



Fredericksburg Regional Continuum of Care

Emergency Shelter Program Standards

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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.

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 (DV).

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 must 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, a system that establishes streamlined entry points for individuals seeking services from the CoC. Details on the structure and implementation of coordinated entry are contained with 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.

C. 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 how the design of their shelters contribute to a sense of normalcy, empowerment, privacy, 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 from Homelessness (Michael J. Berens, Design Resources for Homelessness)
- Designing for the Homeless: Architecture that Works (Sam Davis)

D. Case Management

All shelter residents should have access to voluntary, 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.
- **Trauma-informed.** Trauma-Informed case management considers knowledge about trauma — its impact, interpersonal dynamic, and paths to recovery — and incorporates this knowledge into all aspects of service delivery.
- **Strengths-based.** Case managers recognize the capacity, skills, and assets of each individual or household, allowing them to make their own informed decisions.
- **Connected to community resources.** Case managers 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.

E. 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. 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), a centralized database for client information utilized by several Virginia communities. For confidentiality reasons, DV service 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 are being utilized, 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.