



Community Program Guidelines:

**Emergency Shelter
Transitional Housing
Permanent Supportive Housing
Rapid Rehousing
Open Space "Pop-Up" Shelter***

**Adopted: April 6, 2016 by the
A Home for Everyone Coordinating Board**

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**Open Space “Pop-Up” Shelter Guidelines adopted by Safety off the Streets Workgroup on April 11, 2016*

Introduction

Program guidelines help communities provide standards and consistency among programs and agencies that provide housing and services to people experiencing homelessness. Establishing program guidelines offers our community the benefits of:

- Simplifying criteria and access to services for people seeking assistance
- Evaluating effectiveness for our system to inform planning and resource allocation
- Articulating shared values, priorities and performance goals for homeless services
- Increasing our community's competitiveness for U.S. Department of Housing and Urban Development funding.

Overview of the Process

A Home for Everyone (AHFE) hosted a series of five community dialogues from Jan. 26-29th, 2016 to develop draft guidelines for the program areas of Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH).

The sessions were facilitated by staff from CSH, a national housing policy agency, and were conducted in a "fishbowl" discussion format. Participation ranged from 55-75 people per session, with a total of 86 pages of notes taken and incorporated. There was a wide range of participation from community partners – service providers, persons with lived experience of homelessness, colleagues from business, health, faith and mainstream services. Representatives from communities of color, including culturally-specific agency staff, participants of color with lived experience of homelessness and jurisdictional staff, were involved in the process through direct participation in the community dialogues and in meetings with culturally-specific agency staff following the dialogues. Information and feedback from the community dialogues and meetings was incorporated into the final guidelines. The work of developing guidelines was based on AHFE performance goals, values and priorities, as set out in our AHFE plan and the work of the AHFE Coordinating Board subcommittees.

System Level Recommendations

These guidelines apply across all four program areas of Emergency Shelter, Transitional Housing, Permanent Supportive Housing and Rapid Rehousing.

- Staff should be highly-skilled, well-trained, and supported for retention and delivery of high-level services. Strategies could include:
 - Provide cross-systems training in the following areas:
 - Trauma Informed Care
 - Housing First
 - Culturally-responsive services and housing
 - Understanding Equity Impacts in housing and homelessness and using an equity lens in future planning and policy
 - Harm Reduction – Stages of Change
 - Motivational Interviewing
 - Racial Equity and Institutional Racism
 - Assertive Engagement
 - Fair Housing
 - Addictions
 - Mental Health
 - Others as identified
 - Provide fair and equitable wages that support worker retention
 - Ensure staff reflects the diversity of culture and communities that agencies serve
 - Hire staff with lived experience to offer peer support
- In all programs and components, housing services are focused on long term, safe, and stable housing.
- Our system requires infrastructure to support and sustain culturally-specific programs to provide housing and services to homeless individuals and families with federal and local resources. Where appropriate, partnerships with non-culturally specific providers need to be formed and/or strengthened.
- Create opportunities for providers and community members/people with lived experience to share stories of success and other qualitative information in conjunction with quantitative performance measures.
- AHFE workgroups (see implementation recommendations) will determine component and system level performance measures, including lengths of stay and permanent housing outcomes. They will follow the already adopted community performance goals:
 - Increase in number of persons who find permanent housing
 - Increase the % of those who are housed who stay in permanent housing (retention)
 - Reduce the number of persons who become homeless
 - Reduce length of time persons remain homeless

- Reduce the number of persons who return to homelessness
- In addition to communities of color, culturally responsive practices should include LGBTQ communities. Consider methods of measuring progress in this area.
- Update grievance procedures to promote client choice on a program level.
- Each program should provide timely provision of services or referral after intake or assessment; people should not have to wait for weeks or months.
- Wherever and whenever possible, consumer choice and consumer led direction are honored and supported.
- Mentors and peer supports are available in each component – people with lived experience receive the same staff support and resources as staff that are coming from professionalized backgrounds.
- Establish formal relationships with legal support to help people understand their rights as tenants and to protect themselves against other systems.
- Provide strategic linkages with employment resources to ensure participants gain access to earned income opportunities.
- Include specialized services for individuals and families who do not have documentation.
- Ensure that all funders, providers, participants and community members understand the recent HUD guidelines that define family (see “Definitions”).
- Create a coordinated, system wide landlord engagement approach that incorporates the best practices of local efforts as well as other communities. Create and adopt standard community and funder guidelines, and ensure equal access across all programs. This will include flexible resources for placement and retention.
- Address housing and service gaps for those who are at imminent risk of homelessness or displacement, as these are disproportionately people of color. Consider effective practices of prevention and diversion in this effort. Providers will make every effort to ensure people are housed in their community.
- AHFE will work with HUD to advocate for rental payments and FMR alignment.
- Develop integrated coordinated entry processes for families with children, single adults, youth and young adults and survivors of domestic violence. This system must be transparent, consistent and accessible to culturally and geographically diverse communities.

Emergency Shelter Guidelines

Description:

Emergency Shelter (ES) provides individuals and families with a safe place to sleep. It is meant to be short in duration and offer connection to housing options. The level of services available depends on the model. ES may be structured as a mat on the floor of a community space, an individual unit in which a household resides for a limited period of time, a private room with shared community space in a building, or other models.

Populations:

Served

- Families with children
- Veterans
- Single adults (including couples and adults age 55 and over)
- Survivors of domestic violence and/or sexual assault
- Youth & young adults

Prioritized

- Population priorities based on provider funding contracts (e.g. families prioritized for family shelter, youth prioritized for youth shelter)

Effective practices:

- Operate as low-barrier based on the Housing First philosophy, so people with high housing barriers can receive ES services. Offer emergency shelter to support people in recovery (no drug/alcohol use) through a safe and non-triggering environment.
- Wherever possible, do not utilize first-come, first-served approach.
- Diversion is a critical component of the homeless system that should be operated at all front doors of coordinated entry and ES, to ensure resources are dedicated to households who need shelter *tonight* and those who can be diverted have support in making necessary connections to safe, alternative housing situations.
- Safety Off the Streets workgroup hosts monthly action-oriented conversations to address detailed challenges and alignment opportunities, including exclusions, nuts & bolts of how shelter operates, how to support team members within system shifts, how to increase staff retention rates.
- Shelters are to be used only when an appropriate permanent housing option is not available. When shelter capacity is expanded, it should be coupled with permanent housing resources for those in shelter, to ensure improved, longer-term outcomes.
- Client-level and outcome data will be collected to the extent appropriate given the nature of the shelter and level of public investment.

- Ensure geographic equity in siting of shelter, particularly in East Multnomah County, to meet the needs of people experiencing homelessness throughout the area.

Operating standards:

Minimum

- Shelter provides people with safety off the streets. At a minimum, shelter must offer:
 1. Access to bathrooms
 2. Clean facilities
 3. Heat/warmth
 4. Oversight/support by people trained to assist in creating physical and emotional safety
 5. Dry/overhead shelter
 6. Lighting designed to ensure adequate visibility for safety purposes
- Have proper permitting (i.e., people are legally able to sleep there).
- Access must be simple – guests should not have to go through multiple, duplicative processes.
- Guests should be treated in accordance with the principles of Assertive Engagement and not be expected to participate in faith-based activities as part of their stay.
- Value client choice and offer grievance process in which a neutral staff member reviews complaints and responds in a timely manner.

Ideal

- Connect to housing placement, retention, and support services through mobile teams, so that services follow the person, rather than the program.
- Expand ES services to daytime hours to ensure a safe place to go during the day, as well as a place to connect with services. Ideally, shelters are open 24 hours per day, every day, with access to showers, lockers and laundry.
- Access to ES is managed through coordinated entry and made available to households through multiple front doors with appropriate linguistic support, including culturally specific organizations and programs serving communities of color, including immigrant and refugee communities.

Transitional Housing Guidelines

Description:

Transitional Housing (TH) is temporary housing with supportive services to facilitate a household's successful move into permanent housing, typically within 24 months. Participants choose whether to participate in services offered. It may be facility based or scattered site, although all publicly funded TH in Portland and Multnomah County is currently facility based.

Populations:

Served

- Individuals or families with alcohol or drug addictions
- Youth and young adults (including parenting youth)
- Survivors of domestic violence and/or sexual assault
- Veterans
- Criminal justice re-entry population

Prioritized

- People who will benefit from shorter-term, intensive services in residential environments that foster supportive communities.

Effective practices:

- TH is used for households who have immediate and acute supportive service needs, who will likely not need intensive services permanently, though their needs may vary over time.
- Examples of effective approaches and/or models include: harm reduction and low barrier approaches (i.e., recovery housing is also low-barrier). Also, in our community we operate TH beds for people with mental health conditions.
- Goals and plans are participant-driven with the ultimate goal of obtaining safe and stable housing. These may be oriented around:
 - Employment
 - Linkage to mainstream services and eligible benefits (Medicaid, SSI/SSDI, TANF)
 - Addictions treatment
 - Mental health services
 - Primary health care
- Explore models and best practices for community space within facility-based transitional housing.

Operating standards:

Minimum

- TH is open 24/7 with no evening curfew; people can leave whenever they need to during the day.
- The TH facility is safe, and people have access to meals and/or cooking spaces, storage, laundry, and other basic residential needs.
- Participants sign a lease, sublease, or occupancy agreement for a period of at least one month and not to exceed 24 months.
- Services offered are tailored to meet the specific needs of the population; if services are not available through the program, partnerships with organizations who provide these services are available (e.g., substance abuse treatment and recovery support for people in alcohol and drug free housing, and developmentally appropriate youth services, etc.)
- Population-focused TH may have eligibility requirements based on that focus, however entry criteria should remain low barrier (e.g., reduced requirements regarding past evictions, criminal history, etc.).
- Program rules should support community safety. They should also be trauma informed, to help reduce evictions/negative program exits based on rules violations. Rules should be reviewed with participants' input every 3-6 months to ensure continued applicability (i.e., guest policies allow for visitors and also ensure that visitors do not compromise safety).
- Providers have a responsibility to ensure that when households "time-out" of transitional housing, and there is no permanent housing option available, there is a warm hand-off to other housing options that prevent returns to homelessness.

Ideal

- Facility-based TH builds community among people with similar life experiences, identity, and others living in a communal setting.
- Organized activities in the community and outside of the building are available to participants.
- Peer and mentor support is offered.
- Participants are able to transition to longer term, more intensive support (i.e., Permanent Supportive Housing) when the need for that is identified.
- Participants have the ability to develop positive rental and credit history so they can have greater access to permanent housing. They can also use their time in transitional housing to build social capital, negotiation skills, and social accountability.

Permanent Supportive Housing Guidelines

Description:

Permanent Supportive Housing (PSH) is permanent housing with supportive services to assist persons experiencing homelessness who have a disability to live independently. Supportive services are designed to meet the needs of participants and must be offered for the entire duration of program participation. PSH may be single site, scattered site or clustered, and can be integrated with affordable or market-rate units. Housing assistance can be project-based (tied to a unit) or tenant-based (tenant must secure a unit in the market). Our community currently has PSH funded by both Continuum of Care (CoC) and non-CoC resources.

Populations:

Served

- Individuals and families experiencing chronic homelessness
- Persons with disabilities, including physical and behavioral health, that are severe enough to require long term housing support
- People with demonstrated vulnerability factors (e.g., exposure to violence, age, criminal justice involvement, historic or generational trauma, survivors of domestic or sexual violence)

Prioritized

- Highest vulnerability (as determined by assessment tools)
- Long-term, multiple episodes of homelessness

Effective practices:

- Focuses on serving households with intensive social and clinical service needs, long-term homelessness and/or frequent stays in institutions.
- Assessments and participant-driven planning to secure long-term stability and reach goals, including:
 - Employment
 - Linkage to mainstream services and eligible benefits (Medicaid, SSI/SSDI, TANF)
 - Addictions treatment
 - Mental health services
 - Health care
 - Legal services
 - Payee services
- Evictions in tenant-based PSH should not result in program termination unless absolutely necessary for safety reasons; transfers between programs should be facilitated whenever safe and appropriate to allow the best fit of available resources to meet household needs. As households and/or circumstances change (ex: youth aging

out) and the service need remains high, the system should ensure continued access to PSH.

- Housing is permanently affordable to people with very little or no income.
- Eligibility criteria is minimal, especially in regard to serious criminal justice involvement.

Operating standards:

Minimum

- Access to PSH is managed through coordinated entry and made available to households through multiple front doors with appropriate linguistic support, including culturally-specific organizations serving communities of color and households without legal documentation.
- Project-based PSH offers more intensive, onsite supportive services to participants than may be available in scattered site PSH.
- Given the barriers of populations served by PSH, eligibility requirements and barriers to entry are as least restrictive as possible.
- Personalized assessment is conducted to determine individual's level of resiliency and service need.
- In both scattered site and facility-based PSH, there is a "menu" of service options made available and known to client; services are intensive, flexible, tenant-driven, and voluntary. Culturally-specific and culturally-responsive programs are accessible and available to household.
- Programs do not require sobriety or medication/treatment compliance as a prerequisite of housing attainment or condition of continued participation.

Ideal

- Services available in scattered-site PSH are equivalent to supportive services offered in project-based PSH.
- Increase number of PSH and affordable units in the community.
- Develop relationships with mainstream resources for people who need more intensive support than PSH can provide (e.g., assisted living).
- Apply lessons learned from PSH to provide needed services within other permanent housing models.
- When a household no longer needs intensive services offered through PSH, "Moving On" opportunities exist so that the household may retain permanent housing, while creating a PSH opportunity for another household in need of more intensive services.

Rapid Re-Housing Program Guidelines

Description:

Rapid Re-Housing (RRH) is designed to help currently homeless households achieve and maintain permanent housing stability as quickly as possible. RRH offers flexible funding, rental assistance and supportive services, and ranges from one-time financial assistance through a maximum of 24 months of rental assistance and/or supportive services. Our community values multiple approaches, including pre-determined time frames for assistance as well as the Progressive Engagement model in which households receive the minimum assistance necessary to gain housing stability and frequent reassessment occurs to determine additional need.

Populations:

Served

- Families with children
- Single adults (including couples and adults age 55 and older)
- Youth & young adults, including parenting youth
- Survivors of domestic violence and/or sexual assault
- Veterans

Prioritized

- Population priorities based on provider funding contracts
- Household prioritization based on scoring guidance of assessment tools

Effective practices:

- One-time financial assistance, or 1-24 months of rental assistance and supportive services based on individual need, and rooted in Progressive Engagement model as well as pre-determined timeframes for assistance. Subsidy may be deep or shallow, depending on individual needs.
- Assessment for and access to participant-driven services to obtain & retain long-term housing stability. Service linkages may include:
 - Addiction treatment
 - Mainstream services and eligible benefits (Medicaid, SSI/SSDI, TANF)
 - Connection to permanent subsidized housing (e.g. Section 8) or permanent supportive housing if need indicated through progressive engagement
 - Domestic violence services
 - Health care (including mental health care)
 - Employment
 - Legal services (including education of personal and tenant rights)
 - Payee services
 - Housing stability

Operating standards:

Minimum

- Eligibility requirements are minimal, including only what is required by HUD as well as any safety-related requirements for facility-based rental units.
- Households who are offered RRH are fully informed of RRH model and opportunities before making a decision regarding the housing offer.
- Voluntary, individualized services are made available to every household with an emphasis on permanent housing.
- Linkages to mainstream services, including system navigation, education and information for immigrants and refugees. Promote staff empowerment to make decisions with households based on their individual needs, including decision-making authority for flexible spending.

Ideal

- Access to RRH resources are managed through coordinated entry and made available to households through multiple front doors with appropriate linguistic support, including culturally specific organizations serving communities of color and households without legal documentation.
- Expansion of locally-sourced flexible funding to assist with housing barriers that directly connect to ending a homeless episode, including but not limited to back rent, utility debt, and transportation (including car repairs).
- Intentional utilization of RRH for targeted, specific populations, not as a supplement (back-up) or bridge to PSH due to lack of PSH availability.
- RRH dollars should be accepted by a variety of permanent housing options, including facilities that offer recovery-based permanent housing.
- “Make people whole” with flexible financial assistance that isn’t simply a temporary/limited solution, but assistance that truly meets the comprehensive needs of people in need of housing.
- Landlords have access to incentives, training in best practices, flexible funding and direct connections to supportive services that are used pro-actively, before an eviction notice is considered.

Open Space “Pop-Up” Shelter Guidelines

Description:

Open Space “Pop-Up” Shelter (OSPS) provides short-term basic safety off the streets to people experiencing homelessness and is not intended for long-term stays.

Populations:

Served

- Single adults (including couples and adults age 18 and over)

Prioritized

- Population priorities based on provider funding contracts and community type (e.g., couples prioritized for couples OSPS, females prioritized for female OSPS).
- Prioritization based on vulnerability
- Those who because of household type, disability, or other circumstance are not well served by shelter of other types in the community.

Effective practices:

- Operate as low-barrier based on the Housing First philosophy, so people with high housing barriers can receive services.
- Safety off the Streets workgroup hosts regular action-oriented conversations to address detailed challenges and alignment opportunities, including exclusions, nuts and bolts of how OSPS operates, how to support team members within system shifts, how to increase staff retention rates (including, but not limited to equitable wages), and how to connect with existing population-specific systems of care.
- Shelters, including OSPS, are to be used only when an appropriate permanent housing option is not available. When shelter capacity is expanded, it should be coupled with or linked to existing system resources for those in shelter, to ensure improved, longer-term outcomes.
- Client-level and outcome data will be collected to the extent appropriate given the nature of the shelter and level of public investment. For example, basic bed count and demographics, referrals/linkages to other services, and service needs identified by residents.
- Ensure geographic equity in siting of shelter, particularly in East Multnomah County, to meet the needs of people experiencing homelessness throughout the area.

Operating standards

Minimum

- OSPS provides people with safety off the streets. At a minimum, shelter must offer:
 - Durable portable living structures provided by the OSPS
 - Access to basic sanitation services
 - Access to clean running water
 - Access to necessary utilities
 - Heat/warmth (includes tent, blanket, the ability to be warm)
 - Oversight/support by people trained to assist in creating physical and emotional safety. Trainings may include non-violent crisis intervention or similar courses.
 - Dry/overhead shelter
 - Lighting designed to ensure adequate visibility for safety purposes
- Have proper permitting (i.e., people are legally able to sleep there) and in compliance with applicable local, state, and federal civil rights laws.
- OSPS is relatively easy to set up and take down, so that it can be cost-effectively sited in locations that are only available for limited periods of time.
- Living structures are durable, portable, and cost effective to acquire, maintain and replace.
- Designated space for on-site management and service provision.
- OSPS must have a non-profit sponsor with organizational capacity to effectively support OSPS, either directly or in partnership with another organization.
- Access must be simple – guests should not have to go through multiple, duplicative intake processes.
- Youth (ages 18-24) that may be sleeping at these sites are connected with the Homeless Youth Continuum.
- Guests agree to shared standards of behavior that are appropriate to the population(s) served.
- Guests should be treated in accordance with the principles of Assertive Engagement and not be expected to participate in faith-based activities as part of their stay.
- Value client choice and offer grievance process in which a neutral staff member reviews complaints and responds in a timely manner.

Ideal

- Community self-governance
- Common spaces for community meetings, on-site showers, and basic cooking facilities.
- Connect to housing placement, retention, and support services through mobile teams, so that services follow the person, rather than the program.
- OSPS are designed using trauma informed environment.

Definitions

Assertive Engagement (AE) is a relationship-based service delivery approach in which people seeking help are seen as the experts with power over their own choices and solutions. AE uses hope as a main source of motivation and strength for finding solutions.

Culturally-responsive services are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities. That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organizational, professional and individual. (Center to Advance Racial Equity, Portland State University, 2014)

Culturally-specific organization includes the following:

- The majority of members and/or clients are from a particular community of color
- The organizational environment is culturally-focused and identified as such by members
- The staff, board and leadership reflects the community that is served
- The organization has a track record of successful community engagement and involvement with the community being served

Additionally, the community itself has validated the range of services provided by the organization and confirmed their usefulness to the community. (Coalition of Communities of Color, 2012)

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

1. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or,
2. A group of persons residing together, and such group includes, but is not limited to: a family with or without children; an elderly family; a near-elderly family; a disabled family; a displaced family; and, the remaining member of a tenant family.

More information can be found here: <https://www.hudexchange.info/faqs/1529/how-is-the-definition-of-family-that-was-included/>

Harm Reduction is a strategy aimed at reducing negative consequences associated with high risk behaviors to improve quality of life while respecting the rights of the person.

Housing First is an approach that centers on providing homeless people with housing quickly and then providing services as needed. Housing assistance is not time-limited, and a variety of services are offered to promote housing stability and individual well-being. Services are voluntary and based on tenants' individual needs.

Motivational Interviewing is a goal-oriented, client-centered service approach for eliciting behavior change by helping people to explore and resolve ambivalence.

Progressive Engagement model in which households receive the minimum assistance necessary to gain housing stability and frequent reassessment occurs to determine additional need.

Recovery Housing is housing in an abstinence-focused, peer-supported community for people recovering from substance use issues. Participants choose this type of housing based on personal preference to support their personal goals. The program operates as low barrier in a peer-supported environment.

Trauma Informed Care (TIC) recognizes that traumatic experiences terrify, overwhelm and violate the individual. TIC is a commitment not to repeat these experiences and, in whatever way possible, to **restore a sense of safety, power, and self-worth**. (Trauma Informed Oregon)

Trauma Informed Practices (TIP) TIP is an approach that: realizes the widespread impact of trauma and the role of housing services in promoting resiliency; recognizes the signs and symptoms of trauma in individuals, families and staff; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and strives to actively resist re-traumatization of program participants and staff and foster resiliency. TIP and racial equity work cannot be pulled apart. Trauma informed practices are inherently culturally responsive and recognize the impacts of historical trauma. TIP is both an individual, organizational, and system wide change process, not a canned set of practices. Agencies understand that experiencing poverty, being a student of color and/or marginalization in systems, can be traumatizing and result in inequitable access to protective factors. TIP work must be undertaken at all levels – individual, institutional and systemic – to be fully transformative for housing service providers.