



RACINE CoC SHELTER STANDARDS

Standards: All providers agree to attend CoC and ESG required trainings and participate in community meetings to provide consistent services across the Continuum that are based on best practices. In addition, all providers must coordinate with other ESG funded providers to ensure effective and quality service delivery, including participation in CoC committees. apply to all forms of shelter and supportive services unless indicated otherwise.

1. Diversion

Standard: Diversion should be attempted with all households seeking shelter. Diversion and housing problem-solving are methods to identify alternatives to entering shelter or minimize the length of stay if a shelter stay is necessary.

Diversion/housing problem-solving includes, but is not limited to, assisting households to stay with friends or family. Diverted households may be eligible for homelessness prevention financial assistance to assist them to move into permanent housing. Households should be referred to all appropriate resources to resolve their homelessness.

2. Eligibility

Standard: Emergency shelters will assist participants who meet the definition of homeless, other HUD eligibility requirements, availability of adequate space, and resources. Effort should be made to place individuals in another shelter, motel, or other safe alternative when adequate space is not available at the shelter providing the initial response.

2.1. Persons are referred to shelters from street outreach or Racine County Here to Help as central referral points. Additionally, using a "no wrong door" approach, shelters will take referrals from other community programs, as well as self-referrals. A participant must meet the HUD definition of homeless (HEARTH Act¹) at the time of project entry. A shelter may determine to take only category 1, or a combination of category 1 and category 2 homeless as space and resources allow.

2.2. A participant shall not be denied shelter or terminated from shelter based on sobriety (alcohol or drug), criminal history, proof of citizenship, proof of residency, identification, disability, familial status, gender identification or other reasons prohibited by the Fair Housing Equal Opportunity Act. (Exceptions: A male may be excluded from a female only shelter, a female may be excluded from a male only shelter, and a single male or female without an accompanying minor child may be excluded from a family with minor children shelter.)

2.3. Domestic Violence Participant Safety

2.3.1. The Racine CoC considers the safety of its participants a serious matter, including the

¹ Federal Register Vol. 76 / No 233 / Monday December 5, 2011 / Rules and Regulations, p. 76014

safety of participants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with VAWA, all shelter providers are required to comply with VAWA, including allowing participants to transfer from the current shelter to another shelter, if requested. For more information, see the Racine CoC Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

- 2.3.1.1. A DV shelter may exclude persons who are not victims/survivors of domestic violence. A youth shelter may exclude persons who are not within the specified age groups for service. A mental health shelter may exclude persons who do not have a mental health diagnosis. A veteran-only shelter may exclude persons who do not meet the shelter's definition of veteran.
- 2.3.1.2. A victim may request an emergency transfer from their current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.
- 2.3.1.3. Upon request for an emergency transfer, the housing provider must establish an individualized plan within **24-hours** to the tenant and provide a copy of the plan to the tenant in writing.
- 2.3.1.4. Program staff must complete an immediate initial emergency transfer if a safe unit can be identified. The participant will move to the new unit without having to undergo an application process.
- 2.3.1.5. Program participants requesting an emergency transfer will be prioritized above any other households for open units.
- 2.3.1.6. Agencies participating in Coordinated Entry must accept emergency transfers as they have available units that are deemed safe.

2.4. There is no minimum or maximum length of stay. Shelters may have policies regarding maximum length of stay but must consider the circumstances of each participant when determining discharge and cannot use length of stay as sole reason for discharge if the participant will be released into homelessness. This still allows for termination for cause. See section [7. Termination](#).

3. Participant Intake

Standard: Participant eligibility for the project will be determined at intake. Eligible participants will be oriented on the project, their rights, and responsibilities, and will be enrolled in services if they choose to participate.

- 3.1. Intake includes
 - 3.1.1. Eligibility: Determine eligibility for the project and enroll eligible participants
 - 3.1.2. Participant Data: Collect relevant personal information for all household members for program entry in HMIS

- 3.1.3. Shelter Explanation: Explain the participant expectations, rights and responsibilities, tour the facility (if a shelter) and answer questions as needed.
- 3.1.4. HMIS Release: Explain the HMIS system and if required by HMIS regulations have the participant sign an HMIS release according to his or her preferences.
- 3.1.5. Termination Procedures: Explain the Termination and Grievance Procedures and have the participant sign them.
- 3.1.6. Compliance with Sex Offender laws: All shelters will comply with laws regarding sex offenders.

4. Occupancy Standards

Standard: All physical shelter facilities shall meet minimum habitability standards.

All physical facilities shall comply with any State or local laws, as well as the standards set forth in the Emergency Solutions Grant.

5. Case Management

Standard: All participants shall receive case management designed to help the participant achieve housing stability and self-sufficiency.

5.1. Services

- 5.1.1. A participant shall have initial contact with a case manager within 72 working hours of entry into the shelter or program for services only projects and shall receive regular case management.
- 5.1.2. A participant shall have an individualized case plan directed at housing stability and self-sufficiency. Goals should be reasonable and attainable, and adjusted as needed. A reassessment of the need for services shall be ongoing but no less than every 30-days.
- 5.1.3. A participant shall be referred to all appropriate mainstream resources. The shelters must assist each participant, as needed, to obtain:

Appropriate supportive services, including assistance in obtaining permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living; and

Other Federal, State, local, and private assistance available to assist the program participant in obtaining housing stability, including:

- 5.1.3.1. Medicaid,
- 5.1.3.2. Supplemental Nutrition Assistance Program, (SNAP)
- 5.1.3.3. Women, Infants and Children (WIC),
- 5.1.3.4. Federal-State Unemployment Insurance Program,
- 5.1.3.5. Social Security Disability Insurance (SSDI),
- 5.1.3.6. Supplemental Security Income (SSI),
- 5.1.3.7. Child and Adult Care Food Program,

- 5.1.3.8. Section 9 Public Housing programs,
- 5.1.3.9. Section 8 Public Housing programs,
- 5.1.3.10. Supportive Housing for Persons with Disabilities,
- 5.1.3.11. HOME Investment Partnerships Program,
- 5.1.3.12. Temporary Assistance for Needy Families (TANF),
- 5.1.3.13. Health Center Program,
- 5.1.3.14. State Children’s Health Insurance Program (SCHIP),
- 5.1.3.15. Head Start,
- 5.1.3.16. Mental Health and Substance Abuse Block Grants, and
- 5.1.3.17. Services funded under the Workforce Investment Act.

5.1.4. A participant cannot be required to participate in mental health, alcohol, or drug treatment as a condition of receiving case management or shelter.

5.1.5. A participant can be encouraged to save money but cannot be required to save money as a condition of receiving case management or shelter.

5.1.6. A participant cannot be terminated from shelter solely based on non-compliance with a case plan.

5.2. Participant Files and Documentation

Standard: *Records documenting participant eligibility and participation in the project will be securely kept in participant files and HMIS.*

5.3. Participant Files

5.3.1. Participant files will be kept in a locked filing cabinet or in a locked, secure office. At a minimum, each participant’s file will contain:

- 5.3.1.1. Updated File Check List
- 5.3.1.2. Documentation of Eligibility at project entry (3rd Party Documentation, Homeless Verification Form)
- 5.3.1.3. Statement of income or no income
- 5.3.1.4. Signed expectations (rules)
- 5.3.1.5. HMIS agreement signed by participant if required by HMIS regulations
- 5.3.1.6. Termination procedures signed by the participant
- 5.3.1.7. Signed Releases of Information
- 5.3.1.8. Housing Search Plan
- 5.3.1.9. Mainstream Resources (Checklist documenting mainstream resources accessed by the participant)
- 5.3.1.10. HMIS Documentation of shelter entry and exit
- 5.3.1.11. Any other documentation required by the Emergency Solutions Grant (ESG), State of Wisconsin, or City of Racine for ESG

5.3.2. The case manager will use case management and other functions in HMIS according

to current HMIS standards. At a minimum, the case manager will document the following in HMIS:

- 5.3.2.1. All participant data related to universal data elements and rapid rehousing HMIS requirements
- 5.3.2.2. Case Notes for each meeting with the client
- 5.3.2.3. Referrals to other agencies and services
- 5.3.2.4. Housing Stability Case Plan

6. Monitoring

In the event that the project is monitored, the case manager will print case notes, case plans, and if appropriate screenshots of referrals to accompany any files selected by the monitoring officials for review. Documentation must be sufficient to monitor the file.

7. Termination Procedure

Standard: All reasonable efforts will be made to avoid the termination of a participant. When termination is necessary for non-compliance, shelters will follow due process and participants will be given the right to appeal their termination.

7.1. Termination Procedures

All program participants have the right to be heard regarding complaints, or if they believe that they are not being treated fairly. Any participant who wishes to file a complaint or grievance may do so according to the Grievance Procedure. Mitigating circumstances shall be given great weight when deciding whether to terminate a participant so that termination only occurs in the most serious cases.

Upon entering the shelter or supportive services project, participants will receive and sign a copy of the Grievance and Termination procedure. If the participant becomes non-compliant with the terms of the service agreement, efforts will first be made to contact the participant, discuss the cause of non-compliance, and restore compliance. Termination from shelter shall not be a consequence of non-compliance with a case management plan. Generally, termination from shelter should occur only in serious situations such as use of alcohol and drugs in the facility, threats of violence or violence in the shelter, or other behavior that is a serious threat to the health and safety of others or themselves.

At a minimum, a participant shall be provided notice of the expectations of the project, shall be provided written notice of the alleged violation including the date, time, names of witness and description of the behavior and expectation (rule) violated, shall be provided with a reasonable time to request a hearing on the matter, and shall be provided with a reasonable time to appeal the decision/consequence. All decisions must be in writing and must clearly

state the reason for the determination, expectation violated, and evidence relied on in making the decision.

The participant has the right to be accompanied by an advocate (e.g., coworker, friend, family member, etc.) at each step of the grievance process. The participant may also withdraw a complaint at any time

8. Grievance Procedure

Standard: The participant has the right to register a formal complaint regarding the project and will not be denied these services based upon such complaints. The Grievance Policy must be presented to participants at intake.

8.1. Grievance Procedures

A participant has a right to register formal complaints regarding the services provided and will not be denied services based upon such complaints. The participant has the right to be accompanied by an advocate (e.g., coworker, friend, family member, etc.) at each step of the grievance process. The participant may also withdraw a complaint at any time.

This grievance procedure is intended to address issues specific to the provider/program and is not intended to address complaints regarding other agencies or programs.

8.2. Steps for Filing a Grievance

8.2.1. Step 1: The Participant requests to file a grievance.

The participant expresses a concern or complaint and is provided a grievance form. The provider will explain each step of the procedure to the participant and assist in proper completion of the form. The completed form must be returned by the participant within 30 days of the incident. At each provider's discretion, late grievances may be considered.

8.2.2. Step 2: Case Manager Discussion

The grievance form shall be provided to the appropriate case manager within 5 business days of receipt from the client. The case manager will attempt to set up a face-to-face meeting to resolve the matter with the participant within 5 business days of receipt of the grievance.

The participant may have an advocate and/or the RRH provider present while meeting with the case manager.

8.2.3. *If the participant is satisfied with the proposed resolution of the issue during the meeting, a document will be prepared stating the resolution and shall be signed by the participant and case manager.*

8.2.3.1. If the Case Manager is unable to resolve the issue to the participant's satisfaction, the case manager's immediate supervisor shall review the matter. Follow the previous step for resolution, and if not resolved the matter may then be appealed to that person's supervisor up to the point of the Executive Director.

8.2.4. ***If the Executive Director is unable to resolve the matter the grievance will be given to the Board of Directors.***

8.2.4.1. A board committee will review the grievance on behalf of the Board of Directors and attempt to meet with the Participant. The Board of Directors will decide on the issue and provide their decision to the Participant in writing.

8.2.5. **Step 5: The BOD of the Shelter provider directs an Appeal to the Lead Agency of the CoC.**

8.2.5.1. The participant may appeal a decision of the Shelter provider BOD to the Lead Agency. Such appeal shall be heard by an ad hoc committee of at least 3 agencies representative of the CoC. The only issues to be considered are whether the Shelter provider complied with these standards, State EHH or City ESG contract depending on funding source, and Federal regulations for the HUD ESG program. If the Lead Agency is the shelter provider, the appeal shall be assigned to one of the other providers to form the committee of 3 agencies representative of the CoC, not including the Lead Agency.

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