FREDERICKSBURG REGIONAL
CONTINUUM OF CARE

System Planning Committee Meeting Agenda

April 21, 2021

- Introductions

- Approve March 17, 2021 Minutes (ACTION ITEM)

- Emergency Shelter Community Standards

- Exit Surveys

- Agency Updates

Next Meeting: May 19, 2021 at 3pm

FREDERICKSBURG REGIONAL
CONTINUUM OF CARE

System Planning Committee

Date: March 17, 2021
Time: 3pm
Location: Virtual via GoToMeeting

MEETING CALLED BY	Sam Shoukas (GWRC)
TYPE OF MEETING	Monthly
NOTE TAKER	Aisha Balogun (GWRC)
ATTENDEES	Thurman Brisben Center – David Cooper; Kim Lally Empowerhouse – Tammy Torres Loisann's Hope House - Cait Woodward; Lisa Crittenden; Tara Best Micah Ministries - Meghann Cotter; Jill Clare; Lori Yelverton McGuire VA Med Center – Brooke Pendleton GWRC - Sam Shoukas; Aisha Balogun (AmeriCorps VISTA)
ABSENT	Christian Zammas (Individual) Michelle Swisher (Spotsylvania County Schools)

DISCUSSION	

Introductions

Approve February 17, 2021 Minutes
- Kim Lally motioned to approve the February 17, 2021 minutes and Tammy Torres seconded the motion. Motion passed unanimously.

CoC Action Planning and Maternity Planning
- Sam Shoukas debriefed the group on CoC staffing changes and coordinated leadership responsibilities in preparation for her maternity leave.
  - Tara Best and Kim Lally will lead CoC Case Conferencing meetings. Aisha Balogun will coordinate scheduling.
  - Aisha will coordinate with Kim and Tammy to create agendas and prepare materials for System Planning meetings.
  - Cait Woodward will coordinate service referrals for Foster Youth to Independence Vouchers.

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- Aisha will coordinate content for Discharge Planning Committee meetings. - Sam reminded the Committee about mainstream voucher availability and reviewed client eligibility. - The Committee discussed expectations and planning for upcoming VHSP applications. **Old Item Catch Up** - Sam summarized current state of Shelter/Prevention Exit Surveys, PSH Policies and Procedures, and Coordinated Entry Policies and Procedures. CoC Staff will prepare these materials for Committee and/or public review. **Next Meeting: April 21, 2021 at 3pm**	
CONCLUSION	
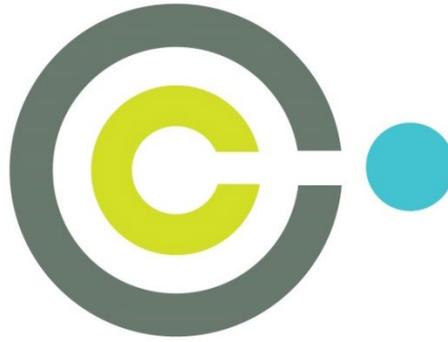
Fredericksburg Regional Continuum of Care
Emergency Shelter Program Standards

Table of Contents

I. Purpose

This document is intended to serve as a guide for organizations providing emergency shelter within the Fredericksburg Regional Continuum of Care (FRCoC). All emergency shelters within the FRCoC are expected to adhere to the guidelines outlined in this document. Fidelity to this model will help ensure that all individuals seeking assistance will have similar opportunities to access emergency shelter and attain housing support.

II. Access

Shelters will establish admissions processes that promote shelter access to those experiencing the most need for housing support within our community. Specific considerations around eligibility and coordinated entry are detailed below.

A. Eligibility

Individuals eligible for emergency shelter must meet the HUD definition for literal homelessness, imminent risk of homelessness, or fleeing/attempting to flee domestic violence.

The FRCoC is committed to low-barrier services, as described in the Fredericksburg Regional Continuum of Care Policy Priorities. To support this vision, emergency shelters that receive FRCoC funding should adopt eligibility standards that do not require income, participation in services not required by grants, or other criteria that screen out individuals in need of support.

B. Coordinated Entry

Emergency shelters will allocate available beds through the FRCoC Coordinated Entry process, detailed in the Fredericksburg Regional Continuum of Care Coordinated Entry Policies and Procedures. Participation in Coordinated Entry will ensure that individuals and households with the highest need will gain access to shelter as soon as possible. Exceptions to Coordinated Entry-based bed allocation exist for seasonal shelters or shelters that serve specific sub-populations. However, even if beds are allocated outside of Coordinated Entry, shelters should confirm that residents receive the knowledge and support to connect to other community resources through the Homelessness Helpline.

III. Services and Policies

Shelters will provide low-barrier, temporary, and housing-focused overnight accommodations to meet the immediate needs of individuals and households experiencing homelessness. Basic shelter elements are detailed below, including considerations about the physical environment, case management, and resident guidelines.

A. Physical Environment

Emergency shelters should be clean and safe. Organizations should refer the following resources for specific guidance on the minimum physical requirements of shelters:
- Grant requirements (Emergency Solutions Grant Minimum Habitability Standards for Emergency Shelters, Virginia Homeless and Special Needs Housing Funding Guidelines, etc.)
- Americans with Disabilities Act (ADA) Checklist for Emergency Shelters
  - If the shelter is not ADA-compliant, shelters should have a standard, written plan on how they will accommodate residents with disabilities.

Beyond basic habitability requirements, providers should also consider the how the design of their shelters contribute to a sense of empowerment, security and peace of mind, and positive community for residents. The following are resources that providers can reference as they begin or continue to design their shelters:
- Designing the Built Environment for Recovery form Homelessness (Michael J. Berens, Design Resources for Homelessness)
- Designing for the Homeless: Architecture that Works (Sam Davis)

B. Case Management

All shelter residents should have access to consistent case management from trained staff members. Case management will have the following characteristics:
- **Housing-focused.** The primary goal of case management is to assist clients to gain and maintain stable permanent housing.
- **Client-driven.** Case managers work with the unique needs of each individual or household, assisting in the creation and achievement of client-defined housing goals.
- **Strengths-based.** Case managers recognize the capacity, skills, and assets of each individual or household, allowing them to make their own informed decisions.

- **Connect to community resources.** Case mangers support individuals in building and maintaining connections to formal social services and informal social resources. Additionally, case managers will have continuous diversion conversations to assist clients in identifying housing resources as soon as possible.

C. Resident Guidelines and Termination

Emergency shelters must have written guidelines, program standards, or community expectations that are communicated to all residents upon intake. To promote low-barrier access to shelter, these guidelines will emphasize safety and community rather than control. Shelters should refer to the National Alliance to End Homelessness (NAEH) Emergency Shelter Learning Series for guidance on creating and evaluating shelter rules.

Emergency shelters must also have a standard termination process. Providers can exercise their own judgement in deciding which program rule violations result in termination. However, termination should only be in response to severe cases, threats, or unsafe practices.

IV. HMIS and Data Collection

All emergency shelters are required to enter data into the Homeless Management Information System (HMIS). For confidentiality reasons, DV providers are exempt from using the HMIS system but must use a comparable database to collect data.

Prompt and accurate data collection helps the homeless system determine which services and programs participants are utilizing, evaluate the impact of emergency shelter, and make system improvements. It is the responsibility of shelter staff and administration to ensure data entered in HMIS is timely, accurate, and complete.

Providers should refer to the latest version of the following documents for HMIS guidance:
- HUD HMIS Data Dictionary (required data elements, definitions)
- Homeward Community Information System Policies and Procedures (data quality standards, data confidentiality standards*)*

V. Performance Evaluation

Emergency shelters will be evaluated on their ability to provide low-barrier, housing-focused, temporary shelter based on the metrics detailed in the most recent FRCoC Project Performance Standards. Project performance will inform decisions made by the Funding and Performance Committee and CoC Board regarding funding allocations.

Shelter Exit Survey

Thank you for providing feedback on your most recent stay in emergency shelter. Your feedback will help us, the Fredericksburg Regional Continuum of Care (FRCoC), understand your needs and improve our community's emergency shelters.

Your answers to this survey are confidential and your participation is voluntary. The shelter that provided you services will not have access to your individual responses. You can end this survey at any time or skip any questions that you do not feel comfortable answering.

Thank you for providing your honest feedback. If you have any questions about this survey or your privacy, please contact to Samantha Shoukas, CoC Program Director, at 540-642-1578 or shoukas@gwregion.org.

1. What is your age?

   _____

2. What is your gender?

   Mark only one oval.

   ◯ Female

   ◯ Male

   ◯ Trans Male (Female to Male)

   ◯ Trans Female (Male to Female)

   ◯ Gender Non-Conforming

3. What is your race/ethnicity?

   Check all that apply.

   ☐ African-American/Black
   ☐ American Indian/Alaskan Native
   ☐ Asian
   ☐ Caucasian/White
   ☐ Hispanic/Latino
   ☐ Native Hawaiian or Other Pacific Islander

Shelter Location

4. Where was your most recent shelter stay?

   Mark only one oval.

   ◯ Empowerhouse

   ◯ Loisann's Hope House

   ◯ Micah Cold Weather Shelter

   ◯ Micah Respite Shelter

   ◯ Thurman Brisben Center

Shelter Environment

The following questions pertain to your general stay at the shelter.

5. Please rate your agreement with each of these statements.

Mark only one oval per row.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The shelter was easy to access.	◯	◯	◯	◯	◯
The rules of the shelter made it difficult for me stay there.	◯	◯	◯	◯	◯
I felt safe during my stay in shelter.	◯	◯	◯	◯	◯
I felt I got the services that I needed while in shelter.	◯	◯	◯	◯	◯

6. What resources or experiences would have made your shelter stay better?

_____

_____

_____

_____

_____

Case Management

The following questions address your experiences with case management while staying in the shelter.

7. Please rate your agreement with each of these statements.

Mark only one oval per row.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
My case manager and I talked about housing goals often.	◯	◯	◯	◯	◯
My case manager knew how to address my needs.	◯	◯	◯	◯	◯
My case manager was available when I needed them.	◯	◯	◯	◯	◯
If I had an issue, I felt comfortable speaking about it with my case manager.	◯	◯	◯	◯	◯

8. Additional comments about case management:

_____

_____

_____

_____

_____

Final Thoughts

9. Please rate your agreement with each of these statements.

Mark only one oval per row.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I would recommend this shelter to someone in need.	◯	◯	◯	◯	◯
I would recommend my case manager to someone in need.	◯	◯	◯	◯	◯

10. Any additional comments that you would like to provide regarding your stay at shelter.

_____

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11. Would you like to further discuss your comments?

Mark only one oval.

◯ Yes

◯ No

12. If yes, please provide name and contact information.

_____

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Prevention Exit Survey

Thank you for providing feedback on your most recent experience within our Homelessness Prevention program. Your feedback will help us, the Fredericksburg Regional Continuum of Care, (FRCoC) understand your needs and improve our community's housing programs.

Your answers to this survey are confidential and your participation is voluntary. The shelter that provided you services will not have access to your individual responses. You can end this survey at any time or skip any questions that you do not feel comfortable answering.

Thank you for providing your honest feedback. If you have any questions about this survey or your privacy, please contact to Samantha Shoukas, CoC Program Director, at 540-642-1578 or shoukas@gwregion.org.

1. What is your age?

   _____

2. What is your gender?

   Mark only one oval.

   ◯ Female

   ◯ Male

   ◯ Trans Male (Female to Male)

   ◯ Trans Female (Male to Female)

   ◯ Gender Non-Conforming

3. What is your race/ethnicity?

   Check all that apply.

   ☐ African-American/Black
   ☐ American Indian/Alaskan Native
   ☐ Asian
   ☐ Caucasian/White
   ☐ Hispanic/Latino
   ☐ Native Hawaiian or Other Pacific Islander

Program Environment

The following questions pertain to your general experience with the Prevention program.

4. Please rate your agreement with each of these statements.

   Mark only one oval per row.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The program was easy to access.	◯	◯	◯	◯	◯
The rules of the program made it difficult for me work with them.	◯	◯	◯	◯	◯
I felt like I got the support that I needed while in the program.	◯	◯	◯	◯	◯

5. What resources or experiences would have made the Prevention program better?

_____

_____

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_____

Case Management

The following questions address your experiences with case management while participating in the Prevention program.

6. Please rate your agreement with each of these statements.

    Mark only one oval per row.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
My case manager and I talked about housing goals often.	◯	◯	◯	◯	◯
My case manager knew how to address my needs.	◯	◯	◯	◯	◯
My case manager was available when I needed them.	◯	◯	◯	◯	◯
If I had an issue, I felt comfortable speaking about it with my case manager.	◯	◯	◯	◯	◯

7. Additional comments about case management:

_____

_____

_____

_____

_____

Final Thoughts

8. Please rate your agreement with each of these statements.

    Mark only one oval per row.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I would recommend this program to someone in need.	◯	◯	◯	◯	◯
I would recommend my case manager to someone in need.	◯	◯	◯	◯	◯

9. Any additional comments that you would like to provide regarding your experience with the Prevention program:

_____

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10. Would you like to further discuss your comments?

Mark only one oval.

◯ Yes

◯ No

11. If yes, please provide name and contact information.

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