

Equipped and Ready:

A Best Practices Manual for
Preparing Homeless Services
Staff to Succeed.

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SECTION 1: INTRODUCTION AND PURPOSE

Our goal with **Equipped and Ready** is to provide a starting point of best practices, resources, sample documents, and policies that will help homeless service providers train new staff, or to train current staff in new programs.

This guide, like all of our work, was inspired by our grantees. It was created in response to challenges identified by a group of Chicago area homeless service providers. These challenges range from hiring and recruiting qualified and dedicated staff members, retaining qualified staff members, ensuring that staff members are adequately trained in key areas (the lack of which likely leads to increased turnover) and identifying and creating policies and procedures for their programs, which often falls to the wayside due to a lack of capacity and focus on day-to-day tasks.

Equipped and Ready can be utilized by any organization seeking support in these areas. The guide will focus on policies, procedures, systems and training recommendations for homeless service providers, and will have information useful for agencies that serve a variety of populations. It is our hope that the information provided here will allow organizations to build capacity and function more effectively by streamlining processes and identifying a path for implementation.

This guide is not intended as an exhaustive list of all necessary components of any homeless service program, but we believe it can aid in the creation and documentation of institutionalized systems so that disruption in operations can be minimized any time staff turnover occurs. You may wish to build on this document or simply use it as a guide to promote discussion and further action within your organization.

– *The Pierce Family Foundation*

Copying and sharing this document — The Pierce Family Foundation believes in sharing knowledge across the nonprofit sector, and we encourage users of this toolkit to forward it to colleagues and others in the field. Please acknowledge “created by the Pierce Family Foundation © 2017” on all copies. The toolkit should be used to assist in creating your own internal systems and is not intended to provide final versions of policies and procedures.

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This guide is intended to provide accurate information regarding the subject matters covered at the time it was prepared. It is not, however, a substitute for legal, accounting, or other professional services. The mere use of this guide will not create any professional relationship or otherwise. If legal advice or other expert assistance is required, the services of a competent professional should be sought.

SECTION 2: HOW TO USE THIS GUIDE

Equipped and Ready is broken down into categories and subcategories to allow the user to find content relevant to their organization or program. Some sections are generally universal to all types of homeless service program models, while others are program specific.

Section 3: Key Terms and Definitions

Useful for all homeless service providers. It is recommended that staff working in organizations serving individuals experiencing homelessness are familiar with these terms, even if the terms do not directly apply to the type of programs the organization operates. It is likely that staff members will be required to collaborate with other service providers in an effort to get clients connected to appropriate resources or advocate on the behalf of a client, and familiarity with these key terms may facilitate this process.

Section 4: Best Practices, Frameworks and Program Philosophy

Useful for all homeless service providers. Again, it is recommended that staff at all levels are familiar with the approaches described in this section to ensure quality service delivery. This section also includes an overview of some evidence-based interventions.

Each topic in this section includes an introduction to the idea followed by a list of websites and resources. These resources include fact sheets, policy briefings, legislation information, recommendations for advocacy, guidance for implementing best practices, in-person and web-based trainings and consulting resources, local and national recognized program models and more.

Section 5: Special Populations of Individuals Engaging the Homeless Service System

Like any group of people, those experiencing homelessness are not a homogenous group, and it is critical that service providers are mindful of the needs, challenges and barriers that may be present for those who identify as members of a particular group. Due to the existence of additional, often

unmet needs, these populations are often more vulnerable; as such, all service providers should be prepared to either offer individualized care or quickly connect participants to providers who can offer competent, population specific services. This section provides more detailed information and resources on best practices in serving various special populations, which are listed in the table of contents.

Section 6: Policies and Procedures

This section is a compilation of the most common policies and procedures that homeless service programs should have in writing in order to ensure transparent service delivery and streamlined systems, as well as to minimize disruption during times of staff transition and change, particularly at the leadership level.

Section 7: Staff Training and Professional Development

This section provides an overview of training topics that would benefit staff at every level of most homeless service organizations, as well as topics that are highly specified to a particular program. The Appendix includes a template with the outline of a training checklist for a youth serving organization as an example, which can be a guide to assist organizations in the creation of onboarding and training procedures for new and existing staff members.

Section 8: Appendix

Includes templates for all of the policies and procedures listed in Section 6. It also includes a template with the outline of a staff training checklist.

SECTION 3: KEY TERMS AND DEFINITIONS

The terms below are widely used in local, state and federal homeless service communities and provide the basis for funding and service provision. Familiarity with these terms is essential to understanding the needs of the homeless population and the resources available to support them.

U.S. Department of Housing and Urban Development

(HUD): Cabinet department in the Executive branch of the United States federal government, established in 1965 with the goal of creating policies and programs to address housing needs in the country. Most homeless programs are funded through HUD's Community Planning and Development program.

Affordable Housing: In general, housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities. Please note that some jurisdictions may define affordable housing based on other, locally determined criteria, and that this definition is intended solely as an approximate guideline. (www.huduser.gov)

HUD Definition of Homelessness: The operational definition of homelessness for most service providers is provided by HUD. The definition breaks down homelessness into four broad categories: literally homeless, imminent risk of homelessness, homeless under other federal statutes, and fleeing/attempting to flee domestic violence. For further detail on this definition visit:

https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Chronic homelessness: The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless person for the purposes of being eligible for permanent supportive housing programs as either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years which total 12 months. Chronically homeless families are defined as those with a head of household who meets the definition of chronically homeless, even if the head of household is a minor.

Continuum of Care (CoC): A CoC is a local or regional planning body that coordinates services and funding for families and individuals experiencing homelessness. The Continuum of Care Program is designed to promote community-wide commitment to the goal of ending homelessness. HUD requires communities to submit a single application for homeless funds, and this happens through the effort of CoCs. (www.hudexchange.info). The Collaborative Applicant is the organization and CoC designee tasked with completing and submitting the single application in the HUD funding process. The Collaborative Applicant must collect and submit the CoC Registration, CoC Consolidated Application, and apply for CoC planning funds on behalf of the CoC during the CoC Program Competition.

Homeless Management Information System (HMIS):

A Homeless Management Information System is a local information technology system used to collect client-level data, as well as data on the provision of housing and services to individuals and families experiencing homelessness and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. (www.hudexchange.info)

McKinney Vento Homeless Assistance Act: The act was passed in 1987 and was the first, and is the only, piece of legislation that clearly responded to the issues of homelessness in the country and provided federal funds for homeless service provision. It has been reauthorized many times in the 30 years since it was passed. McKinney Vento funds homeless programs through the CoC process described earlier.

HEARTH Act: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 was signed into law on May 20, 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: a consolidation of HUD's competitive grant programs, the creation of a Rural Housing Stability Assistance Program, a change in HUD's definition of homelessness and chronic homelessness, a simplified match requirement, an increase in prevention resources, and an increase in emphasis on performance. (www.hudexchange.info)

Coordinated Entry System: Required by HUD for all CoC's (Continua of Care) receiving funding for homeless services, this is a system in which individuals and families presenting for services are quickly assessed at a centralized location or call center and either diverted or referred directly to a provider that can meet their immediate needs. The goal of a Coordinated Entry System is to allow for ease and efficiency for individuals experiencing homelessness to access services.

Program Models: Homeless service provision in the U.S. is generally categorized, and funded, in the following ways:

- **Emergency Shelter:** (As defined by HUD) Any facility whose primary purpose is to provide temporary or transitional shelter for individuals experiencing homelessness in general or for specific populations of the homeless for a period of 90 days or less.
- **Transitional Housing:** (As defined by HUD) A project that is designed to provide housing and appropriate supportive services to individuals experiencing homelessness to facilitate movement to independent living within 24 months, or a longer period approved by HUD.
- **Permanent Supportive Housing:** An evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive

services for people experiencing homelessness, as well as other people with disabilities. (www.usich.gov)

- **Rapid Re-housing:** Places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. <https://endhomelessness.org/>
- **Prevention:** Provides rental assistance, utility assistance and supportive services directly related to the prevention of homelessness to eligible individuals and families who are in danger of eviction, foreclosure or homelessness or are currently homeless. (www.dhs.state.il.us)
- **Drop-in Center:** Generally operate as a safe, supportive community environment for individuals experiencing homelessness and/or mental illness where they can have some or all of their basic needs met, receive case management services and have access to rest areas, computers and phones.

SECTION 4: BEST PRACTICES, FRAMEWORKS AND PROGRAM PHILOSOPHY

In our work, we recognize the self-determination and inherent worth of all people, and we ensure those who access the homeless service system are treated with dignity and respect—and as the expert on themselves and their lives. Therefore, it is vital for services to be provided through a lens of informed, proven practices. Best practices, or evidence-based models, refers to the combination of well-researched interventions and the expertise of practitioners, taking into account client needs and cultural considerations. It is essential for these philosophical frameworks to be considered at all levels of the organization—including hiring practices, funding structures, program schedules and staff trainings.

A NOTE ON CULTURAL COMPETENCY

Homeless service provision requires practices and policies that acknowledge, celebrate, and advocate for the diversity among its constituents and recognize that these vulnerable populations may present with chronic needs, complex trauma, high ambivalence and diminished opportunities. Staff should be prepared to effectively engage various groups, providing customized services when possible and always prepared to provide adequate referrals. Because many individuals and communities have developed mistrust of service systems due to experiences of both personal and historical trauma, it is critical that organizations pay close attention to hiring practices, ensuring that the staff at all levels represent the cultural makeup of its clientele.

A NOTE ON INSTITUTIONAL RACISM

The reality of institutional racism and systemic oppression suggests that racial prejudice is embedded into every system of our civic and social lives, including systems of care. To truly confront the way race bias and racial prejudice manifest in the homeless service system, organizations must intentionally and continuously seek to educate themselves and raise awareness among their staff members on how to identify and dismantle institutional racism within our programs, organizations, and systems. Everyone has a role to play in dismantling racism, and the homeless service system and the actors within it can either disrupt racism or perpetuate it.

HARM REDUCTION

Harm Reduction is a set of strategies used to reduce the negative consequences generally associated with substance use, but can be utilized with any behavior that poses risk of harm. Some of the basic principles of harm reduction are the adoption of a non-judgmental and non-coercive attitude towards individuals engaging in behaviors that carry known risks and the understanding that it is necessary to meet people “where they are at” in regards to readiness to change such behaviors. In addition, the harm reduction philosophy acknowledges the role played by trauma, poverty, isolation, systemic oppression and other injustices in shaping people’s vulnerability to and capacity to manage behaviors that pose a risk of harm. Incorporated together, this approach provides a foundation from which individuals can work towards behavioral change on their own terms, as the primary agents of their own change, with the support of a team of social service providers.

RESOURCES

Web-based Training

- Corporation for Supportive Housing—Recorded webinar available, Introduction to Harm Reduction. Must sign up for an account.
<https://csh.csod.com/LMS/LoDetails/DetailsLo.aspx?loid=ef34a21e-bd2b-45b2-8a9f-3d8107815209&query=%3fq%3dIntroduction+to+Harm+Reduction#t=1>
- Harm Reduction Coalition—Offers an online training institute and archived webinars. Also offers in-person trainings and capacity building services in New York and California.
<http://harmreduction.org/our-work/training-capacity-build/>
- Substance and Mental Health Services Administration (SAMHSA)—Includes information on policy, funding opportunities, and research on specific topics including harm reduction and its uses with the mentally ill, substance using and homeless populations.
<https://www.samhsa.gov>

Local (Chicago-Area) Training

- Midwest Harm Reduction Training Institute—Offers customizable trainings at various levels in person and online, particularly in supporting the implementation of harm reduction practices; also offers consultation services.
<https://www.heartlandalliance.org/mhri/services/>

- Just Practice—Offers customizable trainings, facilitation and workshops for local organizations ranging from harm reduction basics to more advanced topics that intersect with harm reduction practices.

<http://www.shirahassan.com/about-just-practice/>

- Live Oak—Offers customizable, on-site professional development workshops, consultation and has a rotating calendar of regular trainings.

<http://www.liveoakchicago.com/index.php/professional-development/training-upcoming-at-live-oak>

- All Chicago, The Learning Center—trainings available regularly on various topics, check website for details

<http://www.allchicago.org/division/learning-center>

Local (Chicago-Area) models for implementation

- Heartland Alliance—Residential Mental Health and Addiction Services for People Who are Homeless program.

<https://www.heartlandalliance.org/program/residential-mental-health-and-addiction-services-for-people-who-are-homeless/>

HOUSING FIRST

The Housing First model addresses first and foremost, the need for a safe, secure living environment; its main goal is to provide permanent housing quickly to those experiencing homelessness. Only after an individual or family has been housed does the focus of the work turn to the provision of other supportive services that engender long-term housing retention. This philosophy rests on the belief that supportive services will be most effective once stable housing is in place. Program models vary based on the availability of funding and affordable housing units, but all place emphasis on the following components: initial assessment to identify housing needs, housing location and assistance, housing placement support, reducing barriers to entry, no sobriety requirement, and case management.

RESOURCES

Web-based Training

- Corporation for Supportive Housing—Online classes, recorded webinars and full supportive housing institutes. Must sign up for an account.

<https://csh.csod.com/GlobalSearch/search.aspx?s=1&q=housing%2520first>

- Housing and Urban Development (HUD) and United States Interagency Council on Homelessness (USICH)—Recorded webinar, Core Principles of Housing First and Rapid Re-Housing Webinar.

<https://www.hudexchange.info/trainings/courses/hud-and-usich-core-principles-of-housing-first-and-rapid-re-housing-webinar/524/>

Local Training

- All Chicago, The Learning Center—trainings available regularly on various topics, check website for details

<http://www.allchicago.org/division/learning-center>

Models and Resources for Implementation

- National Alliance to End Homelessness toolkit—Organizational Change: Adopting a Housing First Approach (July 2009).

<https://endhomelessness.org/resource/organizational-change-adopting-a-housing-first-approach/>

- United States Interagency Council on Homelessness (USICH)—Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation (updated September 2016).

<https://www.usich.gov/tools-for-action/housing-first-checklist>

Local (Chicago-Area) Model

- Housing Opportunities for Women—Provides affordable housing and support services to women and families.

<https://www.how-inc.org/>

TRAUMA INFORMED SERVICES

A trauma informed service delivery model emphasizes the shaping role that trauma plays in both behavior and context. Essential to this model is the recognition that paths to recovery do exist and that the interrelationship between trauma and symptoms of trauma which may include substance use, eating disorders, depression, anxiety and more. A lens of trauma informed services should be incorporated into all aspects of organizational structure and program execution to effectively avoid the re-traumatization of those seeking services.

Trauma informed services emphasize the collaboration and partnership between the service provider and the consumer of

services. Ensuring that an individual is empowered and feels a sense of ownership is key to healing and recovery. Adequate training and understanding of the effects of trauma are crucial for all staff who interact with an organization’s clientele. Often, well-intentioned program staff re-traumatize survivors by not being fully self-aware or understanding the impact of trauma on one’s behavior and functioning.

RESOURCES

Heartland Alliance Social Impact Research Center’s Illinois Poverty Report

<https://www.heartlandalliance.org/povertyreport/>

SAMHSA—Known Trauma-Specific Interventions.

<https://www.samhsa.gov/nctic/trauma-interventions>

National Coalition for the Homeless—Policy recommendations, research and further resources.

<http://nationalhomeless.org/trauma-informed-care/>

Web-based Training

National Center for Trauma Informed Care and Alternatives to Seclusion and Restraint—Offers training and technical assistance, further resources and research on implementation, and models of success.

<https://www.samhsa.gov/nctic>

Local (Chicago-Area) Training

Illinois Collaboration on Youth—Recorded webinar, Trauma 101; also offers in-person trainings and technical assistance throughout the state on how to build a trauma informed youth program and various related topics.

<http://www.icoyouth.org/webinar-wednesdays>

<http://www.icoyouth.org/trauma-informed-care>

Live Oak—Offers customizable, on-site professional development workshops, consultation and has a rotating calendar of regular trainings.

<http://www.liveoakchicago.com/index.php/professional-development/training-upcoming-at-live-oak>

All Chicago, The Learning Center—trainings available regularly on various topics, check website for details

<http://www.allchicago.org/division/learning-center>

Implementation

American Institutes for Research (AIR)—Trauma Informed Organization Toolkit (fidelity index).

<http://www.air.org/resource/trauma-informed-organizational-toolkit>

National Center on Domestic Violence, Trauma and Mental Health—Offers training, support and consultation to providers as well as fact sheets and advocacy information (Chicago based).

<http://www.nationalcenterdvtraumamh.org/publications-products/creating-trauma-informed-services-tipsheet-series-for-advocates/>

Local (Chicago-Area) Program Models

Health and Medicine Policy Research Group, Illinois ACEs (Adverse Childhood Experiences) Response Collaborative—Includes trauma resources, information on ACEs and program directory of local organizations implementing trauma informed services.

<http://www.hmprg.org/Programs/IL+ACE+Response+Collaborative>

Urban Youth Trauma Center—A model for the promotion of trauma informed interventions with youth impacted by violence; provides training and consultation as well as dissemination of information.

<http://www.psych.uic.edu/ijr-programs/urban-youth-trauma-center>

RIGHTS OF INDIVIDUALS EXPERIENCING HOMELESSNESS AND ADVOCACY

Being homeless is not a crime. However, individuals experiencing homelessness are often treated as criminals and are victims of crime at a much higher rate than individuals who have stable housing. As a result of their criminalization, many people experiencing homelessness have criminal backgrounds, which can prove an additional barrier to housing acquisition. In recent years there have been efforts across the country to enact Homeless Bills of Rights, which outline ways in which individuals experiencing homelessness can be protected from laws that target people for their lack of housing instead of their behavior. These bills of rights also work to ensure individuals experiencing homelessness are granted privacy, have access to shelters and services, and can vote. Illinois became one of the few states to enact a Homeless Bill of Rights in 2013. The education of the general public, especially elected officials, is paramount in ensuring the rights of individuals experiencing homelessness are protected.

RESOURCES

National Coalition for the Homeless—Policy information and deeper dive into specific issues affecting the homeless population.

<http://nationalhomeless.org/campaigns/bill-of-right/>

National Law Center on Homelessness and Poverty—Advocacy and policy information based in protecting the rights of people experiencing homelessness.

<https://www.nlchp.org/>

Chicago Coalition for the Homeless—Local policy and advocacy organization that brings together community service providers.

<http://www.chicagohomeless.org/>

All Chicago, The Learning Center—trainings available regularly on various topics, check website for details

<http://www.allchicago.org/division/learning-center>

Cabrini Green Legal Aid—Information about criminal record expungement

<http://www.cgla.net/criminal-records>

EVIDENCE BASED INTERVENTIONS

Motivational Interviewing and Stages of Change

Motivational Interviewing is an approach to counseling and engagement that has been found to be quite effective when working with individuals experiencing homelessness. The goal of motivational interviewing is to assist individuals in resolving indecision and ambivalence and in identifying their own motivations for potential behavioral change. It employs the stages of change model to facilitate this work. By asking open-ended questions, providing affirmations, practicing reflective listening, and summarizing, motivational interviewing utilizes a specific communication style that guides individuals towards a stated goal. The stages of change model adheres to the following phases: pre-contemplation, contemplation, preparation, action, maintenance and relapse. Service providers can guide clients, when ready, through these stages by partnering with the client to uncover and activate their intrinsic motivations.

RESOURCES

Substance Abuse and Mental Health Administration (SAMSHA), National Registry of Evidence Based Programs and Practices

<http://nrepp.samhsa.gov/AdvancedSearch.aspx>

Training and Materials

Motivational Interviewing Training—Professional organization with list of resources, training calendar.

<http://www.motivationalinterviewing.org/motivational-interviewing-training>

Colorado Coalition for the Homeless—Basics of Motivational Interviewing

<https://www.nhchc.org/training-technical-assistance/online-courses/mi/>

Motivational Interviewing Training—Consulting, education and professional development in motivational interviewing.

<http://motivationalinterviewingtraining.com/>

Local (Chicago-Area) Training

Heartland Alliance—Heartland Center for System Change.

<https://www.heartlandalliance.org/program/heartland-center-for-systems-change/>

Illinois Collaboration on Youth—Webinar series and on-site training opportunities.

<http://www.icoyouth.org/capacity-building/illinois-department-human-services-supported-training>

The Night Ministry—Youth and Resilience Professional Development Series.

https://www.thenightministry.org/001_programs/050_community_education/002_professional_training/001_youth_at_risk/

Just Practice—Offers customizable trainings, facilitation and workshops for local organizations ranging from harm reduction basics to more advanced topics that intersect with harm reduction practices.

<http://www.shirahassan.com/about-just-practice/>

All Chicago, The Learning Center—trainings available regularly on various topics, check website for details

<http://www.allchicago.org/division/learning-center>

Strengths Or Client Based Approach

A strengths based approach to the work can lead to behavioral change because the provider or counselor sees the individual as a whole person, with strengths and assets, and growing edges and challenges. The approach rejects the idea that people are defined by their problems or that they are “problems that can be solved.” Instead, the approach centers on the person’s strengths, aspirations, values, hopes and goals and engages their unique qualities and diverse skill sets in the change process. These strengths and resiliencies have allowed this person to survive through unimagined challenges and overcome significant barriers to the point that they are seeking out services. When utilizing a strengths-based approach, the focus is on the development of the strengths that each person possesses and then activating those attributes in such a way that a client can reach their identified goals.

RESOURCES

The Homeless Hub—Explanation of a strengths-based approach.

<http://homelesshub.ca/toolkit/subchapter/strength-based-approach>

The Journal of Positive Psychology—Scholarly article on the self-perceived strengths among people experiencing homelessness.

https://www.researchgate.net/publication/233746241_Self-perceived_strengths_among_people_who_are_homeless

National Association of Social Workers, Illinois Chapter—Social work perspective on strengths based work with clients.

<http://naswil.org/news/chapter-news/featured/building-on-strengths-a-social-work-perspective/>

Training

Community Rebuilders—Training and consultation that focuses on strengths based approaches and housing first to end homelessness.

<https://communityrebuilders.org/training/>

Live Oak—Offers customizable, on-site professional development workshops, consultation and has a rotating calendar of regular trainings.

<http://www.liveoakchicago.com/index.php/professional-development/training-at-your-agency-or-office>

Crisis Assessment And Intervention

Homeless service providers are often presented with individuals who are in chronic or acute crisis situations or, as part of their regular work, are faced with escalating crises of various types. Staff members, therefore, are tasked with quickly assessing potential crisis situations, determining the best course of action and intervening, when necessary. When a crisis situation has already escalated, staff members are then expected to de-escalate the situation effectively and often mediate, process and debrief with those involved. These steps all take skill and practice, which can be facilitated by becoming familiar with best practice models of crisis prevention, assessment, intervention and de-escalation.

RESOURCES

Substance Abuse and Mental Health Administration (SAMHSA)—Practice guideline on responding to mental health crises.

<http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>

International Critical Incident Stress Foundation—Crisis intervention model.

<https://www.icisf.org/>

Scholarly Article—Crisis intervention model.

<https://btci.stanford.clockss.org/cgi/content/full/5/4/329/>

Training and Materials

Cornell University Residential Child Care Project—Therapeutic Crisis Intervention

<http://rccp.cornell.edu/index.html>

Local (Chicago-Area) Training

NAMI Chicago (National Alliance on Mental Illness) —Works to raise awareness and reduce the stigma of mental illness; provides training and consultation.

<http://namichicago.org/en/programs/>

Crisis Prevention Institute—Offers a full crisis prevention and intervention training module.

<https://www.crisisprevention.com/Training-and-Events?program=&specialty=&month=&state=IL&country=US>

SECTION 5: SPECIAL POPULATIONS OF INDIVIDUALS

ENGAGING THE HOMELESS SERVICE SYSTEM

YOUNG PEOPLE

Positive Youth Development

Best practices in organizations serving young people require an adherence to a positive youth development (PYD) framework. This approach encourages young people to achieve their full potential through opportunities to exercise leadership, build skills, and form relationships with caring adults. It focuses on strengths, not deficits. The main objective is to assist young people in functioning autonomously by localizing authority within themselves rather than looking to others to tell them what to do and when to do it.

RESOURCES

Illinois Collaboration on Youth—Collective that works to support local services for at-risk youth; offers training, policy and advocacy information; IDHS supported training: Positive Youth Development
<http://www.icoyouth.org/capacity-building/illinois-department-human-services-supported-training>

Runaway and Homeless Youth Training and Technical Assistance Center—training offered to Family and Youth Services Bureau grantees
<https://www.rhyttac.net/>

Runaway and Homeless Young People

The Runaway and Homeless Youth (RHY) Act (42 USC 5701 § 387) defines “homeless youth” as individuals who are not more than 18 years of age if seeking shelter in a Basic Center Program, or not more than 21 years of age or less than 16 years of age if seeking services in a Transitional Living Program, and for whom it is not possible to live in a safe environment with a relative, and who have no other safe alternative living arrangement. This federal definition limits the inclusion of older unaccompanied young people and many communities have increased the scope to young people up to age 24 or 25. Young people experiencing homelessness face a unique set of challenges and experience trauma that likely affects their social-emotional development in a multitude of ways. These factors call for programming and service delivery that is sensitive, competent, trauma-informed and young people-focused.

RESOURCES

National Network for Youth—Research and policy recommendations on “what works” in serving youth experiencing homelessness; information on state and local resources.

<https://www.nn4youth.org/learn/what-works/>

<https://www.nn4youth.org/learn/resources/>

Runaway and Homeless Youth Training and Technical Assistance Center—Information on training and technical assistance opportunities.

<https://www.rhyttac.net/>

Family and Youth Services Bureau—Fact sheet and funding information.

<https://www.acf.hhs.gov/fysb/resource/rhy-fact-sheet>

National Conference of State Legislatures—Policy and legislation.

<http://www.ncsl.org/research/human-services/homeless-and-runaway-youth.aspx>

Models for Implementation

Runaway and Homeless Youth Training and Technical Assistance Center—Grantee Spotlight.

<https://www.rhyttac.net/about/spotlights>

National Coalition for Homeless Youth—Nationwide collaborative effort working to advance a federal response to youth homelessness.

<https://www.nn4youth.org/engage/nchy/>

Local (Chicago-Area) Resources

National Runaway Safeline—National hotline for runaway and homeless youth to use for assistance in getting home or to be connected to service providers.

<https://www.1800runaway.org/>

Illinois Collaboration on Youth—Collective that works to support local services for at-risk youth; offers training, policy and advocacy information.

<http://www.icoyouth.org/about-us>

Supporting the education of young people experiencing homelessness

Young people experiencing homelessness face a unique set of challenges when it comes to educational achievement: constant transition, unstable living situations, poverty, restricted access to resources and lack of strong support networks. Many young people drop out of school after years of frustration or unresponsiveness on the part of adults, institutions and systems. Though there is legislation and policy in place at the federal level, these young people need local and community-wide programming and advocacy to ensure their success.

RESOURCES

National Coalition for the Homeless—Understanding the McKinney Vento Act.

<http://www.nationalhomeless.org/publications/facts/McKinney.pdf>

National Association for the Education of Homeless Children and Youth—Resources, policy information, advocacy efforts.

<http://www.naehcy.org/>

Chicago Public Schools Students—Information on the program and rights for young people in CPS schools experiencing homelessness

http://cps.edu/Programs/Pathways_to_success/Pages/StudentsInTemporaryLivingSituations.aspx

Chicago Coalition for the Homeless—Report on educating youth experiencing homelessness.

<http://www.chicagohomeless.org/wp-content/uploads/2015/11/Report-2015-No-Bleed.pdf>

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER (LGBTQ)

Recent research found that about 43% of individuals experiencing homelessness served in drop-in centers and 30% of individuals utilizing housing services identify as LGBTQ. The experience of those who identify as LGBTQ who engage the homeless service system is often further challenged due to stigma, discrimination, bias, and lack of inclusive programs.

These multilayered risk factors put people who identify as LGBTQ who are experiencing homelessness at further risk of repeated episodes of unstable housing. Service providers must implement practices that are affirming and inclusive and employ staff members who are adequately trained in how to provide culturally competent services to those who identify as members of the LGBTQ community. LGBTQ identified young people are even more vulnerable and face significant barriers to receiving adequate services, so it is critical that programs are designed to meet their needs.

(Please note that there are other acronyms in use that refer to this community, which includes identities such as intersex, asexual, pansexual, two-spirit, and others. The goal is not to necessarily be aware of the most current acronym, but to use language that is affirming, respectful, and most importantly, preferred by the individual with whom you are working. To that end, service providers are encouraged to ask the individuals they are working with to identify their preferred gender pronoun.)

RESOURCES

National Alliance to End Homelessness—LGBTQ homeless youth policy and advocacy information.

<http://www.endhomelessness.org/pages/lgbtq-youth>

National Coalition for the Homeless—Policy information and deeper dive into specific issues affecting the homeless population.

<http://nationalhomeless.org/issues/lgbt/>

National LGBTQ Task Force—Report on the epidemic of homelessness among LGBTQ youth.

http://www.thetaskforce.org/static_html/downloads/reports/reports/HomelessYouth.pdf

Training

Illinois Collaboration on Youth (ICOY)—Cultural Competency When Working with LGBTQ Youth training.

<http://www.icoyouth.org/capacity-building/illinois-department-human-services-supported-training>

True Colors Fund—Training and education, directory of LGBTQ affirming homeless service providers, information on how to advocate including current policy and legislation.

<https://truecolorsfund.org/our-work/advocacy/>

Creating Affirming Spaces

Rainbow Heights Club—Guidelines for providing effective care, toolkit specific to mental health services.

http://www.rainbowheights.org/lgbt_comp.php

<http://www.rainbowheights.org/downloads/2ndEd%20LGBT%20KIT%2010-23-07.pdf>

National Center for Cultural Competence—Organizational self-assessment.

<https://nccc.georgetown.edu/documents/Final%20LGBTQ%20Checklist.pdf>

Resource List supported by SAMHSA

<http://www.lgbtqi2stoolkit.net/websites.html>

Live Oak—Offers customizable, on-site professional development workshops, consultation and has a rotating calendar of regular trainings.

<http://www.liveoakchicago.com/index.php/professional-development/training-upcoming-at-live-oak>

Local (Chicago-Area) Resources

Windy City Media—Investigative journalism and community support.

<http://www.windycitymediagroup.com/aboutus.php>

Center on Halsted—Offers professional training opportunities.

<http://www.centeronhalsted.org/ACE.html>

Affinity Community Services—Offers community, support and advocacy for the Black LGBTQ population.

<http://affinity95.org/acscontent/>

Youth Outlook—Suburban social service agency serving the LGBTQ+ population with drop-in services, social support and community education.

www.youth-outlook.org

Specific Resources for providing affirming and safe services for trans-identified individuals experiencing homelessness

National Center for Transgender Equality—Broad scope of information including policy and advocacy resources.

<http://www.transequality.org/issues/housing-homelessness>

National Coalition for the Homeless and National LGBTQ Task Force—Guide to make homeless shelters safe for transgender people.

<https://srlp.org/wp-content/uploads/2012/08/TransitioningOurShelters.pdf>

Massachusetts Trans Political Coalition—Guide for shelters serving transgender adults.

<http://www.masstpc.org/wp-content/uploads/2012/10/Shelter-for-all-Genders.pdf>

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THOSE LIVING WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS

The causes of homelessness are complex, individualized, and varied, though substance use and mental illnesses are often contributing factors in an individual’s experience of homelessness. The Substance Abuse and Mental Health Administration (SAMHSA) has reported that an estimated 38% of individuals experiencing homelessness are dependent on alcohol and 26% abuse drugs. In addition, about 20-25% of people experiencing homelessness struggle with severe mental illness (as opposed to about 6% of the general population). The high rate of people presenting with both substance use and mental health issues presents an added challenge for those experiencing homelessness and results in presenting symptoms that may be persistent and harder to treat. Because most service providers are unable to meet the needs of all consumers, community collaboration and strong partnerships are critical in ensuring individuals can access the services they need to resolve their episode of homelessness and engage recovery.

Resources

National Coalition for the Homeless—Fact Sheets.

<http://nationalhomeless.org/wp-content/uploads/2014/06/addiction-Fact-Sheet.pdf>

<http://nationalhomeless.org/wp-content/uploads/2014/06/Mental-Illness-Fact-Sheet.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA)—Basic information and links to further resources.

<https://www.samhsa.gov/disorders>

Web-based Training

Substance Abuse and Mental Health Services Administration (SAMSHA)—Online continuing education courses in behavioral health and homelessness.

<https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/continuing-education>

Local (Chicago-Area) Training

Mental Health First Aid—Offering local and national training opportunities

<https://www.mentalhealthfirstaid.org/>

NAMI Chicago (National Alliance on Mental Illness)—Works to raise awareness and reduce the stigma of mental illness; provides training and consultation.

<http://namichicago.org/en/programs/>

Illinois Collaboration on Youth (ICOY)—Psychological First Aid and Youth Mental Health First Aid trainings offered.

<http://www.icoyouth.org/capacity-building/illinois-collaboration-youth-professional-development-training>

Heartland Alliance—Illinois Co-Occurring Center for Excellence, Heartland Center for Systems of Change and Midwest Harm Reduction Institute.

<https://www.heartlandalliance.org/program/illinois-co-occurring-center-for-excellence-icoce/>

<https://www.heartlandalliance.org/program/heartland-center-for-systems-change/>

<https://www.heartlandalliance.org/mhri/services/>

Local (Chicago-Area) Models of Implementation

Heartland Alliance—Residential Mental Health and Addiction Services for People Who are Homeless program.

<https://www.heartlandalliance.org/program/residential-mental-health-and-addiction-services-for-people-who-are-homeless/>

Thresholds—Large mental health provider that also offers housing, advocacy, employment support and other types of assistance for individuals living with mental illness.

<http://www.thresholds.org/our-work/services/>

Trilogy—Non-profit organization providing a wide array of behavioral healthcare services.

<http://www.trilogyinc.org/>

SURVIVORS OF DOMESTIC AND INTIMATE PARTNER VIOLENCE

Women and their children who have experienced domestic or intimate partner violence are often faced with the terrifying choice of whether or not to flee the home. Often due to a lack of alternative safe housing options, many of these very vulnerable women experience episode(s) of homelessness and seek shelter services.

Programs that exclusively serve this special population are severely limited, which means that other shelter types must be able to provide the critical resources and care that survivors require. These services and referrals may include safety planning, access to legal assistance, child care, physical and mental health treatment, employment support and advocacy, and planning for long-term housing arrangements.

Resources

Illinois Coalition Against Domestic Violence—Statistics, resources for providers and victims, policy and legislative information.

<https://www.ilcadv.org/>

DomesticShelters.org—Policy, advocacy and information on the issue; resources for both service providers and victims of domestic violence.

https://www.domesticshelters.org/domestic-violence-articles-information/homelessness-and-domestic-violence?widget_name=facts&color=ff6633&width=300px#.WVFeiWjyu00

National Alliance to End Homelessness—Library of resources and guidance for programming.

http://www.endhomelessness.org/pages/domestic_violence

Chicago Metropolitan Battered Women's Network—Offering training, policy and advocacy information and other resources.

<http://batteredwomensnetwork.org/centralized-training-institute/>

Local (Chicago-Area) Training

Illinois Collaboration on Youth (ICOY)—Webinar available on teen dating violence.

<http://www.icoyouth.org/webinar-wednesdays>

YWCA Evanston/North Shore—Information on intimate partner violence and local training and presentation offerings.

http://www.ywca.org/site/c.ewK0LoO8LmK6F/b.7964393/k.783C/Domestic_Violence_Program.html

Illinois Coalition Against Domestic Violence—Offers a full training institute and a multitude of other resources for service providers and community members.

https://www.ilcadv.org/training/upcoming_trainings.html

Center for Advancing Domestic Peace—Offers services to perpetrators of abuse to stop the cycle; offers training and consultation to providers of domestic violence services.

<http://www.advancingdomesticpeace.org/training-education-for-providers/>

Local (Chicago-Area) Models of Implementation

Family Rescue—Provides shelter and support services to victims of domestic violence; also engages in advocacy and community education efforts.

<https://familyrescueinc.org/>

KAN WIN—Works to empower women and eradicate violence in the Asian American community of Chicago.

<http://www.kanwin.org/>

INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS

Due to the length and breadth of their experiences living on the streets or in shelters, individuals experiencing chronic

homelessness are extremely vulnerable and often suffer from a number of conditions worsened by the stresses and traumas of surviving in the absence of a stable living situation. According to the Substance Abuse and Mental Health Services Administration, though people experiencing chronic homelessness represent a relatively small percentage of the overall homeless population (about 16%), they consume about half of the services.

The preferred strategy to address chronic homelessness in this country is through permanent supportive housing programs. Through a housing first approach, people experiencing chronic homelessness can have their need for safe and stable housing addressed quickly, followed by all necessary supportive services.

Resources

Housing and Urban Development (HUD)—Technical assistance and guidance.

<https://www.hudexchange.info/resources/documents/DefiningChronicHomeless.pdf>

<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

United States Interagency Council on Homelessness—Supports the federal strategic plan to end homelessness and offers recommendations for solutions for specific populations affected by homelessness.

<https://www.usich.gov/goals/chronic>

National Alliance to End Homelessness—Best practice library.

<http://www.endhomelessness.org/library/c/chronic-homelessness>

Training

SSI/SSDI Outreach, Access and Recovery (SOAR)—Training opportunities and information for service providers on increasing access to SSI/SSDI benefits.

<https://soarworks.prainc.com/>

Corporation for Supportive Housing—Broad range of topics related to serving individuals experiencing chronic homelessness in supportive housing settings.

https://csh.csod.com/LMS/catalog/Welcome.aspx?tab_page_id=-67&tab_id=20000484

Housing and Urban Development (HUD)—List of resources and training materials provided by HUD on topic of chronic homelessness as it relates to HUD funding.

<https://www.hudexchange.info/>

Implementation

National Center on Homelessness Among Veterans—Research, program models, best practices

<https://www.va.gov/HOMELESS/nchav/index.asp>

VETERANS

A disproportionately large proportion of individuals experiencing homelessness are veterans. Upon returning home, many veterans struggle with Post-Traumatic Stress Disorder, Traumatic Brain Injuries and other mental and physical health challenges that put them at higher risk of experiencing homelessness. The United States Interagency Council on Homelessness has made the ending of veteran homelessness a priority. Serving veterans effectively means having a coordinated outreach approach to identify veterans in need, providing customized employment services, and offering physical and mental health care or providing adequate referrals.

Resources

United States Interagency Council on Homelessness—Resources and strategies to end veteran homelessness.

<https://www.usich.gov/tools-for-action/10-strategies-to-end-veteran-homelessness>

National Alliance to End Homelessness—Resource library, information on community-wide strategies to end veteran homelessness.

http://www.endhomelessness.org/pages/veterans_overview

National Coalition for Homeless Veterans—Advocacy information.

http://www.nchv.org/images/uploads/How_to_Advocate.9_.03_.pdf

U.S. Department of Veteran Affairs—Federal agency that provides services and benefits to veterans.

<https://www.va.gov/homeless/>

Training

National Coalition for Homeless Veterans—Technical assistance for service providers

http://nchv.org/index.php/service/service/technical_assistance/

FAMILIES

When a family unit experiences homelessness it is critical that communities and service providers are able to respond quickly to ensure continuity and avoid as much disruption in the family's life as possible. The goals of service providers when a family experiencing homelessness presents for assistance must be focused on the following priority areas: minimizing any gaps in education for school-aged children, assessing eligibility for and connecting the family to mainstream benefits, connecting children to appropriate developmental assessments and interventions, keeping the family intact and not separated (particularly young men who are part of the family unit), and providing the necessary socio-emotional supports to both adults and children in the unit. Organizations serving homeless families should ensure that staff is properly trained in the intricacies of the McKinney Vento Act so that proper educational advocacy can be provided. Families would also benefit from receiving appropriate referrals and resources in employment training and support, child care, and physical health care.

Resources

United States Interagency Council on Homelessness—Policy, legislation and information for communities striving to end family homelessness.

<https://www.usich.gov/goals/families>

National Coalition for the Homeless—Issue and advocacy information.

<http://nationalhomeless.org/issues/families/>

National Alliance to End Homelessness—Library of resources.

http://www.endhomelessness.org/pages/families_overview

Chicago Public Schools Students in Temporary Living Situations – Information on the program and rights for young people in CPS schools experiencing homelessness

http://cps.edu/Programs/Pathways_to_success/Pages/StudentsInTemporaryLivingSituations.aspx

Training

National Center on Family Homelessness—Resources and information on training and technical assistance.

<http://www.air.org/resource/homelessness-training-and-technical-assistance>

Local Program Model

Cornerstone Community Outreach—Provides shelter for families and individuals and offers senior services and a food pantry.

<http://www.ccolife.org/our-programs/our-family-shelters/>

Primo Center for Women and Children—Interim and permanent supportive housing for individuals and families and wrap around services for participants.

<http://www.primocenter.org/mission.htm>

UNACCOMPANIED WOMEN (AND FEMALE IDENTIFYING INDIVIDUALS)

The idea of unaccompanied women and female identifying individuals as a special population within the broader population of those accessing homeless services is somewhat new. This group (generally defined as single, unsheltered women without children under the age of eighteen in their care), however, is quite vulnerable, having a higher risk of exposure to physical and emotional trauma, trafficking, and/or sexual violence. Women experiencing homelessness, many of whom are experiencing chronic homelessness, may require trauma informed and harm reduction services in addition to permanent housing solutions and specific basic need services, like hygiene products.

Resources

Urban Initiatives—Report on recommendations to end homelessness among unaccompanied women in Southern California.

<https://www.urban-initiatives.org/no-more-homeless-women>

Local (Chicago-Area) Training

Chicago Battered Women’s Network—Offering training, policy and advocacy information and other resources.

<http://batteredwomensnetwork.org/centralized-training-institute/>

Local (Chicago-Area) Program Model

Sarah’s Circle—Serves unaccompanied women with a daytime resource center, interim housing and permanent supportive housing.

<https://www.sarahs-circle.org/impact/1-in-4.html>

Deborah’s Place—Provides interim and permanent supportive housing for single women, as well as a safe haven program.

<https://www.deborahsplace.org>

INDIVIDUALS WITH CRIMINAL RECORDS

As mentioned previously, being homeless is not a crime. However, many people experiencing homelessness have criminal backgrounds, which can prove another barrier to housing acquisition. Working with individuals with criminal backgrounds may require a number of additional measures to actively reduce the barriers to housing, services and employment. Expungement services and employment placement services are two critical resource areas necessary for those with a criminal background.

Resources

The Council of State Governors Justice Center—The Reentry and Employment Project.

<https://csgjusticecenter.org/reentry/the-reentry-and-employment-project/legal-policy-common-barriers-employment/>

Local (Chicago-Area) Training and Resources

Chicago Jobs Council—Offers a multitude of services to providers including tools for frontline staff and full training institute, advocacy efforts and policy information.

<https://cjc.net/>

Cabrini Green Legal Aid—Variety of resources for service providers and individuals involved in the criminal justice system.

<http://cgla.net/>

Local (Chicago-Area) Program Model

Safer Foundation—Provides employment, education and supportive services to people with criminal records.

<http://www.saferfoundation.org/>

SECTION 6: POLICIES, PROCEDURES AND PROTOCOL

The following policies and procedures have been compiled to assist organizations in identifying those that are most necessary to ensure smooth operations, functional programs and most importantly, to provide transparency and clear protocol for client services. This list is not exhaustive and it is likely there are many policies and procedures that are needed which are unique to each organization's programs and methods of service delivery. It is also likely that many policy recommendations below are not relevant to your organization. This list should be used as a guide to create program manuals and handbooks that streamline service delivery and support staff members in feeling confident in their work.

Each policy or procedure has a brief description of its purpose and in parentheses includes the types of programs for which the policy is relevant. These types are: drop-in center, shelter, transitional/interim housing, permanent supportive housing, and prevention/rapid re-housing. If "universal" is listed, that indicates the policy would be best practice for all homeless service programs. Examples of these policies are in the Appendix.

The policies outlined below should not take the place of a comprehensive employee manual and should not be used to address personnel issues as they are intended to address programmatic and client level matters. And it is always recommended that a thorough internal organizational review is completed whenever new policies are implemented.

ADA REASONABLE ACCOMMODATIONS

Purpose: States how organization will comply with accessibility requirements and will make reasonable accommodations for individuals when necessary. (universal)

ANONYMOUS FEEDBACK POLICY/CLIENT SATISFACTION SURVEYS

Purpose: Outlines a system of ensuring clients can provide regular feedback about their experiences in programming without fear of retaliation. The system may include client satisfaction surveys, board participation, suggestion boxes and/or regular meetings or focus groups with this intention in mind. (universal)

BEDBUG POLICY

Purpose: Instructs staff on how to prevent bedbug infestation and manage infestations should they occur. (drop-in center, shelter, transitional/interim housing, permanent supportive housing)

CLIENT ADVISORY COUNCIL (OR SIMILAR)

Purpose: Articulates the ways in which past and current clients participate in program planning and development; particularly identifies how a client will participate in board proceedings. (universal)

CLIENT FILE CREATION AND MAINTENANCE

Purpose: Outlines protocol for creating a new client file including required timeframe, documents, storage location/security, system to ensure regular updates and closing out the file. (universal)

CLIENT REQUEST FOR FILE

Purpose: Outlines protocol and best practice for providing a client with copies of their entire file, or any part it, to ensure client is informed of the file's contents and is provided assistance upon reviewing it. (universal)

CLIENTS RIGHTS AND RESPONSIBILITIES POLICY

Purpose: Outlines the process of informing clients at intake what their rights and responsibilities are in regards to program participation. (universal)

CLIENT CONFIDENTIALITY

Purpose: Articulates the ways in which client confidentiality is maintained and provides staff with a clear set of guidelines. Outlines reasons for releasing client information to other providers and provides protocol when doing so. (universal)

CLIENT SAFETY PLANNING/HOSPITALIZATION

Purpose: Provides staff a set of guidelines for decision making when working with clients who are experiencing crisis, most often a mental health crisis. (universal)

CONSEQUENCES OR PROGRESSIVE DISCIPLINE

Purpose: Clarifies steps and interventions taken to address and resolve problematic behavior to ensure clients succeed in the program. (universal)

CONTINUOUS QUALITY IMPROVEMENT POLICY

Purpose: Broadly, should outline the organization's efforts to regularly evaluate program outcomes, or other indicators of performance or effectiveness, and its plan to make improvements or adjustments when necessary. (universal)

DATA COLLECTION AND ENTRY POLICY

Purpose: Articulates protocol for data entry and use of required online databases; should outline staff roles and expectations regarding the collection and use of client level data, including regular reviews. (universal)

DECISION MAKING PROTOCOL

Purpose: To ensure transparency in regards to program related decisions; informs and standardizes policy and program decision-making agency wide. (universal)

DISASTER AND EMERGENCY RESPONSE PROTOCOL

Purpose: Provides staff with a set of guidelines and practical information on how to respond to various emergency situations including, but not limited to: facility emergencies, medical emergencies, natural disasters and active shooter situations or other violent incidents. (universal)

DISCHARGE/TERMINATION POLICY

Purpose: Clearly outlines the reasons why a client may be discharged or terminated from a program, the steps that are necessary to take to avoid discharge and the process itself of exiting a client from services. (universal)

DRUG AND ALCOHOL POLICY

Purpose: Articulates rules regarding the possession of substances by clients in program or administrative space. (universal)

ENGAGING WITH LAW ENFORCEMENT

Purpose: Provides staff with guidance on how to engage with law enforcement and outlines the specific expectations of the organization in various situations. (universal)

ENVIRONMENTAL REVIEW POLICY

Purpose: Follows HUD guidelines for performing environmental reviews on all newly obtained HUD funded units. (HUD funded shelter, transitional/interim housing, permanent supportive housing)

EVICTION PREVENTION

Purpose: Outlines the intervention approach to avoid eviction, when possible, of clients who are struggling to meet program requirements or the terms of their lease. (permanent supportive housing)

EXTERNAL PARTNERSHIPS AND SERVICE LINKAGE AGREEMENTS

Purpose: Procedure for seeking out and maintaining collaborations with community partners including template memorandums of understanding and the process for maintaining the database of service linkage agreements. (universal)

FACILITY SECURITY POLICY AND PROTOCOL

Purpose: Clearly states staff responsibility and expectations for maintaining safety and security of program space; includes practical information about building systems. (universal)

GIFT POLICY

Purpose: Clarify situations in which it is or is not appropriate to give/accept gifts to/from clients. (universal)

GRIEVANCE POLICY AND PROCEDURE

Purpose: Outlines the process for a client to take when disagreeing with a staff or programmatic decision or when the client feels he/she has been treated unfairly. Should include information on how a client can appeal an initial grievance decision. (universal)

HANDLING CLIENT MONEY/SAVINGS PROGRAM POLICIES

Purpose: Procedure for accepting cash, checks or money orders for client savings or rent payments. (universal)

HOME VISIT POLICY

Purpose: Outlines purpose, protocol and safety measures staff should take when conducting home visits with clients. (universal)

HOUSING INSPECTION POLICY

Purpose: Provides a protocol for annual unit inspections as required by HUD for permanent supportive housing programs. (permanent supportive housing)

INCIDENT REPORTING AND RESPONSE

Purpose: Written procedure informing staff members of the expected response to unusual incidents and the organization's preferred communication structure and documentation expectations. (universal)

INTERNAL CLIENT FILE REVIEW POLICY

Purpose: As part of a larger Continuous Quality Improvement policy (earlier), outlines the steps staff members should take to ensure files are up-to-date and prepared for program monitoring visits, including procedure for internal file reviews. Regular file reviews also allow for managers to review staff work and client progress. (universal)

LEGAL HISTORY

Purpose: Clearly states agency's ability to provide services (and which ones) to population subsets with specific legal backgrounds such as sex offenses. (universal)

MAXIMUM OCCUPANCY

Purpose: Ensure safety and optimal functioning of any program space by clearly articulating the maximum occupancy and staff to client ratio, if necessary. (drop-in center)

MEDICATION POLICY

Purpose: Provides protocols regarding storage, administration and documentation of client medication regimens including the distribution of OTC drugs. (shelter, transitional/interim housing, permanent supportive housing)

MEETINGS AND SUPERVISION STRUCTURE

Purpose: Informs staff of expectations regarding meeting attendance and participation for program staff; defines supervision structure; highlights importance of regular supervision sessions and may outline goals and intentions of these meetings. (universal)

NON-DISCRIMINATION POLICY

Purpose: Ensures staff and volunteers are not using discriminatory practices when providing services to potential, current or past clients. (universal)

ON-CALL POLICY AND PROTOCOL

Purpose: Ensure program staff have access to clinical staff and/or management staff should emergency situations arise. (universal but most necessary for shelter, transitional/interim, permanent supportive housing)

PROGRAM ELIGIBILITY

Purpose: Informs the process for determining program eligibility and allows for transparency among staff and clients. (universal)

PROGRAMMATIC PROCEDURES

Purpose: All procedures that govern how a client moves through a program from initial contact through program exit should be clearly written to provide guidance for staff members and maintain transparency about systems and protocol. (universal)

PROGRAM RULES AND REGULATIONS

Purpose: The rules of any particular program should be in written form with versions for clients preferably included in an intake packet or program handbook and a separate version for staff included in a program manual or employee handbook. (universal)

RELEASE OF INFORMATION/DATA SHARING

Purpose: Obtains client consent for releasing client information to other providers and provides informed consent on what data will be shared and with whom. (universal)

RENTAL CALCULATION AND RECERTIFICATION

Purpose: For HUD funded permanent supportive housing programs, a written protocol for determining a client’s monthly rent. Rent amounts must be recertified at least annually, or whenever there is a change in income. (permanent supportive housing)

SEARCHES OF PERSONAL EFFECTS/DISPOSAL OF BELONGINGS

Purpose: Clearly states when and how searches of client belongings will take place or when a client’s belongings need to be discarded or donated. (shelter, transitional/interim housing, permanent supportive housing)

SERVICE PLAN CREATION

Purpose: Outlines process and purpose of service planning and goal setting for clients; provides standardization across staff members responsible for case management and service planning. (universal but most necessary for transitional/interim and permanent supportive housing)

SHIFT CHANGE OR SHIFT COMMUNICATION POLICY

Purpose: Establishes communication expectations for staff responsible for monitoring the program space when transitioning from one shift to another. (drop-in center, shelter, transitional/interim housing)

SMOKING POLICY FOR STAFF AND CLIENTS

Purpose: Identifies acceptable areas for clients and staff to smoke cigarettes on or near agency property. (universal)

SOCIAL MEDIA POLICY

Purpose: Inform all staff of the organization’s expectations of its employees’ social media activity in regards to online relationships with current/past clients. (universal)

STAFF TRAINING/MEETING MANDATES

Purpose: Establishes the mandatory in-service trainings that program staff are expected to participate in and may include information on obtaining approval to attend external trainings. (universal)

STORAGE POLICIES

Purpose: Establishes what clients may store on-site and what items are not allowed to be stored. (universal)

SUSPENSION PROCEDURE

Purpose: Outlines reasons for and procedure for suspending a client for behavioral concerns or program non-compliance. (drop-in center, shelter, transitional/interim housing)

TENANT RELOCATION

Purpose: Articulates the reasons why a client may be approved to move into another unit, generally for permanent supportive housing programs. May also include procedural information outlining the steps of the relocation process. (permanent supportive housing)

TRANSPORTING CLIENTS

Purpose: Lists requirements for transporting clients and includes information on safety and documentation (universal)

USAGE OF COORDINATED ENTRY SYSTEMS

Purpose: Clearly outlines how organizations will implement the coordinated entry systems developed by their Continuum

of Care, including a step-by-step guide for assessment, intake and referral processes for clients. (transitional/interim, permanent supportive housing, rapid re-housing/prevention)

WAITLIST POLICY

Purpose: Outlines system for maintaining a waitlist of clients in need of services, including steps to take to keep potential clients engaged, if possible, and contacting clients when they have reached the top of the waitlist. (possibly shelter, transitional/interim housing, permanent supportive housing)

WEAPONS/PERSONAL PROTECTION DEVICE POSSESSION BY CLIENTS

Purpose: Clearly states any approved personal protection devices that clients may possess and the protocol for ensuring the safety of the staff and other clients. (universal)

SECTION 7: STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

Below is a list of recommended training and professional development topics for individuals working in homeless service programs. The list focuses on the training needs of staff members working in programs and directly with the organization's clientele; however, it is likely that all employees of a social service agency could benefit from the knowledge base gained from receiving training in any of these areas. This list is not comprehensive as there are nuances and qualities of every organization that are unique and training procedures should be developed to ensure staff are confident in performing all aspects of the work that is expected of them. In addition, there may be topics in this list that are not relevant to the work of some organizations.

Finally, the chronology in which these topics are introduced should be customized to each agency—some topics may be critical in the first three months of a staff member's employment, while others may be refresher topics that are added into a rotating training calendar every 1-2 years. Each organization should determine what training topics they prioritize and in what way. The appendix includes a sample training and orientation checklist for new staff members of a youth housing program, but can be used as a guide for any program type. For further information to aid in the implementation of professional trainings or workshops please review the resources and training guides that are available at many of the websites mentioned earlier in this document.

Basic Training Topic	Advanced Training Topic	Most Relevant Program Model
Connecting agency mission, vision and values to each staff member's work		All
Cultural Competency or Cultural Humility (may also include Restorative Justice)		All
Understanding Mental Illness, including information on common diagnoses, interventions and introduction to psychopharmacology	Suicide/Homicide Assessments Petitioning for Hospitalization Safety Planning Non-Suicidal Self Injury	Drop-In; Shelter; Permanent Supportive Housing
Mental Health or Psychological First Aid		All
Strength Based or Client Centered Counseling		All
Motivational Interviewing	Stages of Change	All
Harm Reduction		All
Housing First		Permanent Supportive
Trauma Informed Care	Vicarious Trauma and Self-care Therapeutic Milieu Brain Development	All

Basic Training Topic	Advanced Training Topic	Most Relevant Program Model
Positive Youth Development		All youth-serving programs
Crisis Intervention and De-escalation		Drop-in; Shelter
Best Practices in working with specific populations	Youth LGBTQ Identified Individuals Trans or Gender Expansive Substance Users Domestic Violence Survivors Veterans Families	All
Providing Effective Supervision (management training)		All
Topics that may be required by specific funders	Mandated Reporter CPR/First Aid Universal Precautions DCFS Regulations Crisis Intervention Food Handler Certification SNAP SOAR	All
Basic Milieu Management		Drop-In; Shelter; Transitional/Interim Housing; Permanent Supportive Housing
Ethics in Social Services	Personal and Professional Boundaries Client Confidentiality	All
Working with Law Enforcement	Legal Rights and Responsibilities of Staff and Clients Alternatives to Calling the Police	All
Addiction and Substance Use	Overdose Detection and Response	All
Engaging and Collaborating with Community Partners and Volunteers		All
Report Writing and Documentation	Unusual Incident Reports Progress/Case Notes Clinical Writing Shift Notes	All
Understanding Government Funding Sources		All

Basic Training Topic	Advanced Training Topic	Most Relevant Program Model
Program Models and Required Activities		All
Program/Role Specific Tasks	Examples: Shift Tasks Outreach Protocol Medication Protocol Intake/Discharge Procedures Caring for Client’s Children/Parenting Property Management Procedures in Working with Minors	All
Case Management 101	Creating Service Plans and Goal Setting Promoting Self-Determination Obtaining Mainstream Benefits Advocacy Referrals and Resources	All
Understanding HUD Standards		All HUD funded models
Empowering Clients	Tenant’s Rights and Responsibilities Leadership/Consumer Council Board Participation	All
Basics of Customer Service		Drop-In; Shelter; Rapid Re-Housing/ Prevention
New Manager Training	Hiring/Terminating Practices Onboarding New Employees Creating Job Descriptions Performance Evaluations Working with Interns and Volunteers	All
Performance/Outcome Measurement	Quality Assurance Data Entry and Tracking Logic Models Using Data to Inform Service Provision	All

SECTION 8: APPENDIX

A NOTE ON THIS APPENDIX

These policy samples are precisely that—examples only. These are intended to provide a guideline as you craft your own. You will likely need different policies and/or language for your organization.

SAMPLE POLICY MANUAL OUTLINE

Section 1. Introduction and Table of Contents

Section 2. Mission, Core Beliefs, Philosophy, and Approach

1. Organization's Mission Statement
2. Philosophy—explanation of the foundation of the organization's work; may include adopted philosophical frameworks, evidenced based practices and other interventions
3. Approach—outlines how the agency works to achieve its mission

Section 3. Program Standard Operating Procedures

1. Staff Conduct and Training Policies
2. Overview of Required Staff Meetings and Trainings
3. Communication Protocol
4. Confidentiality Policy
5. Social Media Policy
6. Other relevant agency policies

Section 4. Program Intake Procedures

1. Eligibility, Application and Waitlist Policies and Procedures
2. Nondiscrimination Policy
3. Intake and Assessment Policies and Procedures
4. Client Rights and Responsibilities Policy (including other relevant intake procedures)

Section 5. Case Management and Other Service Components

1. Case Management Policies and Procedures
2. Service Coordination & Advocacy Policies
 - a. Referral Policy

3. Service Plan Policies
4. Eviction Prevention Procedure, etc.

Section 6. Discharge and Program Exit

1. Discharge Policies and Procedures (Voluntary and Involuntary)
2. Any Follow-up/Aftercare Policies or Procedures

Section 7. Program Expectations and Requirements

1. Program Rules and Regulations
2. Grievance Policy
3. Medication Policy
4. Additional organization specific policies and protocol related to client's experience while in the program(s)

Section 8. Safety and Security

1. Home Visiting Policy
2. Drug and Alcohol Policy
3. Possession of Personal Protection Devices Policy
4. Facility Policies and Procedures
 - a. Bedbug Policy
5. On-Call Policy and Procedure

Section 9. Client Support and Accountability

1. Client Disciplinary Policies
2. Mental Health and Substance Use Protocol
3. Serious Illness and/or Medical Emergencies
4. Searches of Personal Effects Procedure
5. Additional client related policies

Section 10. Continuous Quality Improvement

1. Data Entry Policy and Procedure
 - a. Progress Notes
2. Client File Maintenance and Review
 - a. Internal File Review Policy
3. Program Evaluation

SAMPLE POLICIES

ADA REASONABLE ACCOMMODATIONS

The purpose of this policy is to provide all staff and clients with a detailed guide on the reasonable accommodation process for individuals requesting services from this organization. There are important steps that must be taken to ensure reasonable accommodations are documented, communicated, and provided in a timely fashion. These steps insure equal opportunity for individuals with disabilities as well as insure [NONPROFIT] meets its legal obligations.

[NONPROFIT] is committed to handling requests for reasonable accommodation and will provide reasonable accommodations where appropriate, in a prompt and efficient manner in accordance with the time frames set forth in the following procedures (include procedures).

Note: ADA policies are often lengthy and quite detailed and will likely need to be highly customized to each individual organization. However, the following are some basic steps to take when creating a procedure of responding to requests for reasonable accommodations for program participants.

- As early as during the intake interview, or before, the participant may identify their disability and state what accommodations they may require so that they may be able to access all services provided by the organization.
- The participant's request should be documented in writing and shared immediately with agency leadership for review. This step should be explained in detail to the participant and they should be assured that their request will be met if at all possible.
- The request should be reviewed by program and agency leadership and a decision should be made in regards to how the accommodation will be made. It is possible that the requested accommodation will result in undue hardship to the organization, and in this case, agency leadership must be prepared to provide referrals and support to the participant whom cannot be reasonably accommodated.

ANONYMOUS FEEDBACK

- Clients are encouraged to provide both positive and negative feedback about the program at all times.

- Shelter staff use client feedback to guide services provided to clients.
- Clients will never experience consequences or retaliation for expressing negative feedback.
- Clients can use the grievance policy if they do not feel that a situation has been handled appropriately.
- Clients can speak directly to any staff member with any feedback they may have and request that it be communicated accordingly.
- Clients also can provide anonymous feedback to staff via a letter or any other mode with which they are comfortable. Currently, the shelter has a suggestion box located in the main community room which all clients have access to.

BEDBUG MANAGEMENT

[NONPROFIT] staff and residents will work together to identify, treat and control the spread of bed bugs in accordance with the following procedure. [NONPROFIT] will contract the services of a professional certified pest control company if necessary.

1. In the event of a bed bug complaint, staff will immediately inspect the reported area for signs of bed bugs.
2. If bed bugs are found in a room or suspected to be in a room due to body bites, the resident(s) will be relocated from the affected room. If there is any question as to where to relocate a client, staff should contact On-Call for further instruction.
3. Nothing should be removed from the room without the permission of staff on duty. The resident(s) should be informed that they are required to wash and dry the clothes they are wearing, according to specific instructions provided, as soon as possible and that they will also likely be required to complete further steps to avoid infestation.
4. Staff should immediately contact Facilities Coordinator and complete an incident report.
5. The Facilities Coordinator will contact the contracted pest control company to inspect the potentially affected area.

6. Any client with suspected bites should see the Nurse Practitioner.
7. The room, furniture and mattress will be treated upon recommendation from pest control company.
8. The room and furniture will be chemically treated again on Day 21 following the first treatment.
9. The area can be put back in service when there has been no sign of bed bugs for a seven-day period. The Facilities Coordinator will approve the reopening of any room closed due to bed bugs.
10. As a preventive measure, all staff should be provided information and education material annually on pests such as bed bugs and procedures related to their prevention and management.
11. The Facilities Coordinator will keep an accurate record of all events of bed bug reports.
12. In cases of moderate to severe bed bug infestation, all program participants will be notified in confirmed instances of infestation to assist with identification.

- Demonstrated leadership skills and abilities
- A track record of engagement in the life of the organization

CLIENT FILE CREATION AND MAINTENANCE

All client files will be created upon program intake and maintained by the assigned case manager. Files will be stored in separate, locked areas and all client confidentiality will be maintained. Client files will be destroyed after being stored for seven years.

Upon program intake, shelter clients will complete the following paperwork to be placed immediately into a file:

- Homeless verification
- Release of Information
- Rights and responsibilities
- Signed client handbook
- Photo ID

CLIENT ADVISORY COUNCIL

[NONPROFIT] recognizes the importance of developing leadership skills among the people we serve. The agency prioritizes the empowerment of its clients and in doing so, has created a [NONPROFIT]Parliament. The goals of the Parliament are to:

- Foster empowerment
- Nurture leadership within our programs with support and incentives
- Support clients in engaging in advocacy, activism, peer education, and community outreach efforts

[NONPROFIT] also recognizes the importance of transparently and clearly articulating how individuals are chosen to serve on the Parliament. To that end, [NONPROFIT] solicits nominations from staff and clients for the Parliament and staff leadership choose parliament members for the pool of nominees after a standard interview process conducted consistently for all candidates. Candidates are evaluated on a number of criteria that include:

- willingness to commit time and energy to the Parliament

During program stay, the following documents will be added to the client file:

- Service Plan
- Incident Reports
- Proof of education or employment gains
- Proof of income
- Record of client's money handling by staff, if applicable
- Proof of mainstream benefits
- Proof of housing acquisition
- Progress notes
- Discharge or exit documentation

Client files will be audited internally by agency peers and managers every quarter using the Client File Review form. Upon review, a record of any missing documents will be created and the appropriate staff person(s) will be responsible for locating the document and placing it in the file. If missing documents are unable to be located, the program manager

will be informed and notification, with explanation, will be placed in the file.

CLIENT REQUEST FOR FILE

All clients have the right to review all parts of their file and do not have to provide reason for this request. However, when a client makes this request, it is expected that a staff member will discuss the request with the client in order to provide context for the file review. When a client reviews his/her file, a staff member should be present and available to answer questions and should also explain to the client the different components that make up the file. It is possible that a client could become upset or triggered by some of what he/she reads in the file, so it is also recommended that a staff member be prepared to support the client emotionally. At no point should a client leave the premises with his/her file; however, a staff member may make copies of any and all components of the file to release to the client. If this happens, the client should sign a form stating that he/she was given copies of the file.

CLIENT RIGHTS AND RESPONSIBILITIES

[NONPROFIT] is dedicated to providing you with quality services, and believes that you should be aware of your rights in relation to the services you receive here. We also believe that it is important for you to understand how to make a complaint if you feel your rights have been violated.

YOU HAVE THE RIGHT TO KNOW:

- That your involvement in [NONPROFIT] is voluntary;
- That all of the services provided to you by [NONPROFIT] are free;
- That your right to confidentiality will be upheld at all times and that [NONPROFIT] staff will not disclose any identifying information or information about your involvement in services to anyone outside the agency unless you give permission. Your confidentiality may not be upheld if you become a danger to yourself or others, or are in danger yourself.

- That serious or frequent violation of [NONPROFIT] rules can lead to your discharge.

YOU HAVE THE RIGHT TO:

- All civil rights guaranteed by state and federal law, including all non-discriminatory practices
- Experience an environment free of physical abuse, emotional abuse, verbal or physical threats, and sexual harassment.
- Courteous and respectful treatment by the staff of [NONPROFIT]
- Services provided by staff that are guided by professional ethics and codes of conduct outlined by the National Association for Social Workers. These guidelines prohibit any potential conflicts of interest.
- Suggest changes in the way [NONPROFIT] delivers services;
- Expect us to investigate grievances about our services or staff;
- Help create your own goals and plans for services.
- To expect reasonable continuity of care and an appropriate aftercare plan.
- Receive adequate information regarding services offered including explanation of admission and discharge policies, and other responsibilities and obligations on your part before entering our programs.
- Refuse our services and be told what will happen if you do.

YOUR RESPONSIBILITIES INCLUDE:

- Following the rules of our services and programs as outlined in your client handbook.
- Providing clear and accurate information about yourself.
- Being considerate of the rights of other program participants and staff.

IF YOU HAVE A COMPLAINT ABOUT SERVICES OR STAFF:

You may complete a [NONPROFIT] Grievance Form and submit to the Program Director. In addition or instead of

completing a Grievance Form yourself, you may speak with any staff member, who will explain and assist you with the grievance process.

CLIENT CONFIDENTIALITY

In order to uphold a client's right to confidentiality, [NONPROFIT] staff are prohibited from disclosing any identifying information or information about involvement in services to anyone outside the agency unless the client, and parent for a minor client, gives permission. That includes, if asked, responding that we can neither confirm nor deny you are a recipient of any service at [NONPROFIT]. Adhering to confidentiality is critical and every [NONPROFIT] staff member is expected to adopt this as a moral code to the work that they do. Failure to treat confidentiality with respect can have severe repercussions for both the client as well as the reputation of [NONPROFIT]. The agency will maintain the above policy at all times with three exceptions:

- There exists suspected or reported abuse or neglect of a minor.
- Staff determines that there is a substantial probability of harm to the client.
- Staff determines that there is a substantial probability of harm to another identified person(s), as a result of potential actions taken by the client.

Staff will discuss confidentiality with the client during the initial intake meeting, and will maintain all records and files for clients receiving services in a locked file room. Client files, and documentation pertaining to clients, must remain on-site and may not be taken to any other location other than approved off-site storage. [NONPROFIT] also enters client information into various on-line databases. Clients will be made aware of this at intake and will sign appropriate consent forms. Staff responsible for utilizing any of these systems will receive training and abide by all codes of conduct and ethics related to entering client information into the system.

Confidentiality also applies to all information discussed in team meetings and in clinical consultations, as well as all information communicated through shift communication notes. This information should be used to assist our clients

in meeting their individual goals and building a cohesive community in the home. At no time should the information be shared with other clients. If another service provider requests information about a client, a release of information must be signed by the client.

CLIENT SAFETY PLANNING

Many individuals that we serve may have a history of mental illness or suicidality. Staff should be aware of what is happening with clients and be ready to assess them as a danger to themselves or others. Although this policy is here to provide a basic framework for a self-harm intervention, you will be provided specific training on suicide prevention by the agency. If a person expresses feelings of harming himself or herself, wishing to die (suicidal ideation), or if they express a desire to harm someone else, staff should follow the procedure below.

General Guidelines: Staff will assess the client's level of risk with following guidelines:

- **Danger to Self:** Cannot be safe, has a plan to hurt him/herself, has the means to carry out the plan, has attempted before, has family history of suicide.
- **Danger to Others:** Has a plan, cannot back off the threat, plan is achievable.
- **Gravely Disabled:** Does not have the awareness to protect him/herself, cannot perform simple tasks.

If the client is any of the above the staff should:

- Call 911. Describe what is happening (i.e., client is threatening to hurt self and how; threatening to hurt others and how). Describe what might happen if he/she does not go to the hospital. What is different now than at any other time? What medications is the person currently taking and who prescribes them? What is the diagnosis?
- Staff may transport client to the hospital if they assess it is safe.
- Contact Program Manager and inform them of situation.
- Complete an Incident Report.

- If the client is assessed as not being a risk of harm to self or others but expresses suicidal thoughts or urges to harm self, staff should:
 - Make a safety plan with client which may include developing a “No Self Harm Contract” (explained below).
 - Complete an incident report.
 - Notify Program Manager.

NO SELF-HARM CONTRACT: Explain to the client that this intervention is designed to keep them safe. Tell them they will be asked to sign a no self-harm contract in which they agree not to harm themselves in any way and/or to inform staff or a medical professional if they experience suicidal thoughts or urges to injure themselves.

CONSEQUENCES AND PROGRESSIVE DISCIPLINE

Staff can expect that many clients will exhibit behavior that seems disruptive, self-sabotaging, or at times inappropriate. When clients exhibit this type of behavior, staff has an opportunity to help disrupt negative behavior cycles. Specifically, staff can provide clients with the opportunity to choose more appropriate responses and/or behaviors in a way that is empowering to the client. Accountability should be viewed as a means of giving the client new information about self rather than simply a way to modify behavior. It is worthwhile to think about a policy of progressive consequences that can be clearly explained to clients. To that end, staff is encouraged to consider stages of accountability:

- Incident Identification, Verbal Warning, and Reflection
- Pattern Identification, Written Documentation, and Action Plan
- Relationship Consequences and Behavioral Change Plan/Agreements
- Natural Consequences and Reflection with Program Director
- Imposed Consequences and Final Escalation
- Discharge (in unresolvable cases where progressive discipline has failed and only with referrals)

Progressive discipline should be used to avoid, at all costs,

terminal disruption of the relationship between the program and the client. Program participation and retention is to be prioritized. The policy does not supersede policies related to the suspension of a client as a result of threat to the safety of other program participants, staff, or property. Should the client be involuntarily discharged from the program, a plan for accessing services elsewhere and an aftercare plan are essential documents to develop.

CONTINUOUS QUALITY IMPROVEMENT

[NONPROFIT] regularly evaluates the quality of services and programs and is dedicated to promoting a culture of learning and growth. This effort to establish goals and performance indicators is key in ensuring that the organization is performing on its mission and providing effective services.

Steps toward quality improvement include:

- Collection and analysis of data across programs and services.
- Weekly individual supervision, group supervision, and team meetings.
- Annual performance evaluations of all staff.
- Reviews of client satisfaction surveys and feedback and implementing changes where necessary and appropriate.
- Creation of a safety committee to review incident reports and make suggestions of where adjustments are needed to mitigate risk.
- Internal review of client files on a quarterly basis.
- Collection and collective review of data to measure against performance outcomes.

DATA COLLECTION AND ENTRY POLICY

All agency program staff, case managers, and interns will be responsible for collecting regular data on all program and case management activities in the required databases and in written materials. This data will be reviewed monthly by the program director and communicated to the agency management team via reports and regular meetings. On a quarterly basis, all

program staff will meet to review and evaluate all collected data and outcomes as it applies to funding contracts and agency goals.

DECISION MAKING PROTOCOL

The purpose of the following protocol is to inform and standardize policy and program decision-making agency wide. This protocol recognizes the need for flexibility within the proposed structure to accommodate incidents or situations requiring emergency attention.

Contextual factors that will be taken into account during all program and policy decision making:

- The National Association of Social Workers code of ethics
- Best and emerging practices and evidence-based models
- The agency mission, vision, and values
- Program models and philosophies
- The individual context of each client involved: current contracts, previous conduct, attempted interventions
- Experiential learning (previous processes and decisions made within the organization)

Procedural protocol for decisions impacting the program status of a client (note- this protocol does not include decisions that result in the suspension of a client as a result of threat to the safety of other program participants, staff, or property.):

- Given sufficient time allotment, all parties involved with the client and incident will be incorporated into the information collecting and decision making process. These parties include but are not limited to the client, staff and clients who participated in or witnessed the incident, the client's case manager, and the case manager's supervisor.
- If appropriate, the manager most closely associated with the process and staff involved will make and/or approve the final decision and will then be responsible for informing other parties of the decision and any follow-up through email, team meeting, supervision, UIR, etc.
- After initial information and feedback solicitation,

the manager associated with the incident may select to bring the incident to the management team for further review. If this happens, the team will discuss the incident and make a decision based on consensus. The team will then designate a team member to communicate the decision as appropriate and follow-up with staff.

Procedural protocol for decisions impacting program structure and/or policy:

- A request for feedback, input, and suggestions regarding all policy reviews will be solicited via team meeting discussion, emails, supervision, etc.

DISASTER AND FIRE RESPONSE PROTOCOL

In case of fire in a residential program:

Procedures:

- If a resident calls, tell them to stay where they are and remember to never use elevators in the case of a fire.

Lead Staff:

- Assess the situation and determine appropriate level of response:
 - It may be appropriate to smother a frying pan fire with the pan lid and turning off the gas.
 - It may be appropriate to use the fire extinguisher to put out a fire in a waste paper basket.
 - If any person's clothing is on fire, have them STOP, DROP, AND ROLL. Once the fire is out, remove their charred clothing, wrap them in a clean sheet and call 911.
- If the building alarm does not activate and there is any fire, or smoke, activate the alarm system.
- Once the alarm system is activated, the building must be evacuated.

Lead Staff will assign select staff to:

- Evacuate building—check all closed doors for heat before opening. Use back of hand and do not open a hot door, open cool doors only and slowly. If escape route is smoke-filled, crawl.
- Check all rooms and bathrooms.
- Close all doors and windows when possible.
- Contact on-call staff.

All Staff:

- Remove clients from the vicinity of any size fire.
- Manage client fears/concerns.
- Follow through on assignment.
- Meet at rally point.
- No one re-enters the building until authorities have indicated it is okay to do so.

Clients:

- Adult clients may choose to leave the area. This is permissible once they have checked in with staff at the rally point.
- They should be encouraged to check-in after the crisis has passed

Critical Supplies and Resources:

- Know where fire extinguishers are located on each floor.
- Review use of red fire alarm panel.
- GO BAGS when available.
- Contacts: Medical Emergency- 911 / On-call.

Recovery

Lead Staff:

- Assess property damage in consultation with CFD
- Communicate with on-call about leaving or staying
- Assign staff to assist clients back into the building or activate evacuation plan
- Complete any necessary paperwork

All Staff:

- Manage client concerns.
- Follow-up with assigned tasks

DISCHARGE/TERMINATION POLICY

Participants may choose to leave the program at any time during their enrollment and may do so voluntarily for reasons such as family reunification, readiness for increasing independence, or simply other opportunities. For participants to be involuntarily terminated, staff will meet as a treatment team and discuss the presenting concerns. Generally, the participant will then meet with their case manager to discuss the reasons for their discharge from the program, make a plan for accessing services elsewhere, discuss any potential stipulations for returning to the program, and begin an aftercare plan if the participant is exiting from a housing

program and chooses to do so. The participant should be provided with documentation outlining all of the above.

DRUG AND ALCOHOL POLICY

Drugs, alcohol, and paraphernalia are not allowed on agency property at any time. Random room searches can and will be conducted at any time and if any drugs or alcohol are found in a client's room, it may be ground for discharge. Any other evidence of drugs, alcohol, or paraphernalia, may be grounds for a suspension with the possibility of discharge. If there is a strong odor coming from a client or client's room that resembles alcohol, marijuana, or any other drug, staff may investigate further to determine if the client is in possession or using a prohibited substance.

Shelter staff may conduct room searches at any time if they suspect that clients are in possession of prohibited substances. Upon finding a suspicious substance or item, staff members should confiscate it to investigate. At least two staff members should be involved in this process, and further consultation should result to determine appropriate consequences and follow up. If a client is not presenting a safety threat, s/he should be allowed to stay in the building until a meeting can be arranged with his/her case manager and a program director. Consequences for possession of substances and/or paraphernalia will take into account harm reduction philosophy, historical context and previous rule violations.

ENGAGING WITH LAW ENFORCEMENT

At [NONPROFIT], we recognize that there may be instances in which staff members are called on to interact with law enforcement for a variety of reasons—requesting help for a physical altercation or mental health emergency; security concerns; police carrying out a warrant for a current or past client; detectives searching for a client who was a victim of a crime, etc. There are numerous laws and regulations that govern how social service providers can engage and inform law enforcement. Without a warrant for specific pieces of information, which they must produce at the time of request, service providers can neither confirm nor deny nor provide details of a client's program participation. In addition, police

cannot enter the premises without producing a search warrant. It is further encouraged that all staff exit the building and close the door when conferring with law enforcement. Organizations should protect client confidentiality and uphold client's civil rights to the extent permissible based on the orders or warrants produced by law enforcement.

At the same time, while we must often defend a hard line on cooperation, it is the expectation of [NONPROFIT] that all employees act respectfully with law enforcement with the working philosophy that there are shared goals at play, which is the safety and security of the community, the program space and all clients, staff and volunteers. If a staff member ever has a difficult confrontation with law enforcement, they should attempt to contact a manager or director on-site to provide immediate support to the situation. If this is not possible, the staff member should attempt to contact an on-call manager. It is always appropriate to provide an officer with the name and contact number of the program director or executive director if he/she has any questions or complaints about an interaction. It is also appropriate for staff to politely ask for the officer's name and badge number and document that information. All incidents involving the police should be documented in an incident report, and anything particularly unusual or distressing must be immediately reported to the supervisor and executive director.

ENVIRONMENTAL REVIEWS

Environmental reviews must be conducted on all HUD-funded units prior to executing a lease. As soon as a case manager has identified a potential unit, the address should be given to the Director of Operations who will complete the review within 5 business days. The Director of Operations will then provide the results to the case manager, who will forward the information on to the agency's HUD field office for approval. It is important to keep in mind that this process may take several weeks, at least, so it is necessary to move quickly and keep the potential landlord updated on these processes.

EVICTION PREVENTION

When a client is demonstrating behavior that is in non-compliance of the program, it is important to provide the client with opportunities to make adjustments and ensure they are aware of how their behavior could result in eviction from their unit (see progressive discipline). Case managers should work with the client to make these necessary adjustments and provide advocacy efforts on behalf of the client with the landlord or property manager, if possible and appropriate. Clients should be provided with adequate warnings that they are in violation of their lease or program rules, and if eviction should become necessary, also provided with adequate time to prepare to move, when possible. Case managers are expected to assist clients in identifying alternative living arrangements if eviction becomes necessary.

EXTERNAL PARTNERSHIPS AND SERVICE LINKAGE AGREEMENTS

Collaborations between service providers in the community are crucial to serving clients effectively. [NONPROFIT] works hard to identify partners in the community that can assist [NONPROFIT] in achieving its mission of providing wrap around services to families experiencing homelessness. Upon identifying a possible collaborative partnership, a member of the senior management team will introduce a service linkage agreement to solidify the partnership with the other organization. The purpose of service linkage agreements is to identify the nature of the working relationship, provide a systematic means of following up on all referrals and guarantee access to each of the services in the linkage agreement. Service linkage agreements should be signed by the CEO or Executive Director of both organizations and should be renewed every two years. The list of current service linkage agreements will be maintained by the Director of Operations.

FACILITY SECURITY

[NONPROFIT] has several security measures in place in order to ensure the safety of its residents, as well as staff. The two doors located in the east and west stairwells between the lower level and first floor have been set up with alarms. These alarms will sound anytime the door is opened. The alarms on the doors are not directly connected to the police

department. In addition to these alarms, there is an emergency alert system consisting of 3 handheld alarms. These alarms will be located in the lockbox in the staff office and one will also be located in the Facilities Coordinator's office as a back up. These alarms can be worn at any time a staff is working in the shelter. However, they are specifically meant for staff to wear around their neck when he/she is working the alone during an overnight shift. The alarm will especially be helpful when staff is completing rounds throughout their shift. The alarm should only be used when there is an emergency in which a police officer is needed and the staff is not able to use the phone in order to call the police. Once the alarm is triggered the police department will be alerted and dispatched to the shelter. Procedures for each individual security system can be found in the staff office.

GIFT POLICY

Acceptance of any gift of any monetary value from a client or client's family member or friend is strictly prohibited for all staff members. Cards, handmade gifts, food and other small tokens of appreciation should be accepted at the staff member's (and the staff member's supervisor) discretion. Staff members should seek out support from their supervisors if they require guidance in how to appropriately address these situations with clients.

GRIEVANCE POLICY

This procedure is to ensure that all requests for grievance reviews are handled with efficiency and consistency.

1. Clients have the right to file a grievance for any decision made by staff that is related to personal goals or the services received at the organization. Grievances should be filed within 7 days of incident and submitted to the program manager.
2. Any grievance submitted that is incomplete and/or not accompanied by necessary documentation or explanation (steps taken to resolve issues of concern, date/time/location of complaint, clear rationale for requesting change in decision), will be returned to the client to be completed and resubmitted within the initial 7 day period.

3. Grievances will be responded to within 7 days of the date the grievance was submitted.
4. If a client is dissatisfied with the outcome of a grievance, they have 3 days from the date of the outcome to appeal to the Program Director.
5. All appeal decisions are final.

HANDLING CLIENT MONEY/SAVINGS PROGRAM POLICIES

[NONPROFIT] has clients who are required to pay rent on a monthly basis and also clients who take advantage of a savings account the organization holds for them.

Policies surrounding rent:

Clients are encouraged to pay rent through US mail with a check or money order. If a client is not comfortable sending rent through the mail, they may also drop it off at the program site. It may be necessary, at times, to be flexible with preferred rent collection protocol. If a client is not able or willing to pay their rent in the preferred form (due to physical or emotional incapacities, severe weather, etc.) a Case Manager may accept rent from them in the field. If a Case Manager will be accepting rent in the field, especially if it is in cash, the Case Manager should make an attempt to contact the Program Manager for approval to accept the payment. The Case Manager should also provide the client with a paper receipt and document the rent payment to create a record of the transaction. The rent must then be turned in to the accounting department immediately upon return to the office. Documentation and provision of a receipt for the client are critical.

Policies surrounding savings:

[NONPROFIT] requires a savings plan of all clients residing in the program, though the client will direct the increment and schedule of the savings plan. Each client is afforded the opportunity to choose the means by which they save. Should they take advantage of a savings account the organization holds for them, clients will be encouraged to save with check or money order. Should a client need to save in cash, the Case Manager should make an attempt to contact the Program Manager for approval to accept the

savings payment. The Case Manager should also provide the client with a paper receipt and document the savings deposit in a transaction record. A copy of all the debits and credits to the account should be maintained in the client file. Should a client neglect to adhere to the savings plan, efforts should be made to remedy that behavior via progressive discipline and accountability. A client [MAY/MAY NOT] be discharged from a program for savings non-compliance.

HOME VISITS

Staff are expected to visit clients in their apartments on a monthly basis. In addition, it is sometimes helpful and necessary to conduct visits to clients' family homes. When performing duties that require in-home, and community work, staff should attend to the following safety guidelines:

- Before scheduling a visit, become familiar with the neighborhood.
- Exercise best judgment when scheduling visits.
- When appropriate, inform supervisor(s) and/or co-workers of your intended location, indicating the name of the client you are meeting with, the location of the meeting, and your expected time of return.
- Request information over the phone about who is present in the home.
- Have accurate directions to the location you are going.
- When driving, keep your doors locked, and the interior of the car free of personal belongings.
- When making evening visits, park in well-lit and accessible areas.
- In potentially threatening or crisis situations, remain calm, speak softly, and leave the area as quickly as possible. Call 911 as soon as possible after securing your safety.
- In some situations, it may be necessary to enter a client's apartment without their expressed permission. In these cases, prior supervisor approval is required and all necessary safety protocols should be employed.

HOUSING INSPECTIONS

[NONPROFIT] conducts annual inspections of all HUD-funded units at the time of recertification. Case managers are expected to schedule a date with the property manager at least 2 weeks in advance and to provide the tenant with adequate notice. The tenant should be present for the unit inspection. Case managers should fill out the Housing Inspection Form and place a copy in the client's file. Any issues that arise during the inspection should be brought to the case manager's supervisor and a plan to make any necessary repairs should be put into place immediately. The client should be made aware of any deficits identified in regards to the cleanliness and maintenance of the unit. This may be added to the client's service plan as goals for the coming year.

INCIDENT REPORTING AND RESPONSE

Unusual incidents must be responded to appropriately and documented in a timely and comprehensive manner. Unusual incidents may include: client or staff medical or mental health emergencies, damage to facility or property, violence or natural disaster. Any time that it is necessary to contact emergency services (911), an incident report should be completed. This documentation should be completed within 24 hours, ideally immediately following the event.

The staff members involved in an incident must also inform their direct supervisor immediately following an unusual incident. This contact should be by phone or email, taking into account the time of day or night. The on-call manager should be contacted immediately, or when a situation is de-escalated enough and it is safe to do so.

The program director will review the incident report and perform any necessary follow-up. When incidents involve facility loss or damage, a copy of the report will be provided to the manager of facilities. The information will be reviewed regularly by the agency's safety committee to identify patterns and make adjustments where necessary.

INTERNAL CLIENT FILE REVIEW

Client files will be reviewed on at least a quarterly basis by program management staff using a standardized client file review form. A random sampling of client files, at the very least, will be pulled from each program, though it is possible that all files will be reviewed, especially if a program monitoring visit from a funder is imminent in the near future. Files will be reviewed and notes will be made and shared with the case manager responsible for each file. All identified issues must then be rectified within two weeks, whenever possible.

LEGAL HISTORY

Due to the shelter's proximity to an elementary school, we are unable to serve individuals convicted of a sex offense. Upon intake, potential clients are informed of this and given an opportunity to self-select out of the rest of the intake process. However, staff will check the sex offender registry to confirm that the potential client does not have a sex offense on their record. If we are unable to house an individual, they should be provided with whatever referrals or resources might assist them in having their needs met and working towards their goals. Staff members are expected to refrain from passing any judgement and are responsible for ensuring all individuals seeking services are treated with respect and provided all relevant information about the agency's ability to provide them services.

MAXIMUM OCCUPANCY

Due to safety reasons, a maximum of 25 people may be present in the drop-in center space at any given time. Staff may have to turn away clients once the maximum occupancy has been reached and should provide those individuals with resources or referrals so that they may attempt to get their needs met elsewhere. There should always be at least 2 staff members in the space at all times.

MEDIA RELEASE POLICY

Any staff member, volunteer or community member taking pictures of clients on agency property should first seek

permission from the client. Staff should never post pictures of clients on any social media site. Clients will be notified and provided with a consent form if their pictures will be used for any type of publicity or marketing by the agency's development department.

MEDICATION PROTOCOL

Prescription drugs will be self-administered. Staff shall assist client with self-administration of prescription drugs, when necessary. Assisting with self-administered medications is limited to reminding the resident to take his/her medications, reading instructions for utilization, uncapping medication containers, and providing the proper liquid and utensils with which to take medications. Prescription medications shall be kept in the locked file cabinet.

MEETING AND SUPERVISION STRUCTURE

Staff meetings have several functions, including access to information and resources required to complete tasks, skill development and supervisory purposes. The following meetings occur on a regular basis and are based on the following staffing structure:

- Program Director
- Program Managers
- Case Managers

Weekly supervision

Facilitator: direct supervisor

Attendees: all staff members

Purpose: provide support and direction, manage performance, client staffing and troubleshooting

Weekly program meetings

Facilitator: program manager

Attendees: team members

Purpose: communicate client information and clinical staffing, problem solve programmatic challenges, share resources, team building

Monthly all staff meetings

Facilitator: program director

Attendees: all staff

Purpose: share resources and programmatic updates, give agency updates, teambuilding across departments

NON-DISCRIMINATION POLICY

[NONPROFIT] is dedicated to offering a work environment and program space that is open to all persons. The organization will adhere to the following:

- No person is excluded from services because of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, Human Immunodeficiency Virus status, or in any manner prohibited by local, state or federal laws.
- There is no segregation of persons served on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, Human Immunodeficiency Virus status, or in any manner prohibited by local, state or federal laws.

ON-CALL POLICY

The following positions require participation in the On-Call rotation.

- Program Director
- Shelter Manager
- Clinical Case Manager
- Outreach Manager

Those in the above positions will be added into the on-call rotation approximately six months after their start date as a new employee (or earlier if necessary and the staff member is deemed ready), or three months after their start date if they are internally promoted. Staff will be adequately trained on all on-call procedures before their first rotation.

On-call staff members are required to carry the on-call phone with them at all times during the assigned on-call week. Staff members are required to document the calls they receive and fill out the log completely.

On-Call Procedure:

In the event of an emergency, staff should contact the on-call staff on the agency cell phone. Staff will have access to a staff person who is on-call 24 hours a day. On-call responsibilities will rotate between certain staff members on a weekly basis, with the schedule posted where all staff can refer to. In instances of emergency requiring a 911 response (e.g. fire in the building, client medical emergency) the 911 emergency response number should always be contacted first. Following this a call should be placed to the on-call staff person. The on-call must always be notified whenever emergency response (911) has been contacted.

Situations which require on-call involvement include but are not limited to:

- Client medical emergencies
- Removal of client from the building due to safety concerns
- Search of client personal affects
- Staff not showing up for scheduled shift

As a general rule, if any on-call staff members are in the building at the time of emergency situation, that manager should be consulted before a call is placed to the on-call manager. Also, a client's case manager or other program staff should NEVER be contacted at home with regard to a situation involving a client. Any decision made to contact a staff member not on duty will be made by the on-call manager only. All calls made to the on-call during your shift should be documented.

PERSONAL PROTECTION DEVICES

[NONPROFIT] understands that individuals may carry devices on the street for personal protection; however, these items are not allowed in the milieu, bedrooms and common areas of the shelter or agency property. If clients choose to carry a protective device outside of the shelter for personal

safety they must receive permission from their case manager, who will then alert all staff of this arrangement.

The item must be checked in to the staff office using the approved documentation before clients are allowed to re-enter common areas and can be retrieved only upon immediate exit of the facility. Staff should monitor the client to ensure their safe exit from the property. Items will be labeled and stored in a locked cabinet. Clients should be informed of this process during their intake meeting and are expected to notify staff at this time if they are in possession of a protective device.

Protective devices that are legal in the city of Chicago and acceptable to be stored at the shelter are defined as pepper spray or a pocket knife with a blade no longer than 2.5 inches.

Weapons that are illegal to possess in Chicago, as well as firearms of any kind, are strictly prohibited and will not be stored at the shelter for any reason.

If clients are found inside the shelter or on agency property with a weapon, it may be grounds for suspension, discharge or termination from programming.

PROGRAM ELIGIBILITY

[NONPROFIT] serves single adults experiencing homelessness. In addition to the aforementioned inability of [NONPROFIT] to serve individuals convicted of a sex offense, [NONPROFIT] also has the following limitations on services:

- Clients must be at least 18 years old.
- Clients must be willing and able to live in a community shelter setting and abide by the guidelines of the program.
- Clients who are experiencing a serious mental illness or medical condition that requires more intensive level of treatment may not be eligible for the program

For individuals who are not eligible, staff will work with them to make a referral for services tailored to their needs.

RENTAL CALCULATION/RECERTIFICATION

HUD-funded permanent supportive housing programs charge rent from its tenants. The client's rent is based on their annual adjusted income and recalculated on an annual basis to ensure the amount is appropriate. In addition, if there are any changes in income throughout the year, the client is required to inform their case manager.

The case manager is responsible for completing certification forms, meeting with the client to inform them of their rent payment for the upcoming year and placing copies of the household certification and any new lease documents in the client file.

SEARCHES OF PERSONAL EFFECTS

[Please note that this policy in particular may be markedly different based on the approach of a particular shelter. Some shelters allow search of shelter property, but not personal property, for instance. This is just a sample of how searches may be performed in some programs.]

In order to provide a safe environment for clients staying at the shelter, clients are prohibited from possessing the following items: drugs, alcohol, or other potential intoxicants, drug paraphernalia, stolen property, weapons, explosives, pets, or pornographic material. Suspicion-based room searches may be conducted to ensure that the above items are not brought into residence. Clients are informed of this policy at admission to residence. A program director should be notified of the need or request for the search, and give authorization to implement an actual search. At least two staff members will be present for the search of each room and during the search, the resident occupant should be present whenever possible. If the resident is not in the building at the time of search they will be notified immediately upon their return that a search has taken place.

SERVICE PLAN CREATION

Case Managers work with clients to identify goals and then monitor the clients throughout their stay in the program. In partnership with their Case Manager, all clients will develop a service plan within one month of their entry into the program. During case management visits, the Case Manager and client

will work to continually develop skills, identify linkages and referrals that would benefit the client, and to advance goals outlined in the service plan. The service plan should be reviewed at an interval consistent with the time clients have to achieve the outcomes and revisions may be made at any time to accurately reflect the client's needs and goals. If for some reason a client is unable or unwilling to review the service plan at any of these intervals, this should be fully documented in a progress note.

SHIFT CHANGE POLICY

Effective communication between shift workers is critical to optimal functioning of the shelter. It is expected that you arrive to your program site 15 minutes prior to the start of your shift so that all components of the shift change can take place. The shift change should incorporate a building walk-through, a run-down of clients who are currently in the building and any information on late arrivals or absences, an overview of the previous shift and any pertinent information about client functioning or facility issues, and any tasks that need to be carried over from the previous shift. Staff members should exchange keys and any other equipment required for the shift. All shift documentation should be completed by the end of the shift so that the replacement worker has access to the information.

SMOKING POLICY

- Smoking is prohibited in program sites and agency vehicles.
- Smoking is permitted in designated areas on the grounds. Under no circumstances should staff smoke in the presence of clients or take smoke breaks with clients. Staff should smoke off of agency property, always 15 feet away from the building.
- Cigarette butts must be disposed of in proper receptacle.

SOCIAL MEDIA POLICY

[NONPROFIT] uses social media to highlight its own

materials, including programs, blogs, new content to the website, reports and other [NONPROFIT]'s resources. Posts from [NONPROFIT] include at least one-third content from trusted sources that promote outside resources. These include media outlets, nonprofit associations, nonprofit publications and social media experts.

Frequency Goals:

- Twitter: one to five tweets per work day
- Facebook: two to five posts per week
- LinkedIn: one to five posts per month

Confidentiality: Employees shall not post confidential information on [NONPROFIT]'s or personal social media accounts. This includes financial information, legal matters, organizational internal strategies, campaign benchmarks, unreleased advertising or promotions, internal processes or methodologies, circulating rumors, and colleagues or member's personal information. Employees posting on behalf of [NONPROFIT] are to respectfully and professionally represent the organization, adhere to the terms and conditions of any third-party sites, and take full responsibility for their communication.

STAFF TRAINING AND MEETING MANDATES

[NONPROFIT] takes staff attendance at agency meetings and trainings seriously. Just as we hold our clients accountable to their goals, we must also hold staff accountable to a high level of professionalism and responsibility. Agency meetings and required trainings are important opportunities to conduct work, make decisions, and build strong teams. Your attendance and participation is highly valued.

This policy is in effect for all agency meetings and trainings that are mandatory for you to attend. Either your supervisor or the meeting facilitator will inform you of which meetings are mandatory for you to attend. If you are unsure whether a meeting is mandatory for you, check with your supervisor.

Some meetings at [NONPROFIT] occur on a regular schedule that is established and shared with staff well in advance. Others occur on an as-needed basis. Both types of

meetings will have mandatory participation and staff will be expected to attend. You are expected to, whenever possible, schedule other internal and external events around your meeting responsibilities.

Policy for excused absences:

[NONPROFIT] understands that sometimes other work or personal obligations can interfere with meeting attendance. However, it is your responsibility to check in with your supervisor and receive permission to miss a mandatory meeting and, as a courtesy, inform the meeting facilitator that you will not be in attendance. If you do not check in with your supervisor in advance, your absence will be unexcused. Acceptable reasons for an excused absence include:

- Illness
- Scheduled vacation or personal time off
- Unavoidable scheduling conflict

Policy for unexcused absences:

- If you have two (2) unexcused absences from one or more meetings within three months, the meeting facilitator(s) will inform your supervisor and your supervisor will issue you a verbal warning.
- If you accrue two (2) additional unexcused absences (for a total of 4), your supervisor will take further disciplinary action.
- Accrual of additional unexcused absences will result in additional disciplinary action, up to or including suspension without pay or termination.

Showing up 15 minutes (or more) late to a meeting or leaving 15 minutes (or more) early from a meeting will count as an unexcused absence.

STORAGE POLICIES

[NONPROFIT] recognizes that clients come to temporary or time-limited residential programs often with more personal effects than can be accommodated at our location. We also understand a lack of storage makes loss or theft of a great many items needed to resolve homelessness more likely, including vital documents, technology, etc. In an effort to be clear and equitable, [NONPROFIT] allows clients to store on-site as many items as can be fit in a locker, a bin and two hooks. Should clients have more personal items than may fit inside the storage available, clients should inform staff to arrange for additional storage or to be referred to other resources.

SUSPENSION PROCEDURE

Suspending a client from services is a serious consequence and should be used infrequently. However, when a client's behavior becomes unsafe, or they repeatedly demonstrate infractions of the rules, staff may make the decision to suspend a client from the program. Suspensions are a last resort and should be held in reserve for when a client is unable to alter their behavior and should never be used as a threat to modify a client's behavior in the moment. Repeated suspensions may be cause for discharge from the program. Staff are expected to fully explain to the client the reasoning for and events that contributed to this consequence and should allow the client 24 hours to identify a place to stay during the term of their suspension. Case managers should provide resources during a client's absence and may even schedule a case management meeting during that time, if necessary. Upon returning from suspension, a client may be placed on an agreement or contract based on the progressive discipline policy and have specific expectations for program compliance.

TENANT RELOCATION

It is possible that a client may need or want to move to another unit at some point during their stay in the permanent supportive housing program. This request may be due to safety or other building concerns, neighborhood violence,

tenant/landlord issues or a desire to live closer to resources or a support network. These requests are reviewed on a case-by-case basis and are generally approved if the landlord approves and/or when the lease term ends. Changes in unit size are not guaranteed due to changes in household composition. Tenants can generally relocate once their initial lease year is up, and procedures for locating a unit and executing a new lease should be followed.

TRANSPORTING CLIENTS

From time to time it is necessary to provide transportation to a client who is receiving services from the organization. Agency approved reasons to transport a client include but are not limited to:

- Assisting a client to attend an agency related counseling session, or related activity,
- Assisting a client to attend appointments for other needed services throughout the community,
- Ensuring a client's safety from an imminently dangerous location or situation,
- Taking a client on an agency-wide, or program-related activity,
- Assisting a client to find housing or employment.

TRANSPORTING CLIENTS USING A STAFF-OWNED VEHICLE

It is often necessary for staff to use their own vehicle to transport clients. Staff are prohibited from transporting clients for any reason other than agency business.

- Staff transporting clients in a personal vehicle must maintain a valid driver's license, registration, and proof of insurance. Documentation of such shall be maintained in each employee's personnel file.
- While transporting clients, staff must strictly adhere to all state-mandated traffic and safety laws including but not limited to: speed limits, traffic signals, posted signs, and safety belts.
- In the event of an accident, staff should remain calm,

make sure that they and passengers are safe and uninjured, call 911 to report the accident, exchange vital information with the other driver involved in the accident and contact the on-call manager for further instruction. Staff should complete an Incident Report upon return to the program site.

TRANSPORTING CLIENTS USING AN AGENCY-OWNED VEHICLE

The agency maintains vehicles to be used to transport clients, and for other agency business only. While transporting clients, staff must strictly adhere to the following:

- Staff driving agency vehicles must have a valid state driver's license. Documentation must be submitted and shall be maintained in each employee's personnel file, and will be updated regularly.
- When transporting clients, staff must strictly adhere to all state-mandated traffic and safety laws including, but not limited to, speed limits, traffic signals, posted signs, and safety belts. Note that any tickets received while in an agency vehicle are the responsibility of the employee, and an Incident Report should be completed accordingly.
- In the event of an accident, staff should remain calm, make sure that they and passengers are safe and uninjured, call 911 to report the accident, exchange vital information with the other driver involved in the accident and contact the on-call manager for further instruction. Staff should complete an Incident Report upon return to the program site.
- Each employee has an affirmative duty to disclose any changes in the status of their driver's license.
- The driver shall not leave the vehicle unattended at any time while transporting clients.
- The number of individuals transported in a vehicle shall not exceed the manufacturer's stated passenger capacity.
- Seat belts shall be worn at all times the vehicle is in motion.

- Any vehicle designed for the transportation of more than ten persons (including the driver) shall be equipped with a first aid kit. The first aid kit shall consist of Band-Aids, sterile gauze pads, 40-inch triangular bandage with two safety pins, wire or wood splint, adhesive tape, scissors and instructions for use of the contents of the kit.

USE OF COORDINATED ENTRY SYSTEMS

[NONPROFIT] utilizes the Central Referral System to identify individuals to move into its permanent housing program. Only individuals who meet HUD's definition of chronically homeless are eligible.

When an opening becomes available in any permanent supportive housing program, the intake coordinator pulls three names from the CRS. The intake coordinator performs due diligence to contact the individuals whose names were pulled, generally trying three times to make contact, and will reach out to any known contact to make this connection. If the intake coordinator is not able to contact any of the individuals whose names were pulled, after approximately 10 business days, the intake coordinator will then pull another name from the list. This process will continue until the intake coordinator is able to make contact with an individual who is still eligible and interested in a housing unit. When contact is made, a brief screening for eligibility is conducted and the individual is scheduled for an intake appointment.

WAITLIST AND CURFEW POLICY

The waitlist for shelter space begins at 6pm. Clients waiting for shelter will be allowed to wait in the reception area until shelter space for that night has been determined. Clients are expected to be on-premises when shelter space is assigned after 6pm, unless prior arrangements have been made with shelter staff. [NONPROFIT] does not "reserve" beds for clients.

Curfew: 9:00pm nightly. Beds are assigned based upon need, and on a “first come, first served” basis. Clients who have a bed at the shelter must be in the house by 9pm to establish their presence and keep their bed. Otherwise the bed will be given to a new client. Exceptions are made for those at work (if pre-approved) and emergencies only.

SAMPLE TRAINING AND ORIENTATION CHECKLIST

New Staff Member Orientation and Training Checklist

Name _____ Status Full-time Part-time

Position _____

Manager: Please initial and date each item completed.

Employee: Note areas where you have questions and follow-up with your supervisor.

If a particular topic is not relevant to your program, please indicate with an "N/A."

Office Procedures	Initials	Date
Handling Phone Calls to Program Site		
Timesheets		
Copier/Scanner/Fax Machine		
Staff/Client Mailboxes		
Ordering Supplies		
Computer Workstation		

Facilities	Initials	Date
Emergency Procedures	Fire/Fire Drills/ Carbon Monoxide	
Building Safety and Security		
Vehicle Information and Safety		
Site Based Technology (Door Buzzers, etc.)		
Basic Understanding of Building Systems and Who to Call for What Problem		

Resident Daily Programming	Initials	Date
Wake-Up/Starting the Day		
Meals	Menu, Food Preparation, Hours Served, Clean-Up	
	Meal Alternatives	
	Snack Protocols	
	Storing Food/Safe Handling	
Chores	Assignment of Chores	
	Expectation for Completion	
Daily Activities	Administering Medication	
	Transportation	
	Groups/Productive Time	
Activities		
Curfew		
Bedtime/Overnight Task		
Laundry		
Visitors/Guests		
Smoking/Substance Use Policy		
Loitering policy		

SAMPLE TRAINING AND ORIENTATION CHECKLIST

Programming/Case Management		Initials	Date
Challenging Behavior/Consequences			
Grievance Policy			
Client emergency situations	Medical		
	Mental Health Crises, Including Suicidality or Hospitalization		
	Physical Violence		
	Working with Law Enforcement		
Confidentiality			
Service Plans/Goal Setting			
Assisting Clients w/ Appointments			
Modeling and Teaching Life Skills			
Intake	Brief Intake for Calls/Walk-Ins		
	Completing Full Intake Form in Database		
	Review of Program Handbook		
	Ensure Basic Needs are Met		
	Shelter Tour/Introductions		
	Launder all Belongings		
	Distribution of Linens and Hygiene Items		
Discharge	Inventory, Packing, and Storing Client Belongings		
	Discharge Paperwork		
	Giving Resources/ Referrals		
	Identify housing plan/provide transportation when possible		
Outreach Procedure and Protocol			

Documentation		Initials	Date
ETO/HMIS (Extended Training)			
Individual Client Files	Client Info: Photo, Copy of IDs, Immunization Records, Benefits Info, Work/School Schedules		
	Shift Communication		
	Progress Notes		
	Incident Reports		

Staff Expectations	Initials	Date
Meetings Responsible for Attending		
Supervision Structure		
Staff Training		
Milieu Work Responsibilities		
Boundaries		
Requesting Time Off/Calling Off for a Shift		
Contacting On-Call Staff		
Communication: Regarding Clients, During Shift Change, etc.		
Working With Volunteers/Interns		

Checklist continued on the next page.

SAMPLE TRAINING AND ORIENTATION CHECKLIST

Core Competencies/ Required Trainings*	Initials	Date
Harm Reductions Principle and Practice		
Working With LGBTQ Identified Individuals		
Positive Youth Development		
Trauma Informed Service Delivery		
Nasw Code of Ethics		
Mental Illness First Aid		
Motivational Interviewing/ Stages of Change		
DCFS 410/384 Regulations		
Basic Milieu Management		
Mandated Reporter		
Crisis Intervention/De-Escalation		
Cpr/First Aid		
Report Writing/Documentation		
Understanding of Program Funding Sources/Required Outcomes and Activities/Program Model		

*Competency gathered through internal/external training, shadowing, work with supervisor and ultimately assessed by supervisor

I have been trained on the above procedures and issues, and understand their application.

Name _____

Signature _____

Date _____