F) , cold foods COLD (less than 41°F) and frozen food HARD.
5) Food contact surfaces should be:
   i. Washed (with soap and hot water to remove food)
   ii. Rinsed (with plain water to remove soap)
   iii. Sanitize for 1 minute (with 100 ppm* bleach or 200 ppm quaternary ammonium)**

2 ½ tablespoons of household bleach mixed with 5 gallons of water is approximately 100 ppm.

***Always follow label instructions on cleaning products and sanitizers.*

Life Safety

1) Maintain fire egress (at least 2), automatic fire extinguishing systems, portable fire extinguishers, emergency evacuation plan.
2) Contact your local fire jurisdiction for additional life safety requirements.

Sufficient toilet facilities:

1) 1 toilet for every 10-20 females
2) 1 combined toilet/urinal for every 25-59 males
3) Or a minimum average of 1 toilet per 20 people

Facilities for maintaining personal hygiene:

1) One hand wash sink with warm water (100°F-108°F) , soap and single-use towels per 15 people.
2) One showering facility per 15 people.
3) Laundry facilities.
4) Ensure proper solid waste storage and disposal; containers should be vermin proof with tight fitting lids, and all refuse be removed at least every 7 days. Ensure proper storage and disposal of biohazardous waste and sharps waste.
5) Toilet and shower facilities, points of common contact (railings, door handles, faucet handles, etc.) should be cleaned and disinfected** daily.

*If an EPA-registered disinfectant is not available, use a chlorine bleach solution**

** ¾ cup household bleach to 1 gallon of water (disinfecting solution).*

***Always follow label instructions on cleaning products and disinfectants.*

Adequate space and ventilation:

1) Minimum floor space of 30 square feet per person for single tier bed units; 20 square feet per person for double-tier bed units.
2) A minimum of 40-50 cubic feet of air space per person.
3) Bed units spaced a minimum of 3 feet apart.
4) Beds arranged alternately head-to-toe to reduce spread of communicable diseases.
1) Assign appropriate number of shelter personnel to monitor sanitation, prevent overcrowding, and information.

Outdoor shelters:

1) 16' x 16' tents are preferred with no more than 6-8 individuals per tent.
2) Tents should be separated from each other at a minimum of 10 feet.
3) Tent material should be of flame retardant material.
4) Heating, smoking, or presence of any open flame is NOT advised. All electrical wiring and equipment shall meet the requirements of the National Electrical Code or Underwriters' Laboratories as appropriate.

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