

Cuyahoga/Cleveland Minimum Standards for Emergency Shelter Projects

Version 2.3, June 1, 2023

Standards Outline

- A. Agency Oversight & Management
- B. Fiscal Administration
- C. Program Operations & Services
- D. Data Collection & Management
- E. Facility Standards
- F. Program Participants' Rights

Definitions:

Emergency Shelter

Emergency Shelter (ES) is a place for people who are experiencing homelessness to live temporarily when they cannot live in their previous residence and lack other safe housing options or resources to obtain housing. Emergency shelter facilities provide night-time accommodations and may include day-time accommodations and services associated with re-housing persons as quickly as possible.

Homeless

1. **Category 1: Literally Homeless.** Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 1. Person has a primary nighttime residence that is a public or private place not meant for human habitation;
 2. Person 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
 3. Person is existing 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.
 4. Person left home because of physical, emotional, or financial abuse or threats of abuse and have not secured safe, alternative housing.
2. **Category 4: Domestic Violence.** Fleeing/Attempting to flee domestic violence, dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that related to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking). And,
 1. person has no other residence; and
 2. person Lacks the resources or support networks to obtain other permanent housing.

Chronic Homelessness

Chronic homelessness is used to describe people who have experienced homelessness for at least a year while simultaneously struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability. A person who meets the chronic homelessness designation will meet the general homelessness definition (from above) and have the additional characteristics/material conditions:

1. The person has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter **for at least 1 year** or on at least 4 separate occasions in the last 3 years; and
2. Has an adult head of household (or a minor head of household if no adult is present in the household) with a **diagnosable disability** including substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

Trauma-informed:

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in program participants, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Program:

A set of services and/or housing supports packaged as a discrete intervention intended to address the needs of persons experiencing or at risk of experiencing a housing crisis. Programs can receive funding from a single source or combine funding from multiple (different) sources to fund operations. In HUD statute and regulation a program is typically referred to as a “program”.

Participant:

A person or combination of persons who are receiving assistance from a program.

A. Agency Structure and Management

Source	Standard
OHS, 2011; adopted by CoC Advisory Board 9/10/14	1. The agency shall be a nonprofit organization , recognized under section 501(c)(3) of the Internal Revenue Code.
OHS, 2011; adopted by CoC Advisory Board 9/10/14	2. The agency's Board of Directors shall consist of voluntary (unpaid) members, except for the agency's CEO or Director.
OHS, 2011; adopted by CoC Advisory Board 9/10/14	3. The agency shall include on the Board of Directors or some other policy-making entity, one or more members who are either homeless or formerly homeless . Persons with lived experience who are compensated for Board participation shall not be considered paid employees.
OHS, 2011; adopted by CoC Advisory Board 9/10/14	4. The agency's Board of Directors shall meet at least on a quarterly basis and set overall policy for the CoC program. Minutes of the meetings shall be maintained for at least three years.
Adopted by CoC Advisory Board 5/18/23	5. The agency shall have a conflict-of-interest policy for staff, volunteers, and program participants.
Adopted by CoC Advisory Board 5/18/23	6. The agency shall have a policy establishing that the entire agency and all affiliated programs operate as a drug-free workplace .
Adopted by CoC Advisory Board 5/18/23	7. The agency shall have a policy governing the use of firearms on agency property. a. There is a policy that addresses firearms and other weapons, as it relates to staff and residents. These policies address the program's stance on the concealed carry law and whether weapons, including firearms, are permissible on the premises of the CoC agency.
Adopted by CoC Advisory Board 5/18/23	8. The agency shall have a disaster recovery and crisis communications plan.
Adopted by CoC Advisory Board 5/18/23	9. The agency shall have a sexual harassment policy applicable to all staff, trustees, volunteers, vendors, program participants.
Adopted by CoC Advisory Board 5/18/23	10. The agency shall have an annually updated organizational chart of positions and specific individuals with clear lines of authority; personnel policies detailing employee responsibilities, rights, roles, benefits, job description, attendance requirements, grievance procedure, annual performance review process, confidentiality, and compensation policy
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	11. The agency shall have written policies for the selection of all paid personnel in conformance with the EEO guidelines. 1. The program complies with all applicable Equal Employment Opportunity and Affirmative Action laws and regulations. 2. The following policies are posted in an area where all employees have access to them. a) Non-Discrimination Policy b) Affirmative Action Plan and/or Equal Employment Opportunity Policy

B. Fiscal Administration

Source	Standard
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	1. There shall be an accounting system which is maintained in accordance with Generally Accepted Accounting Principles (GAAP) and which uses fund accounting methods to ensure clear, accurate and current accounting of all public grant sources. <ol style="list-style-type: none"> a) Grant expenses and match are consistently and accurately charged to appropriate funding sources b) Expenses are consistently reviewed and approved in compliance with GAAP.
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	2. The agency shall have a record of accountability for program participants' funds or valuables the program is holding.
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	3. A program which receives \$300,000 or more of federal funds shall receive an annual independent audit or audit review and submit to OHCP, annually either a letter of "no findings" or a copy of the audit, in conformity with the OHCP financial rules and regulations handbook.
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	4. The agency shall have internal fiscal control procedures, which are reviewed and approved by the Board of Directors.
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	5. The agency shall institute and implement an adequate procurement policy in compliance with 24 CFR Part 84, U.S. Department of Housing and Urban Development or other procurement standards required by contract's uniform administrative requirements, covering all program-related small, medium, and large purchases and means of price comparisons to assure purchases at the most reasonable costs and shall make known to women and minority contractors their capability to be vendors.
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	6. The agency's covered programs shall maintain a system of accountability for time worked through use of timesheets, activity reports, etc. signed by both the employee and the appropriate supervisor. The executive director's timesheet should be signed by a board member. Separate accountability of staff time between administrative and programmatic activities are tracked on timesheets
Adopted by CoC Advisory Board 5/18/23	7. The agency's governing board procures an independent certified public accountant to annually audit the financial statements consistent with GAAP. <ol style="list-style-type: none"> a) The organizational governing board (e.g. Board of Directors) of the program owner, operator and service providers oversee acquisition and management of resources and the review of budgets and expenditures on at least a quarterly basis. b) The governing boards of the owner, operator and service providers shall cause their books and records to be audited annually by an independent certified public accountant consistent with the following: <ul style="list-style-type: none"> • the audit is performed in accordance with generally accepted accounting principles. • the audit incorporates internal control procedures. • if applicable the auditors issue a management letter reporting any control weaknesses, irregularities or illegal acts discovered during the audit. • the audit is performed within 6 months of the close of the agency's fiscal year.
Adopted by CoC Advisory Board 5/18/23	8. The Agency has a finance/accounting policies and procedures manual.
Adopted by CoC Advisory Board 5/18/23	9. The Agency has current insurance provisions covering worker's compensation, employment practices liability, employer's liability, comprehensive general liability, and directors' and officers' liability (D&O)

<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>10. Insurance. The program owner, operator and service providers have the following insurance provisions, notices, and certificates.</p> <ul style="list-style-type: none"> - Worker’s Compensation Certificate - Wage and Hour Notice - Unemployment Liability (if applicable) - Professional Liability - Director and Officer’s Liability is encouraged. Board members are informed of liability. - Property/Casualty
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>11. Asset Management</p> <p>The program owner and operator have an asset management plan that documents the policies, strategies, financing plans and reporting systems that are used to sustain and ensure the continued viability of the program’s capital assets.</p>

C. Program Operations & Services

Source	Standard
Adopted by CoC Advisory Board 5/18/23	1. Non-discrimination, equal access Policy. The program shall provide equal access to crisis services and program beds/units without regard to a person's actual or perceived sexual orientation, gender, gender identity or gender expression, in compliance with HUD's Equal Access Rule unless the program has received an explicit exemption.
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	2. The program shall not discriminate on the basis of race, religion, color, sex, national origin, disability, age, or ancestry. Programs serving families with school-aged children shall not discriminate on the basis of the sex or age of the children or the size of the family,
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	3. The program shall not require program participants to participate in religious services or other forms of religious expression.
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	4. The program shall have a policy manual , which includes the program's purpose, population served, regulations, rules and procedures.
Adopted by CoC Advisory Board 5/18/23	5. All programs shall adopt Housing First , with a trauma-informed approach regarding program operations and service delivery. (See definition of trauma-informed at end of document) a. Supportive services are designed and provided to meet the specific needs of residents. Minimally, services include individualized case management and service, assistance accessing income supports and healthcare, and recreational opportunities. b. Service participation is voluntary for all residents. c. Residents are actively involved in the design, development, and implementation of their individualized service plans.
OHS, 2011; Adopted by CoC Advisory Board 5/18/23	6. The program shall conduct (or participate in) an evaluation of the effectiveness of the services offered, at least annually. Required evaluation could include participant feedback surveys and analysis of HMIS-based SPM results of the program.
Adopted by CoC Advisory Board 5/18/23	7. All crisis housing programs shall employ Housing Problem Solving strategies to quickly identify program participants who are candidates for resolution of their housing crisis through strategies consistent with a Housing Problem Solving/Diversion/Rapid Exit plan. These strategies may include landlord mediation, creative problem solving, provision of temporary and flexible financial assistance, family/friend re-unification, transfers/relocation support to alternative geographies where program participants have viable housing options and supports, shared housing/roommate coordination, etc.
Adopted by CoC Advisory Board 5/18/23	8. Programs providing crisis housing for persons experiencing literal homelessness shall work to engage program participants to resolve their housing crisis as quickly and safely as possible . Programs providing crisis housing shall identify program participants who have received more than <u>90 days</u> of temporary shelter and offer and track efforts at more intensive, focused, and program participant-centered engagement strategies to facilitate shelter exits to safe, appropriate, and sustainable permanent housing placements.
Adopted by CoC Advisory Board 5/18/23	9. A housing plan shall be developed for all program participants who have seven (7) consecutive days of uninterrupted occupancy in the program. The housing plan must describe the strategy the program participant intends to pursue to end their homelessness and/or maintain their permanent housing placement with references to any proposed connections to housing resources the program participant intends to leverage in the community.

<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>10. All programs shall support program participants in building income through employment connections and facilitate access and connection to public benefits.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>11. In addition to sleeping arrangements and food, the program shall provide the following basic needs:</p> <ul style="list-style-type: none"> • Humane care which preserves individual dignity • Clean environment • Safe environment • Referrals to community resources
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>12. The facility shall have written policies for intake of program participants and criteria for admitting persons to the program. The program's intake policy should be available for the program participants to review. Programs cannot require, upon admission, that program participants have IDs, be entered into HMIS or provide Social Security numbers.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>13. Each facility must adhere to the CoC's involuntary discharge policy and have a procedure to collaborate/coordinate with other crisis housing facilities/shelter(s) when involuntary discharges are necessary.</p> <ul style="list-style-type: none"> • At the time of an involuntary discharge, the participant must be provided with 1) a written explanation of the reason(s) for the discharge and 2) written information on how to file a grievance. These discharges must be documented in incident reports and monitored by OHS.
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>14. The program shall maintain an attendance list in HMIS which includes, at least, the name and gender of each person residing in the shelter.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>15. The program shall post and read, or otherwise make known, the rules, regulations, and procedures of the program.</p>
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>16. All programs serving program participants in a crisis housing setting shall provide basic housing search and location support. Basic services shall include information about available housing listings, roommate services, availability of financial assistance resources, and access to the Internet to enable program participants to manage their own housing search, location, and application process.</p>
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>17. Programs shall develop and implement an Emergency Transfer Plan (ETP) for the emergency transfer of victims of domestic violence, dating violence, sexual assault, and stalking. Said victims shall be entitled to an emergency transfer pursuant to each shelter's emergency transfer plan.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>18. The program shall report abuse, including child abuse, elder abuse, and endangerment. Requirements for reporting abuse are extending beyond those staff whose clinical licensure obligates them as a mandated reporter or duty to warn.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>19. The program shall only require program participants to perform duties directly related to daily living activities within the program.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>20. The program shall provide access to a public or private telephone for use by program participants to make and receive calls.</p>

<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>21. The program shall maintain records to document services provided to each program participant. a. Records containing participant information are kept in a secure location and locked (or capable of being locked) to maintain confidentiality.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>22. The program shall provide accommodations for program participants to store personal belongings. a. There is a policy for storage of residents' personal items, where such items are unable to be stored in individual resident units. This includes provision of on-site, individual lockable storage units or information about nearby storage services.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>23. The program shall provide a Safety Plan that describes the plan to promote a safe, secure environment and have policies to regulate access.</p> <ul style="list-style-type: none"> • Each site-based program must have a written entrance, exit, and visitation policy as part of its safety plan ("visitation" refers to non-program program participants seeking to enter the facility). The policy should indicate how check in/entrance to and exit from the facility occurs for program participants, staff, partners, volunteers, and other guests.
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>24. The program shall have a policy regarding the control of weapons.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>25. The program shall encourage the involvement of program participants in the decision-making processes of the program. This can be accomplished in a variety of ways, including having program participant advisory councils to provide input into the operations of the program, or having homeless or formerly homeless people on the board, or having homeless or formerly homeless people trained and hired as staff.</p> <p>a. The program seeks to actively obtain resident input in decision-making through a resident advisory council or reasonable efforts to establish a resident advisory council.</p> <p>b. The program assures adequate accommodation for resident meetings and provides staff assistance, as requested, to support resident advisory functions.</p>
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>Resident Involvement in Performance and Quality Improvement Processes</p> <p>a. Resident input is obtained and incorporated into the program's performance and quality improvement processes in the following ways:</p> <ul style="list-style-type: none"> • Periodic monitoring of the implementation of grievance and appeal procedures and summary information concerning dispositions of grievances and appeals. • Satisfaction survey and/or documented interview at least annually with current residents regarding the quality of services and the service/housing environment and opportunities for improvement • Exit survey and/or documented interview with residents who leave the program, whether voluntarily or involuntarily, to provide input on the quality of services and the service/housing environment.
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>26. The program shall allow current program participants to use the program's physical address as a legal residence for the purpose of voter registration and the receipt of public benefits.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>27. The program shall maintain a daily log to record at a minimum all unusual or significant incidents.</p>

<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>28. The program shall have written policies for consensual and non-consensual searches.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>29. For the safety of the program participants, the program shall have adequate, trained, on-site staff coverage during all hours the program is open to program participants, unless individual secured units are provided.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>30. Each shelter must have the ability for consultation with a medical provider or group regarding infectious disease management questions and assistance with proper notification with illness outbreaks.</p>
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>31. All program staff with direct program participant contact shall receive training annually in at least the following:</p> <ul style="list-style-type: none"> • Emergency evacuation procedures, • Agency operating procedures, • Cultural competency, inclusive of race, ethnicity, national origin, gender, and LGBTQ+ interests, • Harm Reduction approaches for engagement and service delivery, • Non-violent crisis intervention techniques, • Referral procedures to relevant community resources, • Compliance with American with Disabilities Act and understanding special needs and challenges associated with the population the program serves • Basic first aid procedures (including general first aid techniques and identification and management of crisis and emergency health situations such as seizures), • Housing resources and application processes
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>32. The agency has a policy for ensuring that each new employee, volunteer or service provider receives initial training not later than the end 12-month period following their start date with the program or end of their probationary/orientation period, whichever comes first.</p>
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>33. Ongoing Staff Training Program employees, volunteers and service provider staff receive periodic training on the following as applicable for the position:</p> <ul style="list-style-type: none"> ○ CPR and First Aid procedures, inclusive of training on identification and management of seizures, (must be completed prior to expiration of current certification); ○ Disease prevention protocols (Universal Precautions); ○ Non-violent crisis intervention and de-escalation techniques (every two years); ○ Ethical participant practices (every two years); ○ Cultural awareness (every two years). Race, gender, LGBTQ+, disability, ethnicity, national origin ○ Trauma awareness. Obligations to report abuse, neglect <p>The program encourages and supports planning for staff professional development.</p>
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>34. Staff Supervision</p> <ol style="list-style-type: none"> a. There are clear communication structures, including regular meetings, sharing of written communications and regular interaction among on-site staff and senior staff of the participating organizations. b. There is a system of staff supervision and regularly scheduled performance evaluations.

<p>OHS, 2011 Adopted by CoC Advisory Board 5/18/23</p>	<p>35. Programs must provide or assist with the linkage of participants to services for drug and alcohol treatment, mental health treatment, life skills and job training, as needed and helpful to the participant.</p>
<p>OHS, 2011 Adopted by CoC Advisory Board 5/18/23</p>	<p>36. School-aged children are required by law to be enrolled in and attend school. Each program serving school-aged children will ensure that parents are aware of the legal requirement and will work with parents and community resources, as needed, to promote daily school attendance. In addition, each program will assist in connecting children with appropriate services within the community.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>37. Programs providing crisis housing services but not specifically funded as drug and alcohol treatment programs shall not require random or automatic drug or alcohol testing as a condition to receive crisis services. If behavior by a program participant that strongly suggests substance use does not warrant a call to either 911 or 696-kids, program staff should address the disruptive behavior to manage the issue rather than terminate enrollment in the program.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>38. Each program shall post the Drug Free Workplace Policy (if covered by it) or comparable statement and method for program participants to report a suspected violation.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>39. Each facility-based program shall have a policy for addressing maintenance concerns.</p> <ul style="list-style-type: none"> a. Each shelter will post the process for reporting maintenance concerns b. Each program shall identify the timeframe for a response to maintenance concerns c. Program staff shall acknowledge new issues reported within (2) business days
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>40. If the program houses children and uses volunteers, volunteers must have criminal background checks to volunteer. No one with a violent or sexual-based criminal history will be allowed to volunteer at a facility housing children.</p>
<p>OHS, 2011; Adopted by CoC Advisory Board 5/18/23</p>	<p>41. Programs must make accommodation for persons working second and third shifts and those with verified medical conditions to have access to beds during the day.</p>

D. Data Collection and Management

Source	Standard
OHS, 2011; adopted by CoC Advisory Board 5/18/23	1. The program shall develop and implement procedures to ensure the confidentiality of records pertaining to any individuals provided family violence prevention or treatment services.
OHS, 2011; adopted by CoC Advisory Board 5/18/23	2. Programs that provide CoC services (outreach, assessment, Coordinated Intake, emergency shelter, transitional housing, RRH, and PSH) and receive funding under any CoC program (CoC Program, ESG, HOME, CDBG) are required to participate in their Continuum of Care's Homeless Management Information System (HMIS).
OHS, 2011; adopted by CoC Advisory Board 5/18/23	3. CoC-funded programs and programs that receive other public funding coordinated through the CoC shall collect Universal Data Elements (UDEs) and other Program Specific Data Elements (PSDEs) , as applicable, on all program participants and enter data into the HMIS. Non-publicly-funded program providers shall collect in HMIS program participant identifiers and entry and exit dates at a minimum. All program providers shall contribute data to the HMIS for the purposes of the annual Point-in-Time (PIT) count and Housing Inventory Count (HIC).
OHS, 2011; adopted by CoC Advisory Board 5/18/23	4. The facility shall have secure storage space for confidential documents relating to program participants and personnel.
OHS, 2011; adopted by CoC Advisory Board 5/18/23	5. Documentation and record keeping policy. All programs shall apply HMIS-defined data security and program participant privacy protections to all data collected from program program participants, inclusive of intake, screening, assessment, daily census tracking, service engagement transactions, care coordination, and referrals.
OHS, 2011; adopted by CoC Advisory Board 5/18/23	6. The program shall have or plan for secure storage space for confidential documents relating to program participants and personnel.

E. Facility Standards

Source	Standard
Adopted by CoC Advisory Board 5/18/23	1. The facility provides the proper number of beds/units in accordance with grant agreements and updates this inventory annually as part of the CoC's HIC documentation process.
Adopted by CoC Advisory Board 5/18/23	2. The facility building is structurally sound to protect the program participants from the elements and not pose any threat to the health and safety of the program participants.
Adopted by CoC Advisory Board 5/18/23	3. Any renovation (including major rehabilitation and conversion) carried out with ESG assistance uses Energy Star and WaterSense products and appliances.
Adopted by CoC Advisory Board 5/18/23	4. Physically accessible access. Where applicable, the shelter is physically accessible in accordance with: <ul style="list-style-type: none"> • Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; • The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and • Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.
Adopted by CoC Advisory Board 5/18/23	5. Space and security: Except where the facility is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
Adopted by CoC Advisory Board 5/18/23	6. Interior air quality: Each room or space within the facility has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of a program participant.
Adopted by CoC Advisory Board 5/18/23	7. Water Supply: The facility's water supply is free of contamination.
Adopted by CoC Advisory Board 5/18/23	8. Sanitary Facilities: Each program participant in the program has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. <ul style="list-style-type: none"> • Participants must be provided with hygiene items needed for personal care.
Adopted by CoC Advisory Board 5/18/23	9. Thermal environment: The program has any necessary heating/cooling facilities in proper operating condition.
	10. Illumination and electricity: <ul style="list-style-type: none"> • The facility has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. • There are sufficient electrical sources to permit the safe use of electrical appliances in the facility.
Adopted by CoC Advisory Board 5/18/23	11. Sanitary conditions: The facility is maintained in a sanitary condition.

<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>12. Fire safety: The facility shall have a fire safety plan that includes an evacuation plan, fire safety drills, and posted signs indicating exits. The fire safety plan shall ensure the following”</p> <ul style="list-style-type: none"> a. There is at least one working smoke detector in each occupied unit of the program. Where possible, smoke detectors are located near sleeping areas. b. All public areas of the program have at least one working smoke detector. c. The fire alarm system is designed for hearing-impaired program participants. d. There is a second means of exiting the building in the event of fire or other emergency. e. Fire drills are conducted at least twice per year. f. Fire drills are recorded in a fire drill log documenting the date and time of each drill. g. There is an annual fire prevention inspection. h. Fire detection and suppression systems are operable and meet all applicable local building and safety codes. i. All staff are trained on the fire alarm system. j. All staff and residents are trained on the use of fire extinguishers and evacuation procedures. k. The program has a written protocol that addresses the special needs of residents who may need more assistance exiting. There is assigned staff and/or residents to assist them.
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>13. Local building standards. The program’s facility shall comply with applicable local fire, environmental, health and safety standards and regulations as evidenced by a valid fire safety inspection. If ESG funds were used for renovation or conversion, the facility meets state or local government safety and sanitation standards, as applicable.</p>
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>14. The facility shall be clean and in good repair.</p>
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>15. The facility shall have reasonable access to transportation services.</p>
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>16. The facility shall provide a bed or crib for each guest except in extenuating "overflow" conditions or unless the program has an ODOT exemption based on size and/or type of program. The program shall make provision for clean linens for each program participant. There shall be procedures to provide for the sanitizing of all linens and sleeping surfaces.</p>
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>17. The facility shall provide sufficient showers/baths, wash basins and toilets that are in proper operating condition for personal hygiene. These should be adequate for the number of people served. Clean towels, soap, and toilet tissue shall be available to each program participant.</p>
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>18. The facility shall have private space to meet with program participants.</p> <ul style="list-style-type: none"> a. There is adequate office and meeting space to support on-site staffing and services, per the Program Plan. b. Office and other meeting spaces used by staff for the delivery of supportive services and/or for staff to meet with residents are clean, comfortable, and well-maintained.
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>19. The facility shall have laundry facilities available to program participants or a system available for the services.</p> <ul style="list-style-type: none"> a. PSH site-based projects provide a laundry facility with working washers and dryers for residents twenty-four hours a day, seven days a week in a manner consistent with the tenant lease and building rules. Tenant lease and/or building rules may restrict access during certain hours to mitigate reasonable concerns related to safety and property theft.

<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>20. The facility shall have adequate provision of the following services:</p> <ul style="list-style-type: none"> • Pest control services • Removal of garbage • Proper ventilation and heating/cooling systems • Means to ensure that entrances, exits, steps and walkways are kept clear of garbage and other debris, ice, snow and other hazards.
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>21. The facility shall provide adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of occupants. Sufficient electrical sources shall be provided to permit the use of essential electrical appliances while assuring safety from fire.</p>
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>22. Food Service. The facility shall establish policy and make provisions for appropriate handling, food service and storage to meet the nutritional needs of program participants.</p> <ul style="list-style-type: none"> • Programs providing food service shall make adequate provisions for the sanitary storage and preparation of foods. • Programs providing food for infants, young children and pregnant mothers shall make provisions to meet their nutritional needs. • Programs shall provide or arrange for food services to program participants or make known the available services nearby.
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>23. Health. The facility shall establish policy and make provisions to address the emergency health needs of program participants.</p> <ul style="list-style-type: none"> • The facility shall always have available a first aid kit and supplies in case of a medical emergency. A First Aid kit is complete and accessible to staff and residents and is stocked with sufficient supplies to handle multiple occurrences. • All staff on duty shall have access to a telephone. Emergency telephone numbers shall be posted conspicuously near the telephone. • The facility shall ensure that at least one staff person on duty is trained in standard emergency first aid procedures. • The facility shall have a procedure for making referrals to appropriate medical providers. • The facility shall have a written policy regarding the possession and use of controlled substances as well as prescription and over-the-counter medication. The facility shall have a process for secure storage of prescription medications, where applicable, and management of prescribed drugs that require refrigeration. • The facility shall have a written policy regarding the control of infectious diseases, such as HIV, tuberculosis, COVID-19, and Influenza. • The facility shall have Narcan available for use by trained staff to use for life-saving purposes.
<p>OHS 2011; adopted by CoC Advisory Board 5/18/23</p>	<p>24. Mail. The facility shall have written policies on collecting, distributing, and storing mail for program participants and former program participants.</p> <ol style="list-style-type: none"> a. For PSH site-based projects there are individual mailboxes for residents. b. For PSH site-based projects mailboxes are accessible in common areas and have individual locks.
<p>OHS; adopted by CoC Advisory Board 5/18/23</p>	<p>25. All staff and volunteers at a program should wear identification badges that include the individual's name.</p> <ol style="list-style-type: none"> a. All visitors provide valid identification when entering the building, sign in to a visitors log and leave the identification or a copy of identification at the front desk during their stay.

F. Program Participants' Rights

Source	Standard
Adopted by CoC Advisory Board 5/18/23	<ol style="list-style-type: none"> 1. The program has a written document outlining program participants' rights posted in a visible and accessible location, read and otherwise made known to program participants upon admission, with accommodation for literacy and language barriers. All program participants receive a copy of the program participants' rights document upon request. <ol style="list-style-type: none"> a. There is a written document outlining resident rights (including grievance and appeals) which is provided in writing and explained verbally to residents upon admission. b. Staff is provided written and verbal information and explanation of resident rights upon hire. c. A description of residents' rights is posted in a location visible to residents. Reasonable efforts are made to ensure that all residents understand their responsibilities regardless of language or ability.
Adopted by CoC Advisory Board 5/18/23	<ol style="list-style-type: none"> 2. Each shelter will have a policy to address search and seizure and warrants to protect individual civil rights.
Adopted by CoC Advisory Board 5/18/23	<ol style="list-style-type: none"> 3. When a program participant files a grievance related to a suspension or sanction not covered by the immediate discharge policy, the action is suspended until the grievance process is completed, if immediately implementing it would negatively affect the program participant's <ol style="list-style-type: none"> a. Ability to stay in crisis housing b. Receive meals c. Eligibility to obtain housing d. Ability to get to work or care for his/her children e. Other health or safety issues
Adopted by CoC Advisory Board 5/18/23	<p>Resident Rights</p> <p>Resident rights include, but are not limited to:</p> <ul style="list-style-type: none"> • Residents have the right to be treated with dignity and respect; • Residents have the right to privacy; • Residents have the right to be treated with cultural sensitivity; • Residents have the right to self-determination in identifying and setting goals; • Services should be provided to residents only in the context of a professional relationship based on valid, informed consent; • Residents should be clearly informed, in understandable language, about available services and the purpose of the services being delivered, including residents who are not literate and/or are limited-English proficient; • Residents have the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure; • Residents have the right to reasonable access to records concerning their involvement in the program; • Residents have the right to have an advocate present during appeals and grievance processes; • Residents have the right to choose their own housing or reject substandard housing.

<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>3. Grievances</p> <ul style="list-style-type: none"> a. There is a written complaint and grievance policy and procedure. b. Residents are given a blank copy of the grievance form upon entry into the program. b. Residents have a right to make grievances known concerning the services provided, residential or service environments, or related issues and may exercise the right to file a grievance at any time.
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>4. Due Process and Appeals</p> <ul style="list-style-type: none"> a. There is a written appeals policy and procedure that addresses due process rights and procedures related to resident appeals of program staff decisions, including lease non-compliance, eviction actions, and service restrictions.
<p>Adopted by CoC Advisory Board 5/18/23</p>	<p>5. Abuse Against Staff, Residents, and Visitors</p> <ul style="list-style-type: none"> a. There is no tolerance for physical or verbal abuse of any kind. b. There is a written resident/staff abuse policy and procedure that addresses rights and procedures related to abuse against staff, residents and visitors.