



# HEARTLAND CONTINUUM OF CARE

## Emergency Shelter Community Standards

Approved by HCoC Board on September 4, 2025

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## **Acknowledgements**

Thank you to the community members with lived experience of homelessness or housing insecurity; and to the following agencies throughout Springfield and Sangamon County, that contributed to the development of the Heartland Continuum of Care Emergency Shelter Community Standards:

- Heartland HOUSED
- Helping Hands of Springfield
- Contact Ministries
- Salvation Army
- Phoenix Center
- Fifth Street Renaissance
- MERCY Communities
- Sojourn Shelter & Services, Inc.

## **Rationale and Guiding Principles**

Program Standards serve as a common policy framework for shelter programs within the Heartland Continuum of Care. These policies have been developed through a working consensus process. While the Shelter Program standards are not policies and procedures, they may be used as an outline for local agency policies and procedures. Adopted policies should be incorporated into individual agency manuals.

The Heartland Continuum of Care Emergency Shelter Community Standards are grounded in the following principles and values that promote a philosophy for service provision:

- The health and safety of residents, volunteers and staff should be safeguarded within each shelter.
- Every person experiencing homelessness has a right to shelter services, regardless of religious affiliation, race, color, national origin, ancestry, political or religious beliefs, language, disability, family composition, gender identity and/or sexual orientation. Staff must respect and be sensitive to the diversity of residents.
- Everyone is entitled to shelter service regardless of whether they use substances.
- Admission, discharge, and service restriction policies must not be solely based on substance use.
- Shelter programs will provide an atmosphere of dignity and respect for all shelter residents.
- Shelter staff should work with residents to assist them in achieving their goals.

- Protecting the privacy and confidentiality of shelter residents and their personal information is of the utmost importance.
- Service restrictions should be issued in accordance with these standards, and only as a last resort and in the most serious cases.
- Shelter residents should be offered opportunities to be involved in program planning, development and evaluation of service provision, and policy development.
- In shelters that provide support services, staff should make true and documented attempts to engage all residents, with consideration given to each resident's barriers to engagement.
- Residents should not be discharged for lack of participation in services unless a resident has refused to work towards a housing plan; refused multiple housing opportunities; and only after diligent efforts have been made to engage the resident.
- All shelter residents are entitled to fair and standardized procedures for determining eligibility, admissions, sanctions, dismissals, and resolving grievances.
- All shelter residents are entitled to the maximum amount of privacy within the constrictions of the shelter environment.
- Shelters are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and coordinated services.

These standards are subject to periodical review and revision. Shelter providers are encouraged to provide feedback on these standards and suggest future modifications.

## **Shelter Operations**

### **Admission**

All shelters within the Heartland Continuum of Care should communicate clear admissions processes and protocols to the clients and wider community. Any changes to admission protocol must be shared with Heartland HOUSED staff. The use of services other than shelter should be voluntary, and not a condition of admission.

Shelters should provide written notification to a client who was denied admission. This should also be documented in HMIS through the Incidents tab on a client's profile within 48 hours of incident. Shelters should have formal appeal procedures through which residents may appeal unfavorable admission or eligibility decisions. Shelters should provide residents with a written copy of this policy during intake. This document should accommodate non-hearing and sight-impaired residents.

## Occupancy

All programs should notify Heartland HOUSED System Coordinator when they are nearing maximum occupancy (80% and above) and continue to provide updates until the program has openings.

Emergency shelters are asked to report the number of occupied beds to the Heartland Housed System Coordinator on a weekly basis. This will be posted to the Heartland HOUSED website.

## Denial

Denial of admission to the facility can only be based on the following reasons and is at the discretion of the shelter on a case-by-case basis:

- Client does not meet the basic eligibility criteria for the specific shelter program's admission (e.g. gender, age, homeless status, domestic violence survivor, etc.).
- Shelters with beds designated by funding sources as having additional restrictions (e.g. VA beds that require advance approval by the VA) may deny entry to those not meeting funder requirements.
- Client has a criminal record involving sex offenses or violent crime that poses a current risk to the health and safety of staff and/or residents.
- A restraining order that prohibits admission to the facility.
- Violent or threatening behavior towards residents or staff.
- Infectious disease that significantly increases the risk of harm to other residents. Extra precautions for isolation should be taken with residents with lice or scabies or exhibiting symptoms of tuberculosis should be referred to a health care provider for treatment as soon as possible. Precautions should be taken to avoid spread as feasible.
- The individual requires care and supervision to manage the activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without the appropriate supports available on-site (i.e., an inappropriate request for admission as a discharge location from a hospital).

## Intake

Upon intake, residents should be provided **with physical and** accessible copies of the following:

- Resident Rights and Responsibilities
- Written program rules
- Visitation policy
- Storage policy, including storage after exit
- Medication storage policy; and
- Resident Grievance Procedure

## **Length of Stay**

Although shelters may have a goal of 30 – 90 days for a resident's length of stay, shelters may not establish a maximum length of stay for shelter residents unless such a restriction is required by a funding source. Residents have an obligation to be engaged in a housing plan and shelters may discharge a resident who refuses to work towards a housing plan and/or has refused multiple housing opportunities. Before discharge for this reason, evidence should be presented that the shelter staff actively attempted to engage the resident in services designed to support shelter exit to stable housing with consideration given to each resident's barriers to engagement.

As a system, we will work towards providing training for program staff on developing housing plans and motivating residents towards successful exits to permanent housing. The intent of this standard is for each person or household shelter stay to be focused on exiting to permanent housing and to discourage exits to homelessness due to arbitrary time limits. This flexibility also acknowledges that obtaining permanent housing within a set timeframe is not always the reality in our current housing market.

## **Discharge / Transition Planning and Collaboration**

Program staff are expected to make warm handoffs in the event clients have to exit the program and will likely interact with other Continuum partners. If the program has a time-limit, staff should take all possible steps to connect the client(s) with another program that can serve their immediate shelter needs while working on longer term solutions. In the event the client(s) are likely to become unsheltered upon leaving the program, staff should collaborate with the Heartland HOUSED Street Outreach Coordinator.

## **Resident Rights and Responsibilities**

Resident rights must be provided in writing and posted in the facility in a visible location. All program requirements must be consistent with these standards. Rights must include:

- Residents have the right to be treated with dignity and respect;
- Residents have the right to privacy within the constrictions of the shelter environment;
- Residents have the right to be treated with cultural sensitivity;
- Residents have the right to self-determination in identifying and setting goals;
- Services should be provided to residents only in the context of a professional relationship based on valid, informed consent;
- Residents should be clearly informed, in understandable language, about the purpose of the services being delivered, including residents who are not literate and/or have limited-English proficiency;

- Residents have the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure, unless disclosure is required by law;
- Residents have the right to reasonable access to records concerning their involvement in the program. Residents have the right to request access to their HMIS record in accordance with HCoC HMIS Policy and Procedures.

Resident responsibilities should be provided to each resident in writing upon admission and posted in the facility in a visible location. This must include:

- A clear description of all program rules and potential consequences for violations of these rules.
- A “good neighbor” policy that outlines expected behavior to not interfere with the rights of other residents including the use of scented products when residents with chemical sensitivities are in residence. This can also include expectations for conduct in the shelter’s physical neighborhood.
- Any expectations related to chores.
- Expectations regarding working to exit shelter into stable housing as quickly as possible.

### **Transfer Between Shelters**

Shelters may not transfer residents to other shelters arbitrarily, as a punitive measure, or without the resident’s consent. Shelters may however arrange for a resident to move to a different shelter, with the resident’s consent, if a determination is made by both shelters that an alternative setting is likely to better meet the needs of the resident. CoC participating shelters should adhere to the Emergency Shelter Transfer Policy and plan.

### **Emergency Transfer Policy and Plan**

The Heartland Continuum of Care is concerned about the safety of clients and such concern extends to clients who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), HCoC allows clients who are victims of domestic violence, dating violence, sexual assault, or stalking can request an emergency transfer from the current shelter they stay at to another shelter.

The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of the HCoC to honor such request for clients currently receiving assistance, however, may depend upon a preliminary determination that the client is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether other shelter

providers within the HCoC have bed availability and is safe to offer the client for temporary or more permanent occupancy.

This plan identifies clients who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to clients on safety and security. The plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the HCoC and HCoC-funded providers are in compliance with VAWA.

The full plan and all necessary documents are attached as Appendix A.

### **Visitors and Curfew**

Shelters should have and post a visitation policy. The visitation policy should also be provided in writing to each resident upon entry into the shelter. Each shelter should determine the visitation policy for their program; however, each shelter's visitation policy must include that service providers from other programs or agencies will be accommodated to meet with a resident.

If a shelter has a curfew policy, the policy should be clearly written and explained to residents at shelter entry. The policy should be consistently enforced. Curfew and check-in policies should include considerations for inclement or dangerous weather.

### **Participation in Religious Activities**

Federally and state funded shelters cannot require participation in religious activities. Religious activities include moments of prayer or the saying of grace before meals. While these activities are not prohibited, participation in such activities must not be required.

### **Shelter Hours**

Shelters should remain open 24/7 unless prohibited by inadequate funding, staffing, or space limitations. As feasible, shelters not open 24/7 should make reasonable accommodations to normal hours for illness, weather, disabilities, persons working second and third shifts, and other reasonable requests.

All shelters should post hours of operation in a visible location. If the facility is open 24/7, residents must be able to request access to their possessions and to the facility common space.

Shelters that serve children must permit 24-hour access to an area where children can nap. If access to sleeping areas is not available during the day,

accommodations should be made to allow access for those working second and third shifts, those who are ill, etc.

### **Resident Mail and Personal Belongings**

If a shelter provides mail service, any mail sent or received cannot be interfered with (e.g. staff opening residents' mail, not providing mail to the resident on the day it is received, etc.). All shelters should provide, at intake, a written policy detailing the process for clients to receive and access their mail.

All shelters should have a written policy that is provided upon intake as to what provision is made for securing belongings including what possessions can be held by the program at resident request such as money, medications, and vital documents.

If a shelter holds funds or possessions on behalf of residents, this service must be voluntary, the program should maintain a log of items in their possession, and the funds or possessions must be promptly returned upon the resident's request. Each shelter should decide how specific to make their log, with consideration to their liability. It is expected that the log would track only those belongings that residents choose to store with the program and not all possessions brought into the shelter. This does not apply to belongings abandoned by a person who does not return to the shelter.

Shelters should provide lockable lockers, storage trunks or make other accommodations that allow residents to securely store their belongings. Reasonable access by the residents to their belongings must be provided and clearly shared during the intake process in writing.

Shelters are not permitted to store illegal items, including weapons, drugs, or any other contraband.

### **Universal Precautions**

Staff should comply with universal precautions, proper sharps disposal and have a written policy in place governing protocols related to universal precautions. Basic first aid supplies must be available on-site and accessible to staff at all times.

All shelters must have a weapons prohibition policy. Weapons include but are not limited to firearms, pepper spray, mace, and knives. Shelters should use discretion when determining which types of knives should be prohibited. Shelters may, but are not required to, have a mechanism for checking weapons upon entry.

Shelters shall prohibit smoking indoors and reasonable efforts must be made to prevent smoke from entering buildings. No smoking should be allowed within 20 feet of shelter facilities unless this is infeasible due to layout of grounds. Shelters are required to follow any local ordinances regarding smoking in public areas.

### **Emergency Response**

The shelter should develop written, site-specific emergency response protocols with local police, fire department and other agencies. The protocols should address personnel and client-centered emergencies such as overdoses, violence, and common health challenges. Shelters should coordinate with police and fire departments to inform them of the special needs of the program, its population, and its environment. For example, an emergency shelter that may house residents with severe mental illnesses should ensure that relevant emergency departments understand those unique needs.

The protocols should outline and train staff on the way in which police and fire departments should enter the facility, what they can expect of clients and staff when they enter the facility, and which staff to interact with. This document should be created in cooperation with the police and fire departments and should be part of an ongoing relationship with these departments.

### **Accessibility, Pets, and Service Animals**

All shelters must have policies on non-discrimination and reasonable accommodation and make reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the program would result from the accommodation.

All shelters must conform to all pertinent requirements of the Americans with Disabilities Act (ADA). See

<https://archive.ada.gov/pcatoolkit/chap7shelterchk.htm>.

- Beds designated as accessible must comply with federal height and distance standards. Beds designated as accessible must be prioritized for residents with disabilities.
- Shelters are encouraged to provide as many ADA accessible beds as possible, but it is not required or expected that all beds meet these requirements.
- Program documentation should be provided in forms accessible to hearing-impaired and sight-impaired individuals, upon request.

- Shelters should have a plan for communication with residents who are non-English speakers or not literate.
- Shelters that provide transportation for residents should also make provisions for residents who need vehicles that are wheelchair accessible.
- Shelters should have a policy regarding whether pets are allowed in the facility. Per ADA requirements, shelters must make reasonable accommodation for service animals.
  - Additional information regarding ADA requirements for service animals from the U.S. Department of Justice is included in [https://www.ada.gov/service\\_animals\\_2010.htm](https://www.ada.gov/service_animals_2010.htm).
  - According to this guidance, emotional support, therapy, comfort, or companion animals are not considered service animals under the ADA. These terms are used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.

### **Resident Grievance Policy**

All shelters should have a written grievance and complaint protocol that is provided to each resident during intake and is publicly posted in a location visible to residents. The protocol must include:

The opportunity for residents to present their case before a neutral decision-maker (a supervisor or manager who was not directly involved in the incident or situation of the grievance).

- Accommodation of third-party advocates in the grievance process.
- Reasonable efforts should be made to coordinate with a resident's advocate to schedule the appeal.
- A requirement that residents be given a written response to their grievance within a reasonable time frame.
- A provision that when a resident files a grievance related to his/her ability to stay in the shelter the action is suspended until the grievance process is completed unless allowing the resident continued residence poses a risk to the health and safety of other residents and/or staff.
- An appeals procedure that allows residents to appeal, at a minimum, decisions related to admissions denials for cause, terminations, and disciplinary actions.
- Provisions for providing residents with information about any subsequent appeals process available through any funding agency.

## **Confidentiality**

All shelters should have confidentiality policies that at minimum are consistent with Homeless Management Information System (HMIS) privacy and security requirements, make certain that files are kept in a secure or locked location, and ensure that verbal communication of confidential information is done in such a way that avoids unintended disclosure.

## **Case Management**

### **Case Management Ratio**

To ensure clients receive comprehensive and individualized support, shelters should maintain an appropriate case management ratio.

Smaller caseloads allow case managers to build meaningful relationships, respond promptly to client needs, and effectively support housing stability and service coordination.

### **Housing First**

“Housing First” is a philosophy that homelessness can be most efficiently ended by providing someone with access to safe, decent and affordable housing. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance abuse counseling, participation in these services is not a prerequisite to access housing, nor a condition of maintaining it. In fact, the stability that a housing unit provides bolsters a tenant’s ability to participate in these services.

The Housing First philosophy focuses on simplifying the process of accessing housing through streamlining the application process and removing unnecessary documentation or site visits. It also ensures that supportive housing tenants are not subject to conditions of tenancy exceeding that of a normal leaseholder, including participation in treatment or other services.

Research has demonstrated that this approach is effective in promoting housing stability, particularly among people who have been homeless for long periods of time and have serious psychiatric disabilities, substance use disorders and/or other disabilities. It is important that all staff learn, understand, and commit to adopting this philosophy as they work with residents.

### **Staff Training**

All training should be standardized across all agencies providing shelter services and coordinated through the Heartland Continuum of Care in partnership with Heartland HOUSED. All Heartland HOUSED/HCoC Training

requirements are located in the Heartland Continuum of Care Learning Management System.

It is recommended that agencies who employ peers or those with lived experience, have policies in place to ensure meaningful inclusion, support, and the importance of professional boundaries.

The following trainings should be refreshed every 2 years.

**Heartland HOUSED/Heartland Continuum of Care Trainings:**

- Trauma-informed care
- Problem solving/diversion
- Narcan Administration
- HMIS
- Pathway to Housing
- Emergency Shelter Community Standards
- Motivational interviewing
- Progressive Engagement
- Diversity, Equity, and Inclusion and Cultural Humility

**Suggested Organization Facilitated Trainings:**

- Organization Rules, Policies, and Protocols
- Shelter Data Documentation
- First aid and CPR (unless current certification is already in place; refreshed as necessary to ensure staff maintain certification)
- Narcan Administration
- Self-care
- Professional Boundaries
- Quality Data

## **Heartland CoC Grievance Procedure/Rationale:**

Client concerns and grievances should be resolved promptly and fairly, in the most informal and appropriate manner. Agencies should inform clients of the following process for filing a grievance. Clients will be free from agency interference, coercion or reprisal should they choose to file a complaint.

### **Definitions**

**Complaint** – When a client or community member doesn't like procedures, the outcome of a process, style differences between staff, time frame of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

**Grievance** – When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client's complaint is not resolvable with the staff person's supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency's Executive Director.

### **Policy**

It is important to have a mechanism for clients to address grievances or complaints promptly. Clients' concerns should be heard, and the agency should make every effort to formally investigate complaints in a fair and thorough manner. Clients need to know that we are engaged in continuous improvement of our services. Clients will not experience retaliation or negative consequences for submitting a grievance.

### **Heartland Continuum of Care will respond to grievances in the following manner, depending on the nature of the concern or grievance:**

**Housing Program Grievance** – Grievances about experience(s) with homeless housing programs will be redirected back to the program to follow grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received. This information should be sent to the Heartland Continuum of Care as requested. The foregoing procedures are in addition to, and not in lieu of, the anti-discrimination policies established by the Department of Housing and Urban Development (HUD).

If you are not satisfied with the housing program's response to your grievance, contact Heartland HOUSED following the directions listed in the procedures section below. The Heartland Continuum of Care Board of Directors will

review the grievance, and if needed, schedule a grievance mediation. You may make your request by telephone or in writing.

**Coordinated Entry Experience Grievance** – Grievances about Coordinated Entry policies and procedures should be sent to Heartland HOUSED following the procedures below. A grievance is an expression of dissatisfaction about any aspect of the Coordinated Entry service experience. It is an informal process that can be initiated orally or in writing. Upon receipt of an informal complaint, reasonable assistance will be provided by Heartland HOUSED and may include supervisory or administrative staff to help obtain a satisfactory resolution to the concern.

**Procedures -**

Please send your grievance letter to:  
Heartland HOUSED  
217 E Monroe Street, Suite 204  
Springfield, IL 62701

**For all grievance letters, emails, or phone voice messages, please include:**

1. Your name
2. The date
3. Your contact information
4. The best times and ways you can be reached
5. An explanation of your concern/grievance
6. What action you believe would solve the problem

Heartland HOUSED will respond to grievances in writing within 14 days.

## **Appendix A: Emergency Transfer Plan and Form**

### **Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

#### **Emergency Transfers**

The Heartland Continuum of Care (HCoC) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), HCoC allows <sup>1</sup> tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The <sup>2</sup> ability of HCoC to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether supportive housing providers within the HCoC have another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the HCoC and HCoC-funded providers, is in compliance with VAWA.

#### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar day period preceding a request for an emergency transfer. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, <sup>1</sup> sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national <sup>2</sup> origin, religion, sex, familial status, disability, or

age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify the housing provider's administrator and submit a written request for a transfer. The housing provider will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

- a. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under housing program; OR
- b. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

The housing program may use the HUD forms 5382 and 5383 (attached) to document requests for an emergency transfer and to document incidents of domestic violence.

### **Confidentiality**

The housing program will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the housing program written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

### **Emergency Transfer Timing and Availability**

The housing provider cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. However, the housing program, will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must

agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The housing program may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. If the housing program has no safe and available units for which a tenant who needs an emergency is eligible, the housing provider will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, housing provider will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

**Attachment A:** HUD Form 5383

**Attachment B:** HUD Form 5382

**Attachment C:** Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

**Attachment A:** HUD Form 5383

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**EMERGENCY TRANSFER REQUEST FOR VICTIMS OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of housing assisted under a covered housing program, or if you are receiving transitional housing or rental assistance under a covered housing program, you may use this form to request an emergency transfer and certify that you qualify for an emergency transfer under the Violence Against Women Act (“VAWA”). This form refers to domestic violence, dating violence, sexual assault, or stalking as “VAWA violence/abuse.”

**VAWA protects individuals and families regardless of a victim’s age, sex, or marital status.**

**You may request an emergency transfer when:**

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; AND
3. EITHER
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; or
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

A covered housing provider, in response to an emergency transfer request, should not evaluate whether you are in good standing as part of the assessment or provision of an emergency transfer. Whether or not you are in

good standing does not impact your ability to request an emergency transfer under VAWA.

However, submitting this form does not necessarily mean that you will receive an emergency transfer. See your covered housing provider's VAWA Emergency Transfer Plan for more information about VAWA emergency transfers and see "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380, for additional housing rights you may be entitled to.

**Am I required to submit any documentation to my covered housing provider?**

Your covered housing provider may request documentation proving that you, or a household member, are a victim of VAWA violence/abuse, in addition to completing this emergency transfer request form. The request can be met by completing and submitting the VAWA Self-certification Form (Form HUD-5382), unless the covered housing provider receives conflicting information about the VAWA violence/abuse. If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you may, instead, choose to submit that documentation to your covered housing provider. See "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380, for more information.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, and (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, or (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I need this information in a language other than English?** To read this in Spanish or another language, please contact Heartland HOUSED.

You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact Prairie Center Against Sexual Assault or Sojourn Shelter and Services, Inc.

**TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING AN EMERGENCY TRANSFER**

**1. Name(s) of victim(s):** \_\_\_\_\_

**2. Your name (if different from victim's)** \_\_\_\_\_

**3. Name(s) of other household member(s)**

\_\_\_\_\_  
\_\_\_\_\_

**4. Name(s) of other household member(s) who would transfer with the victim:** \_\_\_\_\_

\_\_\_\_\_

**5. Name of perpetrator (if known and can be safely disclosed):**

\_\_\_\_\_

**6. Address of location from which the victim seeks to transfer:**

\_\_\_\_\_

**7. Current Unit Size (# or bedrooms):** \_\_\_\_\_

\_\_\_\_\_

**8. What is the safest and most secure way to contact you? (You may choose more than one.)** If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

Phone Phone number: \_\_\_\_\_

Safe to receive a voicemail: Yes No

E-mail Email Address: \_\_\_\_\_

Safe to receive an email: Yes No

Mail Mail Address: \_\_\_\_\_

Safe to receive mail from your housing provider: Yes No

Other Please list: \_\_\_\_\_

**9. Anything else your housing provider should know to safely communicate with you?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. What features are requested for a safe unit?** You may list here any information that would facilitate a suitable transfer, such as accessibility needs, and a description of where it is safe or unsafe for you to live. (Please note that the ability to provide an emergency transfer is based on unit availability.)

New Neighborhood

New Building

First Floor unit

Second Floor unit (and above)

Near an Exit

Well-lit hallways/walkways

24-hour Security

Accessible unit

Other: \_\_\_\_\_

---

11. To approve your request for an emergency transfer, your covered housing provider may require that you provide written documentation that you (or a household member) are a victim of VAWA violence/abuse. Your covered housing provider must make this request for documentation in writing. You can choose to submit **any one** of the following types of documentation:

- Form HUD-5382 Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation, which asks your name and the perpetrator's name (if known and safe to provide);
- A document signed by a victim service provider, attorney, mental health professional, or medical professional who has helped you address the VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believe in the occurrence of the incident of VAWA violence/abuse and that it is covered by VAWA. Both you and the professional must sign the statement
- A police, administrative, or court record (such as a protective order) that shows you (or a household member) are a victim of VAWA violence/abuse; OR
- If permitted by your covered housing provider, a statement or other evidence provided by you.

**Certification of Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that I meet the conditions described on this form to qualify for an emergency transfer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Covered housing providers in programs covered by VAWA may ask for a written request for an emergency transfer for a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking. Housing providers may distribute this form to tenants and tenants may use it to request an emergency transfer. The information is subject to the confidentiality requirements of VAWA. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number

**Attachment B: HUD Form 5382**

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286

Exp. 1/31/2028

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

**VAWA protects individuals and families regardless of a victim's age, sex, or marital status.**

You are not expected and **cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered

housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, and (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, or (3) is required to do so by law. In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact Heartland HOUSED. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage

in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact Prairie Center Against Sexual Assault or Sojourn Shelter and Services, Inc.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**1. Name(s) of victim(s):** \_\_\_\_\_

**2. Your name (if different from victim's):** \_\_\_\_\_

**3. Name(s) of other member(s) of the household:** \_\_\_\_\_

**4. Name of the perpetrator:** \_\_\_\_\_

**5. What is the safest and most secure way to contact you? (You may choose more than one.)** If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

Phone Phone number: \_\_\_\_\_

Safe to receive a voicemail: Yes No

E-mail Email Address: \_\_\_\_\_

Safe to receive an email: Yes No

Mail Mail Address: \_\_\_\_\_

Safe to receive mail from your housing provider: Yes No

Other Please list: \_\_\_\_\_

**6. Anything else your housing provider should know to safely communicate with you?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

1. Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
2. Where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - a. The length of the relationship; The type of relationship; and The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

1. Fear for the person's individual safety or the safety of others or
2. Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

---

Signature

---

Date

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**Attachment C:** Local Resources

**Sojourn Shelter and Services, Inc.**

Sojourn provides domestic violence services in Sangamon County. Sojourn's services include emergency shelter, a 24-hour hotline, individual and group counseling for adults and children, community referrals and advocacy, court and legal advocacy, pro bono legal representation, and economic empowerment including job seeking skills and assistance.

**Address:** 1800 Westchester Blvd. Springfield, IL 62704

**Phone:** 217-726-5100

**Prairie Center Against Sexual Assault**

Prairie Center has a two-fold purpose: to alleviate the suffering of sexual assault victims and to prevent sexual violence. We assist men, women, children, and families through the trauma of sexual violence by providing crisis intervention, medical advocacy, and trauma counseling. Prairie Center advocates for victim rights in the law enforcement and criminal justice systems. Our prevention education programs focus on reducing the likelihood of sexual victimization, particularly in the lives of children and adolescents. Diversity, equity, and social justice are core values of our organization. PCASA is committed to advancing racial justice.

**Address:** 3 West Old State Capital Plaza Springfield, IL 62701

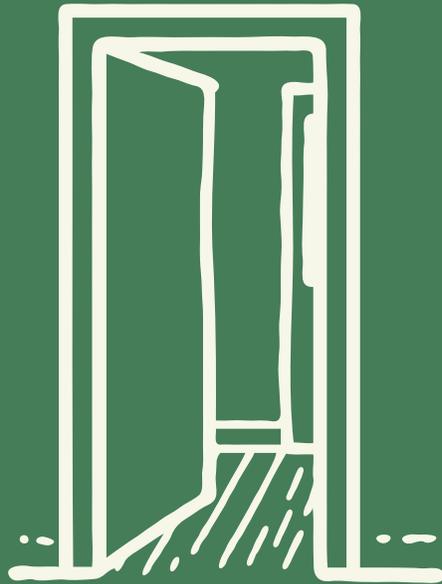
**24-Hour Hotline:** 217-753-8081

**Phone:** 217-744-2560

## **Appendix B: Opening the Door: A Practical Guide to Low-Barrier Shelter Operations**

# OPENING THE DOOR

A PRACTICAL GUIDE TO  
LOW-BARRIER SHELTER OPERATIONS



*September 2025*

# ACKNOWLEDGEMENTS

This guidebook was made possible through the collaboration and contributions of partners who are leading the charge in transforming shelter systems across Illinois.

We extend our deepest gratitude to the **Illinois Shelter Alliance**, the **Office to Prevent and End Homelessness (OPEH)**, and the **Supportive Housing Providers Association (SHPA)** for their leadership, expertise, and commitment to advancing low-barrier shelter practices statewide.

## ILLINOIS SHELTER ALLIANCE

- 360 Youth Services, Naperville
- A Safe Place, Zion
- Alliance to End Homelessness in Suburban Cook County, Hillside
- Anew: Building Beyond Violence and Abuse, Homewood
- BEDS Plus Care, LaGrange
- Bethel Family Resource Center, Chicago Heights
- The Boulevard, Chicago
- Catholic Charities, Diocese of Joliet
- Catholic Charities of the Archdiocese of Chicago
- CDBG Operations Corporation, East St. Louis
- Center of Concern, Des Plaines
- Chicago Coalition for the Homeless, Chicago
- Connections for the Homeless, Evanston
- Contact Ministries, Springfield
- Cornerstone Community Outreach, Chicago
- Covenant House Illinois, Chicago
- Crisis Center for South Suburbia, Tinley Park
- C-U at Home, Champaign
- Deborah's Place, Chicago
- DeLaCerde House, Inc., Rock Island
- DuPage County Continuum of Care, Wheaton
- DuPage PADS, Wheaton
- Empowerment Opportunity Center, Decatur
- Featherfist, Chicago
- Fifth Street Renaissance, Springfield
- Fortitude Community Outreach, Kankakee
- Franciscan Outreach, Chicago
- Grundy Area PADS, Morris
- Heartland Alliance Health, Chicago
- Helping Hands of Springfield, Springfield
- Hesed House, Aurora
- Home of the Sparrow, Woodstock
- Home Sweet Home Ministries, Bloomington
- Housing Action Illinois, Chicago
- Housing Forward, Maywood
- The Inner Voice, Inc., Chicago
- Interfaith Action, Evanston
- Journeys the Road Home, Palatine
- Kendall County Health Department, Yorkville
- La Casa Norte, Chicago
- Lazarus House, St. Charles
- Mercy Communities, Springfield
- Mid Central Community Action, Bloomington
- Morningstar Mission, Joliet
- New Beginnings Recovery Homes Inc., Chicago
- Northside Housing and Supportive Services, Chicago
- One Collective Elgin, Elgin
- PADS Lake County, Waukegan
- PADS of Elgin, Elgin
- Pioneer Center for Human Service, McHenry
- Project Now, Rock Island
- Respond Now, Chicago Heights
- The Salvation Army, Bloomington
- The Salvation Army, Decatur
- The Salvation Army, Quincy and Hannibal
- The Salvation Army Lincoln 360 Life Center, Lincoln
- Sertoma Star Services, Matteson
- Social Services Organization, Naperville
- South Suburban PADS, Chicago Heights
- Stopping Woman Abuse Now, Inc., Olney
- Supportive Housing Providers Association, Springfield
- United Way of Will County, Joliet
- Waukegan Township Eddie Washington Center, Waukegan
- Waukegan Township Staben House, Waukegan
- Will-Grundy Medical Clinic, Joliet
- WINGS Program, Palatine

## **Welcome to the Illinois Low-Barrier Shelter Guidebook**

This guidebook is designed to support shelter providers, community leaders, and advocates in creating and sustaining low-barrier shelters that prioritize accessibility, equity, and dignity for all. Rooted in Illinois' commitment to end homelessness, as outlined in the Home Illinois plan, this resource offers practical tools, frameworks, and local examples to help shelters remove barriers and foster inclusive environments.

Whether you're operating a shelter, advocating for policy change, or supporting unhoused individuals, this guidebook provides actionable steps to align with Illinois' 19 Continuums of Care (CoCs) and advance housing stability for everyone.

### **Key Objectives**

- Define low-barrier shelter principles and their role in Illinois' homelessness response system.
- Provide practical strategies and tools for implementing inclusive shelter practices.
- Highlight Illinois-specific data, funding opportunities, and case studies to ground efforts in local context.
- Promote racial equity and community-driven solutions to address systemic barriers.

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# INTRODUCTION

## What is a Low-Barrier Shelter?

A low-barrier shelter is an emergency housing option that says “yes” to people in crisis by removing common roadblocks to entry and stay. Unlike traditional shelters, it doesn’t require sobriety, a government-issued ID, or participation in specific programs to get a bed. Instead, it meets people “where they are,” offering immediate safety and support while focusing on moving them into permanent housing as quickly as possible. This approach is rooted in the Housing First philosophy, which prioritizes housing over preconditions, trusting that stability opens the door to other improvements like health or employment. In Illinois, low-barrier shelters are designed to work in both bustling cities like Chicago to rural areas like central and southern Illinois.

They aim to:

- **Minimize Screening:** No long intake forms or strict rules that turn people away.
- **Eliminate Service Mandates:** Staying doesn’t depend on joining programs—help is offered, not required.
- **Focus on Housing:** Staff work to connect guests to permanent homes, not just manage their stay.

The National Alliance to End Homelessness lists low-barrier practices as one of five keys to effective emergency shelters, alongside Housing First, immediate access, and data tracking. This guidebook builds on three of those keys—Housing First, Immediate and Low-Barrier Access, and Data to Measure Performance—to give Illinois shelters a practical edge.



## Glossary of Terms

- **Chronic Homelessness:** Long-term or repeated homelessness coupled with a disabling condition (e.g., mental illness, substance use disorder).
- **Continuum of Care (CoC):** A regional or local planning body that coordinates housing and services for homeless individuals and families.
- **De-escalation:** Techniques to defuse conflict or agitation without force. Involves calm communication, non-threatening posture, validating emotions, and giving choices so people can regain control safely.
- **Harm Reduction:** A practical approach that reduces risks and harms from behaviors like substance use without requiring abstinence, prioritizing safety, dignity, and housing stability.
- **Housing First:** A philosophy that prioritizes permanent housing without preconditions, extended to shelters by removing entry barriers.
- **Low-Barrier Shelter:** An emergency shelter with minimal entry requirements and flexible policies to maximize access.
- **Trauma-Informed Care (TIC):** A service approach that recognizes the impact of trauma and avoids re-traumatization. It prioritizes safety, trust, choice, collaboration, and empowerment in every interaction.
- **Trauma-Informed Design (TiD):** Applying trauma-informed principles to physical spaces. Focuses on safety, privacy, calm, and control through layout, lighting, materials, and natural elements to reduce stress and support healing.

## Homelessness in Illinois: Data and Equity

According to the Black Homelessness in Illinois Report, Black Illinoisans are nearly eight times more likely to experience homelessness than white residents. In other words, in Illinois, the challenge of homelessness is a multifaceted issue affecting approximately 11,947 individuals nightly. This complex problem extends beyond the lack of housing, encompassing critical issues of health, safety, and human dignity. Recent economic shifts, public health crises, and an influx of migrants and asylum seekers have diversified the needs of this population, prompting a reevaluation of existing support systems.

The state's response has involved a comprehensive strategy articulated through the Home Illinois 2022-2024 plan, developed by the Office to Prevent and End Homelessness (OPEH). This plan coordinates across 19 Continuums of Care to expand access to permanent supportive housing—crucial for about a quarter of the homeless population enduring chronic homelessness. The report highlights the need for more beds, specifically calling for an additional 4,000 beds statewide to meet current demand. Additionally, Illinois has made strides in addressing racial disparities within the homeless system, recognizing the disproportionate impact on African American communities and advocating for targeted support measures.

---

## The Role of Low-Barrier Shelters in Ending Homelessness

The Home Illinois Report from June 2022 documented the need for additional low-barrier shelter beds across the state. The first Annual Report on the State Plan covering July - October 2022 estimated the gap in shelter and permanent housing resources to meet the needs of people experiencing homelessness. Statewide, Illinois is under-sheltering its residents by nearly 4,500 beds.

Community-based agencies and some government leaders in Illinois have embraced the low-barrier model. The Office to Prevent and End Homelessness and the Illinois Homeless Education and Technical Assistance Center are working to expand the adoption of the Low-Barrier model throughout the state, and to ensure that each community has a low-barrier emergency housing option. Local Continuums of Care are evaluated on how people move from unsheltered into more stable settings that include permanent housing but also emergency shelter. It is, therefore, critical that shelters reduce barriers to match the needs of the unsheltered population.

---

## Principles and Core Values

The Illinois Shelter Alliance (ISA), a coalition of 50+ emergency shelter and transitional housing agencies advocating for a more dignified, supportive, and effective crisis housing system in Illinois, served as the advisory body to this Guidebook. The operation of low-barrier shelters is guided by a set of core values: **safety, empathy, inclusivity, and adaptability**.

Additionally, the Illinois Shelter Alliance (ISA) identified common standards of practice that will be highlighted in this Guidebook.

- Minimal to no requirements for shelter entry
- Phased engagement into services and information sharing
- Balancing safety and security while reducing turnaways and eliminating shelter bans
- Commitment to staff training
- Continuous adaptation to meet the needs of the unhoused
- Ensure that shelter rules do not cause more unsheltered homelessness

**The Role of This Guidebook**

This guidebook aims to assert best practices, recognize challenges and limitations of fidelity to the Low-Barrier model based on facility configuration or shelter population, and provide concrete examples and recommendations to help individual agencies strengthen their policies and procedures. The hope is that all shelter programs will evaluate their current practices and integrate these low-barrier principles more deeply into their operations.

As Illinois continues to tackle the multifaceted issue of homelessness, this guidebook stands as a crucial tool in transforming shelters into more welcoming spaces that affirm the inherent worth of every individual and actively work to dismantle the barriers that perpetuate cycles of homelessness. It serves not only as a manual but as a companion in the ongoing effort to ensure that homelessness is not just managed but eradicated.

This Guidebook is a compilation of Illinois Shelter Alliance (ISA) Subject Matter Expert meetings and a review of existing literature and agency-level program manuals. This Guidebook is not to be considered a monitoring handbook and is not adopted by funding agencies for compliance purposes.

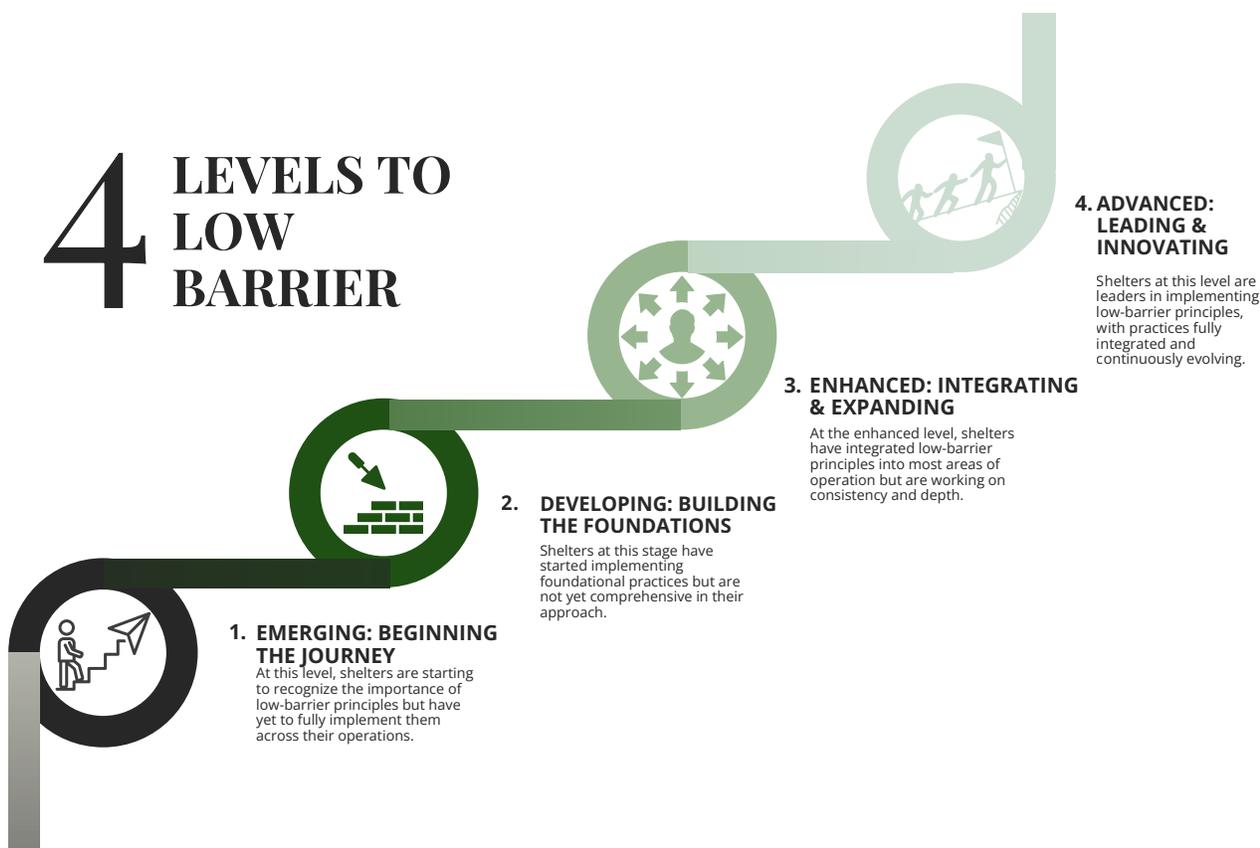
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## WHERE ARE YOU? *Assessing Your Shelter's Alignment with Low-Barrier Principles*

Many agencies want to adopt low-barrier practices but do not know where to start or how to achieve practices within their configurations or other constraints. The advisors of this Guidebook suggest each agency and program make a commitment to evaluate existing practices and set goals for continuous progress toward Low-Barrier practices. This Guidebook will provide framing and context to the importance of Low-Barrier practices and policies, but will not address internal agency and Board capacity building to address shifts in agency, mission, and funding.

The following framework is meant to help your organization identify the current state of your shelter's practices in relation to low-barrier principles. This gradient scale is an adaptation of a community engagement framework, to assist in tracking progress and pinpointing areas requiring further development.

The Illinois Shelter Alliance endorses Low-Barrier Shelter as the standard but recognizes that agency and program-level changes may start and continue to evolve. It is also recognized that Low-Barrier does not mean "no barriers," and that at times barriers to shelter access for all may be in place due to facility configuration, zoning agreements, and population served.



## THE GRADIENT *of Low-Barrier Implementation*

The gradient ranges from "Emerging" to "Advanced," with each level characterized by specific practices and achievements. By understanding where you fit into this spectrum, you can better focus your efforts on the areas that need the most attention. Foundational questions an agency can ask as a form of Self-Assessment include:

- ☑ What barriers to access have you identified and removed in your shelter?
- ☑ How comprehensive is your staff training in low-barrier principles?
- ☑ Do your policies facilitate or hinder access to your services?
- ☑ How do you incorporate feedback from your residents into your service delivery and policy-making?
- ☑ What partnerships do you have in place to support your residents' diverse needs?



### 1 EMERGING: BEGINNING THE JOURNEY

*Creating awareness and self-assessment of policy and training needs*

At this level, shelters are starting to recognize the importance of low-barrier principles but first need to identify common barriers to shelter or improved training for staff to make sure flexible policies and services are carried out as intended.

**SELF-ASSESSMENT:** *Convene agency leaders, staff, and alumni to help with a self-assessment through special meetings and document review.*

- ☑ What areas of the agency mission and vision support or hinder low-barrier practices?
- ☑ What zoning agreements or funding sources either support or challenge adopting low-barrier policies and practices?
- ☑ What does our organization understand or assume about low-barrier shelter and what do we need to do to level our understanding?
- ☑ What feedback are we receiving from referrals about the ability to get people access to our shelter beds?

**BASIC TRAINING:** *Explore free and low-cost training to introduce staff and leadership to key service delivery concepts for low-barrier emergency shelter.*

- ☑ Trauma-informed care
- ☑ Motivational interviewing
- ☑ Harm Reduction
- ☑ National Alliance to End Homelessness Emergency Shelter Training
- ☑ Homelesstraining.com

**POLICY REVIEW:** *Select existing policies to review from the perspective of barriers to entry to the services, and barriers to flexible services once in shelter.*

- ☑ Non-Discrimination Policies for Families with Older Children in line with the [Homelessness Emergency and Rapid Transition to Housing Act](#)
- ☑ Screening and Intake Criteria
  - Substance Use
  - Mental Health
  - Criminal-legal system involvement
  - Hours of operation
- ☑ Services Requirements/Non-Compliance
- ☑ Discharge, Termination, and Grievance
- ☑ Other policies related to program operations of priority



## 2 DEVELOPING: BUILDING THE FOUNDATIONS

*Building the Foundations for Program and Agency Change*

Shelters at this stage have started implementing foundational practices but are not yet comprehensive in their approach.

**COMMIT:** *Commit to Structured Training Schedule and Incorporate into Staff Manual:*

- ✓ Create a training schedule for key competencies in shelter services delivery so that new and existing staff have expectations for shared understanding. Extend training to volunteers and on-site partners/co-located services.
- ✓ Prioritize trauma-informed care, de-escalation techniques, and harm reduction services.

**INITIATE POLICY CHANGE AND DEVELOPMENT:** *Policies are actively being rewritten to eliminate barriers such as sobriety tests and complex intake procedures.*

- ✓ Use the [National Alliance to End Homelessness](#) 10 Steps to Evaluating Shelter Rules to guide the identification, update, and tracking of improved policies
- ✓ Create a Policy Working Group to make a plan of policy changes using best practice templates and other training resources.

**FORM COMMUNITY PARTNERSHIPS:** *Begin to establish connections with other service providers for referrals and support services that expand capacity to meet the needs of shelter residents.*

- ✓ Prioritize mental health and primary medical care that can follow people into permanent housing. For youth and young adult populations with children, replicate or access parent mentorship programs.
- ✓ Create consumer advisory or other feedback loops for shelter guests to request or advocate for community partnership and educational resources.



## 3 ENHANCED: INTEGRATING & EXPANDING

*Integrating Low-Barrier Practices and Expanding to Additional Policies*

At the enhanced level, shelters have integrated low-barrier principles into most areas of operation but are working on consistency and depth.

**DELIVER VOLUNTARY, COMPREHENSIVE SERVICES:** *Program has established and developed policies on voluntary services and staff are trained in effective engagement services.*

- ✓ Create a training schedule for key competencies in shelter services delivery, so that new and existing staff have expectations for shared understanding. Extend training to volunteers and on-site partner/co-located services.
- ✓ Prioritize trauma-informed care, de-escalation techniques, and harm reduction services.

### **CONTINUOUS IMPROVEMENT:** *Continuous Improvement Processes are Established*

- ✓ Policies and procedures are tested and reviewed
- ✓ Shelter guests regularly give feedback and resolve issues with shelter leadership and staff
- ✓ Data is reviewed for turnaways and discharges, and leads to process improvements

### **CREATE AN INCLUSIVE ENVIRONMENT:** *The agency and program actively works to make the shelter welcoming to diverse populations.*

- ✓ Create a service/comfort animal and/or pet policy and strategy
- ✓ Establish service partnerships and update facility arrangements to better serve people with physical disabilities
- ✓ Implement a Language Access Plan if not already in place.

### **IMPLEMENT FEEDBACK MECHANISMS:** *The shelter regularly collects feedback from residents and staff to improve services and policies.*



## **4 ADVANCED: LEADING AND INNOVATING**

Shelters at this level are leaders in implementing low-barrier principles, with practices fully integrated and continuously evolving.

### **HOLISTIC APPROACH:** *Every aspect of operation is aligned with low-barrier principles, from governance to daily interactions.*

- ✓ Policies and procedures are aligned and apply to guests, staff, external organizations and co-located services
- ✓ Board and leadership review continuous improvement measures and collectively fundraise for support for low-barrier interventions

### **INNOVATIVE SOLUTIONS:** *Regularly tries new approaches to reduce barriers and improve resident outcomes, sharing findings with the broader community.*

- ✓ Shelter outcomes support system performance and align with guest feedback
- ✓ Agency is innovating based on experience with low-barrier shelter

### **COMMUNITY LEADERSHIP:** *Actively contributes to local and regional efforts to reduce homelessness, sharing expertise and advocating for low-barrier approaches.*

- ✓ Policies and Procedures are aligned and apply to guests, staff, external organizations and co-located services
- ✓ Board and leadership review continuous improvement measures and collectively fundraise for support for low-barrier interventions

# SIMPLIFIED CONTINUUM OF PROGRESSION

*from High to Low-Barrier Shelter Practices*

HIGH-BARRIER AT ENTRY AND SERVICES AT SHELTER	LOW-BARRIER ENTRY BUT BARRIERS TO SERVICES AT SHELTER	LOW-BARRIER ENTRY, SERVICES, AND EXIT
Must have ID; Implement permanent shelter bans; No active substance use; No legal history	Screen for sex offense due to facility configuration and location; Recognize temporary shelter ban but allow reentry; Accommodate intoxication	ID's not required at entry; alternate housing identified for sex offense; no barring of criminal-legals; does not impose shelter ban; appropriate staffing level for clients with high needs and challenging behavior
Beds go unfilled and may have lower utilization	Beds used at capacity and coordinate with street outreach and first responders for placement	Beds used at capacity and coordinate with street outreach and first responders for placement; implement multiple models for low-barrier options
Beds assigned nightly and must be present to access	Beds are designated to individuals; only reassigned after a period of vacancy (i.e. 3 days)	Beds are designated to individuals; only reassigned after a period of vacancy (i.e. 3 days)
Less than 24-hour access to facility space	24- hour access to services even if 12-hours for shelter; guests have access to services and daytime space; or 24-hour total access to shelter	24-hour access to residential space; staff alternate evening hours to accommodate guest schedules;
Staff focused on compliance with rules	Staff focused on consistent rules that progressively lead to discharge for noncompliance;	Non-compliance with services is not a reason for discharge; creates alternative shelter options to support clients with higher challenges in a congregate setting while maintaining safety including for people with a history of threats of violence; creates community plan with mental health and first responders for guests with history of violence in shelter
Agency leadership and Board not integrated	Agency leadership committed in theory but working on practice and training	
Zoning agreements limit use of space		

## ESTABLISHING A FOUNDATION *for Low-Barrier Shelter Operations*

Traditional shelter models often impose stringent criteria for entry, which can disproportionately impact the most vulnerable populations, including individuals struggling with substance use disorders, those without formal identification, or people who cannot conform to standard shelter schedules due to work or personal obligations. Adjusting these policies requires a nuanced understanding of the complex realities faced by individuals experiencing homelessness. For instance, the requirement for government-issued identification can exclude undocumented immigrants or those who have lost their belongings. Similarly, sobriety requirements can deter individuals with substance use disorders from seeking the help they desperately need,

while strict curfews can pose challenges for those who are employed in evening or night shifts.

### ► SCREENING

People requesting shelter may be screened for basic eligibility. High-barrier shelters may combine screening and intake. The screening and intake processes are the first impression of a shelter program. As people are in crisis, whether they are experiencing long-term homelessness or first-time homelessness, the frontline staff sets the tone for feelings of safety and dignity. For low-barrier shelters, the first point of contact should be as welcoming and non-intrusive as possible.

## STANDARDS

1. Screenings for shelter entry consist of the person's name, gender identity (if the facility is segmented by gender), and if the person has been to the shelter in the past.
2. Guests are provided with information about the shelter and the roles and responsibilities of guests.

### ► CONSIDERATIONS

- ☑ If a facility has a legal restriction for sex offenders, then screening would incorporate a voluntary question and/or lookup of name and birthdate.
- ☑ If a previous shelter guest, you may ask additional questions or have a case conference if there is a history of direct violence toward staff or other guests.
  - ◆ The aim is to identify any potential risks without adding barriers to entry, focusing instead on immediate needs and the safety of the shelter environment.
- ☑ If the person has an animal in tow, first treat the animal as an emotional support or service animal until additional information can be received. Secure the animal in a crate in the designated space as available.

### POLICY EXAMPLES

#### ► Sarah's Circle, Interim Housing Intake Policy

##### Shelter information may include:

- ☑ *The role of case managers is to assist with financial stability and permanent housing.*
- ☑ *Provision of free meals.*
- ☑ *Describe the shelter configuration and what linens are provided to each shelter guest.*
- ☑ *Where to access laundry facilities and cost or free.*
- ☑ *Client expectations on savings from income.*
- ☑ *Drug and Alcohol use on site during the client's stay is strictly prohibited.*
- ☑ *Nightly curfew and the conditions under which a person may miss a consecutive night with a bed held.*
- ☑ *Storage of items*
- ☑ *How to handle outside food and where food is allowed for pest control*
- ☑ *How to turnover weapons due to safety; and which weapons will not be stored on site.*
- ☑ *Request for guests to assist with shared tasks for the shared space.*

## ➤ INTAKE ASSESSMENT

Additional information is needed for agency staff to respond to a person's homelessness. A phased approach to information collection is recommended to go at the individual's pace with responding to the new environment. If a person has been to the shelter before, there is still a process to confirm and update intake information.

## STANDARDS

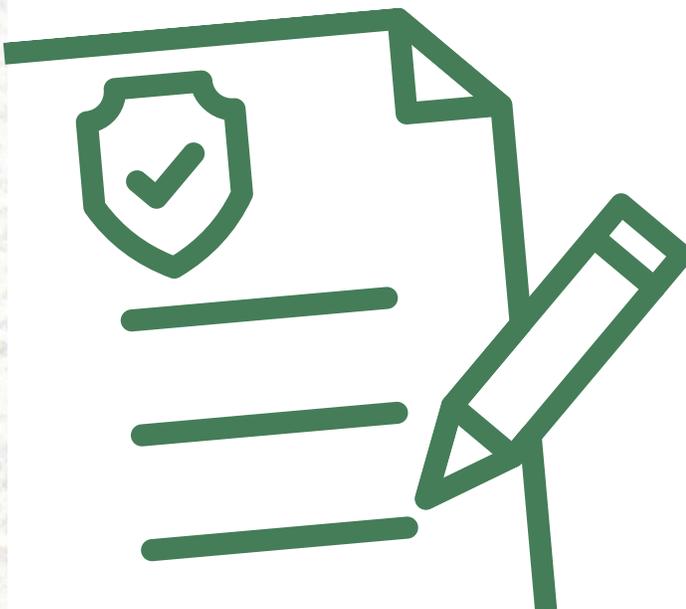
1. Intake information is sought in the first 48 hours and is completed at the ability of the person to engage.
2. At the time of intake, guests are provided with additional information about the shelter that introduces what to expect from staff, other residents, and client rights.

## ➤ CONSIDERATIONS

- ☑ Intake may need to be done in non-traditional business hours if the guest has a job
- ☑ If a program is age-restricted, confirm the age at this time and make alternate arrangements if the guest does not meet age eligibility
- ☑ Have copies of key documents translated into most common languages

## POLICY EXAMPLES

- ☑ **Intake questions include:**
  - Receipt of Handbook*
  - No ID form*
  - No Income form*
  - Substantial Loss of Income Affidavit*
  - Homeless self-statement certification*
  - Preliminary Assessment Form*
  - HMIS Release of Information*
- ☑ **If applicable, make copies of:**
  - Client ID*
  - Social Security Card*
  - Medical Card*
  - Paychecks/Proof of Employment*
  - Proof of non-cash benefits*
- ☑ **Guest-specific information provided may include:**
  - Description of programs*
  - Client Rights*
  - Names of Case Management staff*
  - Client privacy policy*
  - Safety stops*
  - Savings plans*
  - Meals offered, schedule and location*
  - Grievance information on how to file, process, what is a grievance*



## ➤ TURNAWAYS AND LOW-BARRIER SHELTER

Illinois communities are severely under capacity for providing adequate shelter for all who need it. This fact makes it more vital that programs reduce barriers so that beds do not sit vacant due to programmatic requirements.

NOT OK	OK	CONSIDERATIONS
Deny entry due to behaviors or presence of alcohol and person sleeps outside	Shelter is at capacity/no bed availability	Weather emergencies that require programs to expand capacity; First responders are looking to place a person in shelter as an alternative to hospital or other institution
Bed utilization is under 95% (or local standard) due to program requirements and turnaways are documented by referral partners	Specialty shelter like DV, Youth, Veterans cannot accommodate others due to funding	Review local trends to figure out if program beds need to change to better meet local needs

## ➤ TURNING A "TURNAWAY" INTO A WARM HANDOFF

Staff should receive comprehensive training on how to handle turnaways compassionately and effectively, ensuring that individuals are treated with dignity and respect, even when they cannot be accommodated. This training should cover conflict resolution, cultural sensitivity, and knowledge of community resources to provide referrals.

## STANDARDS

1. Shelter staff have a list of alternative shelters in the region to make secondary referrals, specifically for specialty shelters (youth, domestic violence and human trafficking, or those that accept certain legal restrictions).
2. Shelters have a written policy and notification that is shared with households before completing a screening for eligibility, to inform people of the reasons a shelter cannot accommodate a request.
3. Shelter staff or supervisors are trained to identify an appropriate shelter alternative such as if a person is in need of medically-supervised detox, or another service needed before entering shelter.

## ➤ CONSIDERATIONS

- ☑ There may not be any available shelter alternatives in a community. This may result in contacting for assistance elsewhere and then arranging.
- ☑ If there are security risks, shelters may coordinate with first responder homeless outreach teams to assess if the individual/household can safely stay onsite at the police station or if there is any other place to maintain engagement.

## POLICY EXAMPLES

- ☑ Communities that may not have sufficient shelter beds may benefit from an engagement center to assess shelter and housing options for each individual
- ☑ Engagement centers may or may not offer a place for people to rest, and may double as emergency weather centers for people who are unsheltered
- ☑ Examples of such engagement centers include New Orleans, Philadelphia, and Minneapolis and featured in a publication by [Arnold Ventures](#).

## ► HOMELESSNESS DIVERSION IS NOT THE SAME AS “TURNAWAYS”

More communities are adding Diversion Programs to their toolboxes. Diversion is a way to explore all safe and stable - even if temporary - locations a person can stay to address their immediate housing needs. Diversion assessments should be a part of a system strategy that includes follow up with services such as:

- ✓ **Landlord mediation/eviction prevention**
- ✓ **Family or friend mediation to determine temporary or long-term shared housing and a plan to make appropriate changes**
- ✓ **Lines to immediate financial assistance for critical needs that could avert the crisis of homelessness.**

### CHECKLIST FOR INTAKE PROCESS: A WALKTHROUGH FOR THE FIRST 48-HOURS

- **Welcoming Environment:**
  - Physical space that feels safe, welcoming, and private.
  - Signs with basic information are clear, may use images/pictures, and are available in multiple languages
- **Initial Contact:**
  - People being served are met with dignity by staff trained in trauma-informed care
  - Screening and eligibility are minimal, and communicated up front to the person requesting help
  - Provide a brief overview of the shelter program, space and expectations.
  - Discuss any specific needs, such as accommodations, disabilities, dietary restrictions, or the presence of pets.
- **Safety Screening:**
  - Implement a non-invasive safety screening to identify any immediate risks to the individual or shelter community, focusing on present concerns rather than past behaviors.
- **Shelter Orientation:**
  - Provide a guided tour of the shelter, highlighting key areas (e.g., sleeping quarters, restrooms, dining area).  
Introduce them to available services and how to access them.
- **Needs Assessment:**
  - Collect necessary personal information with consent, emphasizing the confidentiality and purpose of data collection.
  - Conduct a respectful and empathetic interview to assess immediate needs (e.g., medical attention, safety concerns).
  - Utilize trauma-informed questioning techniques to avoid retraumatization.

## ➤ ADDRESSING AND ASSESSING NEEDS - FAMILIES WITH CHILDREN AND YOUTH/YOUNG ADULTS 18-25

Creating a welcoming and supportive environment for families with children and youth/young adults (18-25) is critical to reducing barriers and fostering trust. This process prioritizes the health, educational, and emotional needs of all family members, ensuring that intake is a compassionate first step toward stability.

### STANDARDS

1. Agencies implement a family-focused intake process that minimizes stress and gathers essential information through flexible, child-centered questions tailored to the needs of children and youth.
2. Intake staff are trained to engage families empathetically, using age-appropriate language and trauma-informed techniques.
3. Questions address immediate needs (e.g., safety, health, schooling) while allowing families to share information at their own pace.
4. Policies ensure privacy and comfort, with dedicated spaces for families to complete intake away from single-adult areas.
5. Intake forms and visuals (e.g., posters in multiple languages like Spanish and Polish) clearly explain the process, emphasizing voluntary participation in services.

### ➤ CONSIDERATIONS

- ☑ Agencies with limited staff or space may struggle to provide private intake areas; in such cases, temporary solutions like curtains or staggered scheduling can maintain privacy.
- ☑ If a family is hesitant to share detailed information (e.g., due to immigration concerns or past trauma), staff should offer warm handoffs to community partners, such as legal aid or counseling services, and allow partial intake to secure shelter access.
- ☑ For youth/young adults (18-25), intake should balance independence and family dynamics, recognizing that some may prefer separate services from their parents.
- ☑ Illinois-specific resources, like the Illinois Department of Children and Family Services (DCFS) or local school liaisons, should be referenced to support educational and protective needs.

### POLICY EXAMPLES

- ☑ Intake includes child-focused questions to assess immediate needs, such as:
  - For children (0-17):** "Does your child have any medical needs, like asthma or allergies, we should know about?" "Is your child enrolled in school, or do they need help connecting to a local school?" "Does your child have a favorite activity or comfort item that helps them feel safe?"
  - For youth/young adults (18-25):** "Are you interested in job training or education programs?" "Do you feel safe staying with your family, or would you prefer separate support?" "Are there specific goals, like finding housing or employment, you want to work on?"
- ☑ Families are offered a private intake space with child-friendly items (e.g., coloring books, stuffed animals) to ease stress during the process.
- ☑ Staff provide a "Family Welcome Packet" with Illinois-specific resources, including contacts for local McKinney-Vento school liaisons, free health clinics, and family counseling services.
- ☑ Intake assessments can be completed over 30 days, with initial questions focused only on urgent needs (e.g., medical emergencies, safety concerns) to prioritize immediate shelter access.
- ☑ Agencies post multilingual signs in intake areas (e.g., English, Spanish, Polish) explaining that no ID or immigration status is required, aligning with Illinois' inclusive shelter policies.

## ► CONDUCTING WEAPONS CHECKS

Creating a safe and accessible environment is not only about compliance with regulations but about building a foundation of trust and security that encourages individuals to seek and accept help.

## STANDARDS

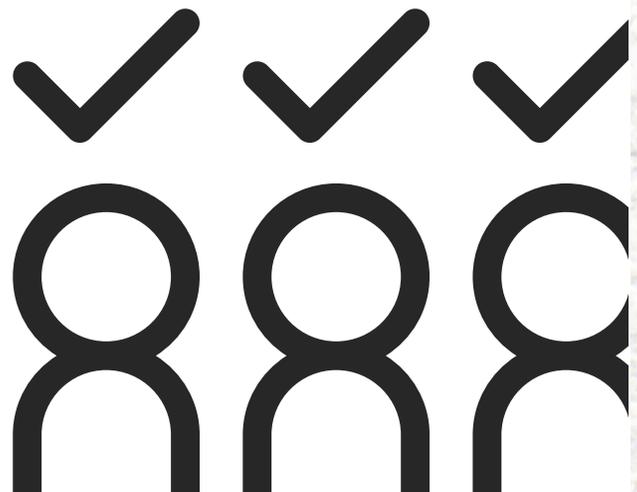
1. **Agencies have a weapons policy that allows people to safely store personal items that may be used or perceived as a weapon, excluding certain items as needed, such as guns.**
2. **Agencies may create “amnesty boxes” so individuals can voluntarily store or turnover items.**
3. **The program clearly states and posts visuals in the intake area with both words and pictures, indicating which items will be secured during the shelter stay.**
4. **Intake staff allow/ask individuals if they cannot turnover items, they can find an alternative person or place to store and return to complete a shelter request.**

## ► CONSIDERATIONS

- ☑ Agencies that do not have the training, staff capacity, or facility space to store items that can be perceived as weapons (pocket knife, scissors, sticks/bat, etc) may ask people to leave if items are not turned over for disposal.
- ☑ If a client refuses to leave, agency staff should be supported to call law enforcement to maintain the safety of staff and other guests
- ☑ Items that are considered illegal to possess in Illinois will be notified to the guests/prospective guests. Examples are:
  - ★ Fire arms
  - ★ Explosives
  - ★ Knives
  - ★ Tasers
  - ★ Stun guns
  - ★ Metal knuckles
  - ★ Broken glass
  - ★ Broken bottle

## POLICY EXAMPLES

- ☑ Safety checks include asking for turnover of items such as knives, pepper spray, scissors, or other items that are legal to carry but that may be used negatively.
- ☑ Safety checks may include use of a metal detector, if available.
- ☑ At intake guests are offered an Amnesty box for their personal belongings that can be checked-out/retrieved at exit.
- ☑ All guests will be notified at intake and reminded regularly about the safety of guests, and standards and expectations to be a weapon-free environment.



## SUPPORTING GUESTS DURING THE STAY *in Low-Barrier Shelter*

Shelter operators and their staff have a monumental humanitarian task in providing basic needs to people with complex needs. At a foundational level, people seeking services want to be treated with dignity and respect, and to remember that they are human. Shelters may begin to repair community trust for people who feel dehumanized elsewhere in society. With this in mind, shelter policies are not just about maintaining order, but also, nurturing a safe, inclusive, and supportive environment that respects the dignity of all residents. These policies shape the residents' experience, and their journey towards stability and permanent housing. The sensitivity and complexity surrounding these policies necessitate a thoughtful approach, blending firmness with flexibility, and always prioritizing the well-being of the shelter's occupants.



A shelter stay is the duration in between a person's entry and exit. A person might have multiple shelter "stays" at the same shelter or within a community over time. Each shelter program is expected to strengthen the broader community, with successful transitions out of shelter understood and measured at the system level. Low-barrier practices within shelter should increase client engagement and retention in services that increase the ultimate goal of movement to permanent housing in the community. Factors that contribute to a household's length of stay in shelter are: available and accessible affordable options, obtaining income, or receiving support to reunify with family when safe and appropriate. Anecdotal feedback from providers and people with lived experience tells us that effective engagement, fairly applied policies, and de-escalation strategies impact how a person participates in shelter programming.

## ENGAGEMENT PHILOSOPHY

**People in the moment of homelessness are both extremely vulnerable and closed off. Whether from fear or lack of trust as a result of a lifetime of challenges, it is the responsibility of the provider and staff to lay the foundation of active engagement. People with lived expertise interviewed for this guidebook prioritized above other activities at a shelter, the focus on engagement and treating people with dignity.**

## STANDARDS

1. **Shelters adopt an active, client-centered engagement approach that builds trust while respecting individual boundaries.**
2. **Staff initiate conversations, check in regularly, and listen to guests' needs without pressure, ensuring interactions feel safe and voluntary.**
3. **Staff honor commitments (e.g., scheduling a housing referral) to demonstrate reliability and build confidence.**
4. **Guests are empowered to make choices about services, such as opting into case management or declining non-essential programs, reinforcing their agency.**
5. **Policies, expectations, and resources are shared in plain language, with multilingual options (e.g., Spanish, Polish) and visual aids to ensure accessibility.**

### ➤ CONSIDERATIONS

- ☑ High turnover in Illinois shelters, especially in rural areas, can disrupt relationships. Ongoing training in trauma-informed care and de-escalation is critical to maintain consistent engagement.
- ☑ Staff face emotional and logistical challenges when engaging complex cases. Shelters should provide mental health resources (e.g., access to counselors via partnerships with local clinics) and debriefing sessions to prevent burnout.
- ☑ Rules like strict curfews or mandatory service participation can alienate guests, especially youth (18-25) or families. Policies should be reviewed to ensure they align with low-barrier principles, such as flexibility and voluntary engagement.
- ☑ Urban shelters (e.g., Chicago) may face overcrowding, while rural shelters (e.g., Macomb) lack nearby service partners. Engagement strategies should adapt to these contexts, such as using telehealth for rural case management or coordinating with Chicago's Continuum of Care (CoC) for housing referrals.

### POLICY EXAMPLES

- ☑ Staff conduct brief, voluntary check-ins with guests, asking questions like "How's your day going? Need help with anything?" and document these in a simple log to track engagement without burdening guests.
- ☑ Within 24 hours of arrival, guests receive a short, multilingual orientation, explaining shelter resources, voluntary services, and how to connect with case managers, paired with a visual handout for clarity.
- ☑ Guests meet with case managers to create optional, personalized service plans, such as housing applications or income support, with clear timelines revisited weekly only if the guest agrees.
- ☑ Staff are trained in de-escalation techniques, such as calm tone and active listening, to handle conflicts without punitive measures like evictions, with a goal of retaining guests in the program.
- ☑ Shelters post a suggestion box or QR code linking to an anonymous feedback form, reviewed monthly to adjust engagement practices based on guest input.
- ☑ The staff handbook includes a section on engagement, requiring staff to complete trauma-informed care training within 60 days of hire and attend quarterly refreshers.

## ➤ ACTIVE SUBSTANCE USE

In 2022, the [National Survey on Drug Use](#) reported that 17% of the US population had a substance use disorder. This rate is higher among people experiencing chronic homelessness. The [Illinois 2023 Annual Homelessness Assessment Report](#) to Congress documented 1,443 people experiencing chronic homelessness and 976 reported chronic substance use. This use may or may not be active, and Low-Barrier Shelters must be equipped to manage substance use in order to keep people engaged and off the street to the extent possible. Active substance use may have an impact on behaviors that at times can present unsafe conditions, but use itself should not be a cause for discharge in a Low-Barrier Shelter setting.

### SHARPS KIOSK AND AMNESTY BOX DISPOSAL

Phoenix Community Development Services has established its shelters as “safe zones” and does not permit drugs or related items onsite. To support safe space and recognizing that its consumers may engage in drug use, it has set up both Amnesty Boxes and Sharps Kiosks on each of its properties. The Sharps Kiosks are emptied monthly by JOLT Harm Reduction. JOLT also tracks the contents and communicates with PCDS on level of usage or other trend information. Phoenix works with the Peoria Police Department to empty the Amnesty Boxes on a monthly basis or more as needed. PPD disposes of the contents according to their own policies.

## STANDARDS

1. **People may enter and receive shelter while intoxicated.**
2. **Programs will provide a designated area where people may sleep off their substance. Staff will receive training on identifying medical emergencies or a need for a medically supervised detox.**
3. **Staff are trained in understanding different responses and signs of substance use and how to de-escalate.**
4. **Programs will have staff trained to administer Naloxone and have it available onsite as needed.**
5. **Alcohol may be consumed on the premises only if it is a non-congregate setting and only in an individual room.**
6. **No other illicit drugs may be kept or used onsite, and if found are put into secured locations before safe disposal.**
7. **All Substance Use policies and impacts are posted clearly and included in the resident handbook**

## ➤ CONSIDERATIONS

- ☑ Facility configuration to offer space for people under the influence.
- ☑ Supporting children in shelter when parents might be intoxicated, to maintain safety and support.
- ☑ Agencies may need to begin discussions with local law enforcement and harm reduction agencies to assist with secure disposal of illicit drugs and medications deposited in amnesty boxes.

## POLICY EXAMPLES

- ☑ **Safely housing people under the influence**  
Naloxone and test strips are available and easily accessible to residents and no questions are asked for requesting or accessing the resources. People under the influence who are creating a safety issue for other residents may be asked to temporarily leave the premises after assessment and deescalation. Emergency responders are only contacted if there is a safety or medical emergency.
- ☑ **Creating safe disposal**  
Substances that are confiscated are placed in a secure amnesty box. People are not discharged for items being confiscated. Containers for needles or other sharp objects are accessible on the premises as well as amnesty containers for residents to voluntarily dispose of prohibited substances.

## ► MEDICATION STORAGE

Many people in shelters have medical needs that may require prescription medication. Consistent access to medication, including medication that requires refrigeration is a critical service that can prevent recurring hospitalizations. While shelters are not equipped to touch (prepare, distribute) or monitor compliance, there are actions that programs can take to support residents with their medication. There is also an opportunity for shelters to have appropriate healthcare supplies on hand that either do not need a prescription or that can be provided and managed by a local healthcare partner to improve the level of services.

## STANDARDS

1. **Residents are asked about medications and asked to store medication in the appropriate area of the shelter.**
2. **Medication and prescription information is documented at the intake, and all community healthcare support is documented for reference.**
3. **Shelters that are equipped to coordinate with off-site healthcare providers will secure the proper release of information from the client to support appropriate communication.**
4. **Medication is stored and clearly labeled in a secure location. Staff are available at all times to help residents access their medication.**
5. **Shelters may have a schedule of announcing general reminders - not individually identified - about medication access. This may occur with other regular announcements and reminders on a daily basis.**
6. **Shelters store healthcare supplies\* that include Personal Protective Equipment (PPE), wound care, ear irrigation supplies, Pulse oximeter, thermometer, condoms, CPR mouth shield, engagement supplies (socks, underwear, toiletries, nail care). Emergency medications such as glucose gel, chewable aspirin, and epi pens may need further medical direction on how and when to use.**

## ► CONSIDERATIONS

- ☑ Access to and support for medication may be dependent on an individual level of comfort/compliance as well as configuration of a shelter. For instance, if a person has a non-congregate room with a small refrigerator they may be able to keep their insulin in the room and administer as needed.
- ☑ Individual programs or agencies will determine the scope of case management and coordination with health services to determine the role in ensuring the shelter resident is following up on medication refills as prescribed.

## POLICY EXAMPLES

- ☑ Medications that are stored in a shared refrigerator are checked-in with the agency staff who confirm that the medication is prescribed and held by the person on the label.
- ☑ Individuals must self-administer medication.
- ☑ Each resident has a secure locker to keep valuables and items like medication.
- ☑ Non-refrigerated medicine is kept securely with the shelter resident and is taken as needed.

## ► PERSONAL STORAGE

Provision of secure personal storage is a critical feature in homeless services that is becoming more standard. Shelters are striking a balance between having secure space for personal belongings, maintaining cleanliness and order in crowded facilities, and accommodating overflow storage for items that people have acquired over time that are difficult to part with.

## STANDARDS

1. **Each shelter resident has a designated locker for personal items and it is securely locked. Lockers need a safety structure that allows staff emergency access. Storage is of items allowed excluding items a program has determined must go in an amnesty box such as legal weapons or objects that could be used as a weapon.**
2. **Shelters offer reasonable day-to-day storage of clothing in drawers, closet, nightstand in addition to a personalized locker.**
3. **Program identifies alternative overflow storage areas that limit items but allows people to retain things they may need or want in the future.**

## ► CONSIDERATIONS

- ☑ Shelter facilities vary in space configuration and capacity to accommodate individualized, locked spaces for personal items or overflow storage.
- ☑ Special funds may be needed to enhance storage options.
- ☑ Program policies regarding allowed items and treatment of non-allowed items must work hand in hand with storage policies to ensure safety and continuity of communication.

## POLICY EXAMPLES

- ☑ **Shelter residents are invited to create a log of personal items upon entering the shelter. This list may be updated as needed.**
- ☑ **Even if items are logged, the agency is not responsible for lost or stolen items, or damage due to water or fire**

## DOORWAY POLICIES

**Operation of Low-Barrier Shelter does not mean a compromise of safety practices. It is important to clearly state how, where, and when guests enter the building. Access points to the building may be based on the structure of the building and if it is within a shared space with other programs. Some key considerations for doorway policies include:**

- ☑ Ensuring there are posted Exit points for guests that follow fire safety standards
- ☑ Designate and clearly post Entry and Exit doors that are designated for staff. If possible these doors have a secure entry, such as with a staff ID card.
- ☑ Designate one primary entry point for guests to sign in or out. Inform guests that signing in and out is for safety and communication to know who is in the building should an emergency arise.
- ☑ Clearly post areas for smoking and non-smoking.
- ☑ Clearly post on the outside of doors that are NOT entrances.
- ☑ Educate guests on the importance of not letting in people, including other guests, to doorways that are not designated entry points.

*More information on considerations for entryways and space configuration can be found in the Emerging Practices to Enhance Safety at Congregate Shelters by Cloudburst Consulting Group, August 2022.*

## ► SERVICES ANIMALS/EMOTIONAL SUPPORT/PETS

All homeless services agencies know that there are unsheltered persons who have animals (typically cats and dogs), and people who are at risk of homelessness may also have animals. The guidance on distinguishing between a pet, an Emotional Support Animal, and a Service Animal is getting clearer but is still very difficult to determine the proper protocol let alone the impact of animals on a shelter environment. Low-Barrier Shelters are establishing replicable practices on accommodating animals ranging from pets through service animals, although many programs would prefer to limit acceptance to Service Animals. Under the ADA, only dogs and in some cases miniature horses are recognized as service animals, and they must be trained to perform a task directly related to a disability. Emotional Support Animals are not covered under ADA but may be protected in shelters under the Fair Housing Act. The presence and responsibility of the companion may be a dealbreaker for some persons, and to serve all people who otherwise live outside, providers must confront the ability to accommodate animals in a low-barrier environment.

## STANDARDS

1. **Programs clearly state in the resident handbook the type of animal support allowed.**
2. **If limiting animals onsite to assistance animals, agencies must allow service animals under ADA and consider reasonable accommodations for Emotional Support Animals under the FHA. A Reasonable Accommodation process applies only when the animal is not a service animal but an assistance animal covered under housing law. (HUD Fair Housing and Equal Opportunity, September 2024).**
3. **Agencies may not require documentation, vests, or registration. For Emotional Support Animals, agencies may request supporting documentation if the disability or need is not obvious.**
4. **Agency provides crates to safely house the assistance animal (or pet if allowed) as well as work with the individual on other necessary supplies.**
5. **Individuals are responsible for purchasing food and supplies.**
6. **Agency creates special partnerships with local animal shelters or veterinarians to provide low and no-cost exams and vaccinations as well as access to food and resources for the animals.**

## ► CONSIDERATIONS

- ✓ Facilities that are congregate or shared living areas may reconfigure space to better accommodate people with animals and those who have allergies or fears of animals.
- ✓ All agencies should develop policies and protocols and provide staff training.
- ✓ Coordination with street outreach may help generate information about the scale of need for assistance animals, and could be a point of coordination across shelters if there are more than one in a community.
- ✓ Guests with animals may need the ability to take the animal out or a way to relieve themselves during times when guests are expected to be inside.
- ✓ The ADA requires shelters to admit service animals unless they pose a direct threat. The FHA requires reasonable accommodations for Emotional Support Animals when they mitigate a disability.

## POLICY EXAMPLES

- ✓ **Review the HUD Fact Sheet on Assistance Animals for more information**
- ✓ **Connections for the Homeless allows service animals after guests complete a reasonable accommodation request to their No Pet Policy.**
- ✓ **For Emotional Support Animals, the agency requires documentation when the need is not obvious and works with residents through case management to ensure compliance with shelter rules.**

## ➤ SPECIAL DISCUSSION: LENGTH OF STAY IN NON-CONGREGATE AND HOTEL-BASED SHELTER

The expanded use of non-congregate and hotel-based shelter took root in response to the COVID-19 pandemic. At the time, the use of hotels became a win-win for an industry facing a temporary halt to travel and for a service system in urgent need of non-congregate temporary housing. In the post-COVID era, funding sources have continued to promote new models of non-congregate or hotel based shelter that allow for more modern facilities and improved service delivery.

The benefits of non-congregate or hotel based shelter include greater privacy and increased comfort that are not always available in open, shared space settings. The challenges for providers include the risk of guests disengaging from services, extended stays that can create the expectation of permanent housing, and management of harmful substance use. The goal of shelter must not be to impose strict limits on length of stay but instead to support rapid transition to stable housing. For operators of non-congregate shelters, it is critical to establish clear policies backed by services and programming so that residents continue to progress toward long term housing stability.

ISSUE	SOLUTION
Shelter residents identify themselves as tenants of a unit and will not leave, claiming Tenants Rights	Establish a “shelter occupancy agreement” for non-congregate and hotel that clearly states that shelter is not housing despite the setting having individual space
Shelter residents identify themselves as tenants of a unit and will not leave, claiming Tenants Rights	Require readmission every 14 days or less than 30 days to circumvent right to occupancy provisions; Issue new keys at each readmission process
Shelter residents are not engaging in case management	Include a program re-assessment within the 14-28 day “check-out, check-in” procedure as a way to benchmark changes in income, housing case management and other service coordination; Establish a protocol that if a person is involved in regular case management they do not need to conduct a reassessment
Shelter residents are not engaging in case management	Have processes and policies to assess households for referral out of a hotel/non-congregate setting into a traditional shelter if the hotel setting is not conducive to service engagement or pursuing stable housing opportunities
	Strategically use hotel-based shelter when possible for people who have greater difficulties in congregate settings and/or are on the pathway to permanent supportive housing where a non-congregate setting is more likely to be seen as a temporary bridge



## ► SPECIAL DISCUSSION: DISCHARGE POLICIES

Involuntary discharge is one of the most difficult realities in shelter operations. Even in a low-barrier model, situations will arise where someone cannot remain on site. Low-barrier does not mean the absence of rules. It means that expectations are upheld in a way that prioritizes dignity, mediation, and problem-solving before removal is ever considered.

The [Illinois Department of Human Services Emergency and Transitional Housing report](#) for fiscal year 2024 documented that 17,841 households were served. At the same time, 10,700 adults and 3,928 children were turned away due to a lack of space, and 4,491 adults and 1,502 children were discharged as inappropriate for shelter. Each of these outcomes represents a person or family leaving without a safe or stable plan. Low-barrier approaches are intended to reduce these numbers by ensuring that discharge is rare and always a last resort.

A strong discharge policy sets out clear steps. Staff are expected to de-escalate conflict, hold mediation conversations, and use restorative practices such as agreements or conflict circles whenever possible. These approaches are designed to repair harm and maintain community stability. When behavior poses a credible safety risk, shelters should have advance agreements with partner organizations so that safe alternatives are available. This planning protects both shelter residents and the wider community while avoiding discharge directly to the street.

CHALLENGE	WHY IT MATTERS	LOW-BARRIER APPROACH
Involuntary discharge risk	Even low-barrier shelters face situations where safety or severe disruption requires considering discharge.	Use mediation and progressive engagement first. Only discharge after all options are exhausted. Document every step.
Safety concerns for staff and guests	Violent or threatening behavior can endanger the community.	Maintain clear protocols for emergency discharges. Coordinate with partners in advance to secure safe alternative placements. Update safety planning regularly.
Resident rights and fairness	Residents must understand rules and their right to appeal or grieve decisions.	Provide written notice of expectations and rights at intake. Ensure grievance forms are available and reviewed. Elevate issues at board meetings when patterns emerge.
Restorative resolution	Discharge often harms relationships and stability.	Train staff in trauma informed care, harm reduction, and restorative practices. Focus on repairing harm and reintegration where possible.
Accountability and transparency	Funders and FOA require data on discharges and outcomes.	Track discharges in HMIS. Review percentages and bed utilization quarterly. Discuss trends in board meetings and Guest Advisory Committees.

## ➤ SPECIAL DISCUSSION: FACILITY DESIGN FEATURES

There are tangible resources and facility layout options that support Low-Barrier practices. A few are discussed here for consideration in incorporating into programming. Most design features will need accompanying protocol and processes to make the most appropriate use of the feature.

**Trauma-Informed Design (TID)** principles can also guide facility choices, even in congregate shelters. Elements such as clear sightlines, calming colors, and flexible use of space can promote safety, reduce stress, and support engagement.

**Security cameras:** Security cameras can be strategically placed in areas that are hard to monitor and contribute to defensible space. Some programs may otherwise restrict access to areas of the facility/property or experience incidents without the aid of cameras. As an example, residents may have restricted outside space, or have more limited access to laundry or other facilities due to staff supervision. The presence of cameras allows the front desk and other staff to monitor and intervene as needed to support appropriate use of space. In having people with higher shelter needs, the addition of cameras may contribute to more confidence of the staff and shelter management in having full awareness of what is happening in and around the grounds.

**Storage:** The addition of storage options onsite will allow people to retain belongings within the limits of what can be easily kept in a shared living space. Some programs may find there is storage in a basement level and with the addition of shelving and containers, the options open up to support programming and space needs. Sometimes a barrier to entering shelter is the fear of losing one's belongings, or there are hoarding issues at play. Some programs have created separate designated storage areas with assigned and locked containers for overflow personal items. Other programs may need to find new space outside of the shelter facility to create secure storage, i.e. shed/trailer. A created use of shelving and containers is also for separating living spaces and creating some privacy with personal storage elements as dividers between roommates.

**Outdoor Space:** Shelter guests need outdoor space that can be used both for semi-privacy as well as socializing. Some people may want a place to smoke that is more than 15-feet from a building entrance/exit. Others may want play space for families or to sit and talk or read alone. Programs should consult with shelter guests or lived experience panels for the design, use, and protocols for outdoor space. Where possible, incorporating natural light, plants, and quiet zones can support healing and reduce anxiety.

**Materials:** Shelters have a lot of wear and tear on facilities. When given the opportunity and funding, shelters can opt for more sustainable materials in their programs. As more programs find permanent, fixed site locations it is important to choose wisely to have resources last longer. One recommendation for material selection includes the use of wipeable mattresses and couches. There are companies that focus on sourcing items for shelter and transitional housing that are more appropriate for ongoing use by multiple people to address public health and cleanliness. Another recommendation is to avoid carpet entirely. Carpet is very difficult to maintain and program operators should opt for easy-to-clean flooring in colors that hide heavy foot traffic. Operators can also consider design options tailored for aging populations that have features needed by shelter guests. This includes flooring that is smooth and durable for wheelchairs, walkers and that are slip resistant. Flooring should be consistent and smooth between rooms to avoid trips or falls. Incorporating acoustic control and soothing finishes also aligns with TID by creating a calmer and more dignified environment for residents and staff.



## **CASE STUDIES** *and Real World Applications*

**This section delves into practical scenarios faced by low-barrier shelters, offering real-world applications and best practice insights for addressing the complex needs of individuals experiencing homelessness. Through a series of case studies and scenarios, we explore the nuances of client intake, turnaways, de-escalation, length of stay, and eviction situations. These narratives are grounded in the principles of dignity, safety, and inclusivity, reflecting the core values that drive effective shelter operations.**

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# CASE STUDY

## Scenario 1: Client Intake in a Low-Barrier Setting

**John**, a 45-year-old who has been experiencing chronic homelessness and battling substance use, arrives at a local low-barrier shelter. Given John's complex needs, the shelter staff must employ a multifaceted approach to ensure his immediate safety, health, and dignity are prioritized.



### STEP-BY-STEP RESOLUTION PROCESS:

#### Step 1: Immediate Needs Assessment

- **Action Taken:** Upon John's arrival, the intake staff greets him in a welcoming manner, ensuring he feels safe and respected from the outset. They conduct a structured Immediate Needs Assessment focused on identifying any urgent health, safety, or nutritional needs.
- **Tools Used:** The shelter uses an assessment form designed to quickly gather essential information while being sensitive to John's condition and comfort.
- **Outcome:** The assessment reveals that John has not eaten in several hours and shows signs of withdrawal from substance use. He also expresses concern about his safety, fearing potential encounters with individuals he knows from the streets.

#### Step 2: Trauma-Informed Care Approach

- **Action Taken:** Recognizing the signs of trauma, the staff member reassures John, using calm and reassuring language. They explain the shelter's policies and the support available, ensuring transparency about what John can expect during his stay.
- **Tools Used:** Staff training in trauma-informed care guides the approach, utilizing techniques that minimize re-traumatization and build trust.
- **Outcome:** John feels acknowledged and respected; he begins to show trust in the staff, becoming more open to discussing his immediate health concerns.

#### Step 3: Immediate Safety and Health Interventions

- **Action Taken:** The staff arranges for John to have a private discussion with the shelter's health professional to address his withdrawal symptoms and any other medical concerns.
- **Tools Used:** A private consultation room equipped with medical supplies for basic health checks and a protocol for handling withdrawal symptoms.
- **Outcome:** John receives the necessary medical attention and is provided with a meal to address his nutritional needs.

**Step 4: Offering Connection to Substance Use Support Services**

- **Action Taken:** After addressing his immediate needs, the staff introduces the idea of connecting John with substance use support services. They emphasize that these services are optional but can be beneficial for his recovery and well-being.
- **Tools Used:** An updated database of local resources and support services, including contact information for nearby substance use treatment centers.
- **Outcome:** John expresses interest in obtaining help for his substance use and agrees to a follow-up meeting to explore his options further.

**Step 5: Documenting and Developing a Personalized Care Plan**

- **Action Taken:** The intake staff completes the documentation of John's intake and assessment, collaboratively developing a personalized care plan with him, which includes steps for his recovery and housing goals.
- **Tools Used:** Case management software to record and track John's progress, care plan templates.
- **Outcome:** A clear, actionable care plan is established, providing a roadmap for John's recovery and transition to permanent housing. Regular follow-ups are scheduled to assess progress and make necessary adjustments.

## BEST PRACTICE INSIGHT & POLICY RECOMMENDATIONS:



- ✓ Implement a policy that outlines the procedure for immediate needs assessment, ensuring that all staff are trained in trauma-informed care principles. This policy should prioritize the guest's immediate safety and health concerns, with a secondary focus on longer-term needs such as substance use support.
- ✓ Develop ongoing training programs for staff focusing on empathetic engagement, active listening, and trauma-informed care. These programs should also cover the importance of respecting guest autonomy and dignity.
- ✓ Maintain an updated database of local resources and support services. Policies should encourage staff to familiarize themselves with these resources and understand the referral process.

# CASE STUDY

## Scenario 2: Managing Turnaways

**Sara**, a single mother with two young children, arrives at a local low-barrier shelter seeking immediate accommodation. Unfortunately, due to capacity constraints and a particularly high demand, the shelter is unable to accommodate them at that time.



### STEP-BY-STEP RESOLUTION PROCESS:

#### Step 1: Assessment and Immediate Response

- **Action Taken:** Upon Sara's arrival, the intake staff quickly assess the situation, understanding the urgency of finding safe accommodation for a family with young children.
- **Tools Used:** An up-to-date digital database of local shelters with real-time availability, and a checklist for handling turnaways, especially for families.
- **Outcome:** The staff determines that the shelter is at full capacity and cannot accommodate Sara and her children that night.

#### Step 2: Providing Alternative Shelter Referrals

- **Action Taken:** The intake staff consults the shelter database to find nearby family-friendly shelters that have available space. They provide Sara with a detailed list of these shelters, including contact information and directions.
- **Tools Used:** A pre-prepared list of family-friendly shelters, a city map highlighting shelter locations, and contact details for each listed shelter.
- **Outcome:** Sara receives comprehensive information about alternative shelters where she can go with her children.

#### Step 3: Supplying Emergency Resources

- **Action Taken:** Recognizing the immediate needs of Sara and her children, the staff provides them with an emergency resource kit. This includes food, blankets, and toiletries.
- **Tools Used:** Pre-assembled emergency resource kits stored at the shelter, designed to provide basic necessities for families turned away.
- **Outcome:** Sara and her children leave the intake center with essential supplies to manage their immediate needs as they transition to another shelter.

#### Step 4: Offering Temporary Safe Spaces

- **Action Taken:** In addition to providing shelter referrals, the staff informs Sara about local 24-hour public facilities that can serve as safe, temporary spaces if she cannot immediately secure a spot in another shelter.

- **Tools Used:** A list of safe, temporary public spaces such as 24-hour community centers or hospitals that are family-friendly and can provide a safe environment for a few hours.
- **Outcome:** Sara is equipped with additional options for keeping her family safe while she secures more permanent accommodation.

#### **Step 5: Committing to Follow-Up**

- **Action Taken:** The staff schedules a follow-up call with Sara to ensure that she and her children have found shelter and to offer further assistance if needed. They document the interaction and planned follow-up in their system.
- **Tools Used:** Client management software to schedule follow-ups and document all interactions and assistance provided during turnaways.
- **Outcome:** Sara feels supported knowing that the shelter staff will check on her welfare and assist further if she faces difficulties.

#### **Step 6: Documentation and Advocacy**

- **Action Taken:** All details of Sara's situation, the resources provided, and the referrals made are thoroughly documented. This information is used to advocate for more resources and funding to expand shelter capacity.
- **Tools Used:** Detailed record-keeping and reporting tools that help in advocacy and funding applications.
- **Outcome:** The shelter uses Sara's case as a basis to seek additional funding from local government and charities to prevent future turnaways.

## **BEST PRACTICE INSIGHT & POLICY RECOMMENDATIONS:**



- ✓ Establish clear policies for handling turnaways, ensuring staff know how to offer alternative referrals and emergency resources compassionately. This policy should detail the steps for follow-up and documentation of the turnaway to assist in future advocacy and funding efforts for shelter capacity expansion.
- ✓ Develop guidelines for what should be included in emergency resource kits for families and individuals turned away at capacity. Ensure these kits are readily available and can be distributed as needed.
- ✓ Formalize partnerships with other shelters and service providers to streamline the referral process. Policies should facilitate easy sharing of information about availability and services, minimizing the burden on those seeking help.

# CASE STUDY

## Scenario 3: De-escalating a Crisis Situation

**Mark**, a long-term resident at the shelter, becomes noticeably agitated and confrontational toward both staff and other residents, raising concerns about safety and the well-being of all involved.



### STEP-BY-STEP RESOLUTION PROCESS:

#### Step 1: Immediate Engagement

- **Action Taken:** Upon noticing Mark's increased agitation, a trained staff member approaches him using calm and open body language to ensure the interaction starts on a non-threatening note.
- **Tools Used:** De-escalation techniques learned in staff training sessions, focusing on body language, tone of voice, and positioning.
- **Outcome:** Mark does not escalate further, and the environment remains safe for all. The staff member successfully gets Mark's attention and begins a dialogue.

#### Step 2: Active Listening and Validation

- **Action Taken:** The staff member engages Mark in a private space to listen actively to his concerns. They give him uninterrupted time to express his frustrations, acknowledging his feelings without condoning his disruptive behavior.
- **Tools Used:** Active listening skills such as nodding, rephrasing, and summarizing what Mark says to show understanding and validation.
- **Outcome:** Mark calms down gradually as he feels heard and understood. He reveals stressors contributing to his agitation, including issues with his room arrangement and personal conflicts with another resident.

#### Step 3: Collaborative Problem-Solving

- **Action Taken:** Working together with Mark, the staff member discusses possible solutions to address his immediate stressors. They explore various options, including potential changes to his living arrangements and mediation with the other involved resident.
- **Tools Used:** Problem-solving techniques and conflict resolution strategies from staff training; mediation guidelines for handling disputes between residents.
- **Outcome:** Mark agrees to a temporary change in his room to distance himself from the conflict source, and a mediation session is scheduled with the involved parties.

#### Step 4: Involvement of Mental Health Professionals

- **Action Taken:** Recognizing the need for additional support, the staff member arranges for a consultation with the shelter's on-site mental health professional to provide Mark

with further assistance.

- **Tools Used:** Referral protocols to engage mental health professionals within the shelter.
- **Outcome:** Mark meets with the mental health professional the same day, who assesses his needs and provides immediate counseling while planning ongoing support.

#### **Step 5: Documentation and Follow-up**

- **Action Taken:** All actions and outcomes are documented in Mark's file, including the details of the interaction, the support provided, and the next steps planned. A follow-up schedule is established to monitor Mark's progress and the effectiveness of the solutions implemented.
- **Tools Used:** Client management system for detailed record-keeping and scheduling follow-ups.
- **Outcome:** Accurate records are maintained, ensuring continuity of care and providing data for future training and policy refinement.

#### **Step 6: Review and Policy Enhancement**

- **Action Taken:** The incident prompts a review of the current de-escalation policies and procedures. Staff feedback and recent incident reports are analyzed to identify areas for improvement.
- **Tools Used:** Policy review frameworks, staff feedback sessions, and incident analysis tools.
- **Outcome:** Recommendations for enhancing de-escalation training and revising the resident behavior agreement are developed, aiming to reduce similar incidents in the future.

## **BEST PRACTICE INSIGHT & POLICY RECOMMENDATIONS:**



- ✓ Implement a comprehensive de-escalation policy that includes training all staff in crisis intervention and non-violent communication techniques. This policy should outline the steps to take when a resident becomes agitated, including when to involve mental health professionals and law enforcement as a last resort.
- ✓ Mandate regular safety and crisis intervention training for all staff. Training should cover recognizing signs of escalating behavior, effective de-escalation techniques, and how to safely involve other professionals when necessary.
- ✓ Develop a resident behavior agreement that outlines expectations for conduct within the shelter. This agreement should be discussed and signed upon intake, ensuring residents understand the community standards and consequences for violations. The policy should also detail the process for addressing violations, emphasizing restorative practices over punitive measures.

# CASE STUDY

## Scenario 4: Navigating Length of Stay Challenges

**Alex** has been residing in the shelter for several months and has struggled to secure permanent housing. With no clear path forward, the shelter staff needs to reassess his situation and develop a more targeted strategy to assist him in transitioning to stable housing.



### STEP-BY-STEP RESOLUTION PROCESS:

#### Step 1: Comprehensive Case Review

- **Action Taken:** The case manager schedules a detailed review session with Alex to thoroughly assess his situation and barriers to housing, and to understand any changes in his needs or goals since his last assessment.
- **Tools Used:** Client's previous case files, assessment tools, and a structured interview guide tailored to identify specific housing barriers.
- **Outcome:** The review identifies that Alex has unresolved credit issues and lacks proper identification, which are significant barriers to securing housing.

#### Step 2: Developing a Clear, Actionable Plan

- **Action Taken:** Based on the insights gained from the comprehensive review, the case manager works with Alex to set clear, achievable short-term goals. These include attending a credit counseling workshop, applying for a government ID, and enrolling in a job readiness program to improve his employment prospects.
- **Tools Used:** Goal-setting worksheets, a timeline for achieving these goals, and referral contacts for each service.
- **Outcome:** Alex feels more empowered and involved in his transition plan, understanding each step he needs to take towards housing readiness.

#### Step 3: Connection to Housing Navigation Services

- **Action Taken:** The case manager connects Alex with a housing navigator who specializes in working with individuals facing similar challenges. Together, they begin the process of identifying potential affordable housing options and contacting landlords who are willing to work with individuals rebuilding their credit.
- **Tools Used:** Housing navigation database, a list of landlord contacts, and partnership agreements with housing providers.
- **Outcome:** Several potential housing options are identified, and appointments are made to view available properties.

**Step 4: Engaging Supportive Services**

- **Action Taken:** To ensure Alex's stability once he moves into permanent housing, the case manager arranges for him to receive ongoing support from local agencies. This includes mental health services, substance abuse recovery support, and continued job training.
- **Tools Used:** Referral agreements, MOUs with service providers, and a coordinated care plan.
- **Outcome:** Alex starts receiving integrated support services tailored to his needs, which are scheduled to continue seamlessly as he transitions to new housing.

**Step 5: Regular Progress Checks and Adjustments**

- **Action Taken:** The case manager schedules regular follow-up meetings with Alex to monitor his progress, discuss any challenges, and make necessary adjustments to his plan.
- **Tools Used:** Progress tracking software, feedback forms, and adjustment protocols.
- **Outcome:** Alex's transition plan remains dynamic and responsive to his evolving needs, ensuring sustained progress towards his goal of stable housing.

## BEST PRACTICE INSIGHT & POLICY RECOMMENDATIONS:



- ✓ Develop a policy that clearly defines the expected length of stay and outlines the process for residents who exceed this duration. The policy should include regular case review intervals to ensure progress toward housing.
- ✓ Align shelter policies with the Housing First approach, emphasizing the importance of rapid rehousing without preconditions. Policies should facilitate collaboration with local housing authorities and nonprofits to increase access to permanent housing solutions.
- ✓ Establish partnerships with local agencies that provide supportive services critical for stable housing, such as job training, mental health support, and addiction services. Policies should encourage case managers to leverage these partnerships in developing exit strategies for long-term shelter residents.

# CASE STUDY

## Scenario 5: Handling Eviction Situations

**Tina**, a resident at a local shelter, has repeatedly violated community agreements, affecting the safety and well-being of other residents. Given the situation's severity, the shelter staff must navigate the delicate process of addressing these violations while considering an eviction if necessary.



### STEP-BY-STEP RESOLUTION PROCESS:

#### Step 1: Initial Identification and Documentation

- **Action Taken:** Shelter staff document each instance of Tina's violations, noting the nature of the violations, the circumstances, and any witness accounts.
- **Tools Used:** Incident report forms and a digital logging system to maintain an accurate and confidential record of all behavioral issues.
- **Outcome:** A comprehensive log of Tina's behavioral issues is compiled, providing a clear basis for further actions.

#### Step 2: Arranging a Restorative Meeting

- **Action Taken:** The staff arranges a restorative meeting with Tina, involving a trained mediator. The meeting aims to discuss the impact of her actions on the community and explore underlying issues contributing to her behavior.
- **Tools Used:** Restorative justice techniques, conflict resolution strategies, and a neutral meeting space to ensure the discussion is constructive.
- **Outcome:** Tina is able to express her side of the story, and the community impact of her actions is communicated to her. The meeting helps identify triggers and underlying issues, such as stress and personal conflicts.

#### Step 3: Establishing a Behavioral Agreement

- **Action Taken:** Based on the insights from the restorative meeting, the staff works with Tina to draft a Behavioral Agreement. This document outlines clear expectations for her conduct and the potential consequences of further violations.
- **Tools Used:** A template for behavioral agreements that includes specific, measurable actions expected from Tina, and clearly stated consequences.
- **Outcome:** Tina signs the Behavioral Agreement, acknowledging her understanding of the rules and the consequences of further infractions. This agreement serves as a formal commitment to improve her behavior.

#### Step 4: Ongoing Monitoring and Support

- **Action Taken:** After the meeting, staff closely monitor Tina's behavior and provide additional support as outlined in the Behavioral Agreement. This includes regular

check-ins and access to counseling services.

- **Tools Used:** A case management system to schedule and record check-ins, and partnerships with local mental health professionals providing counseling services.
- **Outcome:** Tina shows initial improvement in her behavior due to the structured support and clear expectations.

#### **Step 5: Handling Potential Eviction**

- **Action Taken:** Despite initial improvements, Tina violates the Behavioral Agreement again by engaging in a severe conflict. The shelter staff review the situation and decide that an eviction is necessary to maintain the shelter's safety.
- **Tools Used:** Eviction protocol checklist, which includes reviewing all documentation, holding a final meeting to discuss the decision, and planning the exit process.
- **Outcome:** Tina is informed about the eviction decision in a final meeting where the reasons for her departure are clearly explained.

#### **Step 6: Supporting Through the Exit Process**

- **Action Taken:** To ensure Tina is not left without support, the staff connects her with alternative services, including another shelter that specializes in higher-need individuals.
- **Tools Used:** Referral network list and a warm handoff procedure that includes communicating with the receiving shelter to explain Tina's situation and needs.
- **Outcome:** Tina is transitioned to a new shelter that is better equipped to handle her specific challenges, ensuring she continues to receive support.

## **BEST PRACTICE INSIGHT & POLICY RECOMMENDATIONS:**



- ✓ Implement a clear policy regarding resident conduct and the eviction process. This policy should emphasize restorative practices and the gradual escalation of interventions before considering eviction.
- ✓ Develop guidelines for supporting residents facing eviction, including identifying alternative shelters or services and ensuring a warm handoff where possible. This policy should outline the process for involving external partners and services in the transition.
- ✓ Ensure that all interactions leading up to an eviction are thoroughly documented, including meetings, warnings, and the provision of support services. Policies should stress the importance of transparency with the resident about their status and the potential for eviction.

# CASE STUDY

## Scenario 6: Turnaway of a Registered Sex Offender

**David**, a registered sex offender, approaches a local shelter seeking accommodation. Due to his status and associated legal constraints, the shelter faces a challenging decision that must balance community safety concerns with the goal of not leaving anyone without support.



### STEP-BY-STEP RESOLUTION PROCESS:

#### Step 1: Initial Interaction and Assessment

- **Action Taken:** Upon David's arrival, the intake staff discreetly takes him to a private area to discuss his situation confidentially. They explain the shelter's policies and the need for a detailed risk assessment.
- **Tools Used:** Confidential intake forms designed to gather sensitive information without breaching privacy or dignity.
- **Outcome:** David understands the necessity for the assessment and cooperates fully, providing the necessary information for the shelter to proceed.

#### Step 2: Conducting a Thorough Risk Assessment

- **Action Taken:** The staff conducts a risk assessment to evaluate David's specific circumstances, including the nature of his offenses, any ongoing legal restrictions, and his current needs.
- **Tools Used:** A standardized risk assessment tool that includes criteria specific to accommodating registered sex offenders in a shelter setting.
- **Outcome:** The assessment concludes that accommodating David within the general shelter population could violate local regulations and pose potential safety concerns.

#### Step 3: Searching for Specialized Housing Solutions

- **Action Taken:** Given the outcome of the risk assessment, the staff searches for alternative housing options specifically designed for individuals with complex legal backgrounds.
- **Tools Used:** A database of specialized housing providers that includes partnerships with organizations capable of supporting individuals like David.
- **Outcome:** The staff identifies a suitable facility that specializes in supporting registered sex offenders and has the appropriate resources to help David transition back into the community safely.

#### Step 4: Explaining the Decision and Turnaway Process

- **Action Taken:** The staff explains the decision to David, ensuring that he understands the reasons behind the turnaway and the efforts made to find an alternative.

- **Tools Used:** Clear, written documentation that outlines the shelter's policies and the specific legal constraints involved.
- **Outcome:** David is disappointed but appreciates the transparency and the shelter's effort to secure an alternative for him.

#### **Step 5: Facilitating a Warm Handoff**

- **Action Taken:** To ensure David does not leave without support, the staff arranges for his transfer to the identified specialized facility.
- **Tools Used:** Coordination with the receiving facility to prepare them for David's arrival and to discuss his case in detail.
- **Outcome:** David is transferred to the facility where he can receive the appropriate support in an environment equipped to address his unique challenges.

#### **Step 6: Documentation and Follow-Up**

- **Action Taken:** The staff meticulously documents the entire process, from the intake through to the handoff, including all assessments, decisions made, and communications with David and the receiving facility.
- **Tools Used:** Client management systems for secure record-keeping and follow-up scheduling.
- **Outcome:** The documentation serves as a reference for future cases and is used to refine the shelter's policies and procedures.

## **BEST PRACTICE INSIGHT & POLICY RECOMMENDATIONS:**



- ✓ Develop a comprehensive policy that outlines the shelter's approach to housing individuals with legal restrictions, including registered sex offenders. This policy should detail the risk assessment process, criteria for turnaways, and referrals to specialized services.
- ✓ Establish partnerships with organizations and housing providers that offer support and accommodation for individuals with complex legal backgrounds. Policies should facilitate a warm handoff to these services when direct shelter admission isn't possible.
- ✓ Ensure that staff are trained to navigate the complexities of legal constraints affecting shelter access. Training should include how to conduct risk assessments, communicate turnaways compassionately, and identify appropriate referrals.

# CASE STUDY

## Scenario 7: Managing Length of Stay Challenges

**Emma** a resident at the shelter, has exceeded the expected duration of her stay without significant progress toward securing permanent housing. Her case is complicated by sporadic efforts in her housing search and occasional misuse of shelter resources.



### STEP-BY-STEP RESOLUTION PROCESS:

#### Step 1: Initial Case Review

- **Action Taken:** The case manager schedules an in-depth meeting with Emma to review her current situation, evaluate her efforts, and discuss any barriers she is encountering in her housing search.
- **Tools Used:** Emma's case file, which includes all previous assessments, notes from staff interactions, and any past housing plans.
- **Outcome:** The case manager gains a better understanding of Emma's lack of progress and identifies specific obstacles, such as a lack of understanding of the housing market and difficulties in meeting application deadlines.

#### Step 2: Refining the Housing Plan

- **Action Taken:** Together with Emma, the case manager revises her housing plan, setting clear, measurable goals with specific deadlines. This includes attending housing workshops, completing housing applications weekly, and engaging with a financial counselor to address credit issues.
- **Tools Used:** A housing plan template that outlines steps, goals, and support services, along with a timeline for achieving these goals.
- **Outcome:** Emma leaves the meeting with a clear set of actions and understands the importance of adhering to this new plan to secure housing.

#### Step 3: Increasing Support

- **Action Taken:** To ensure Emma has the necessary support, the case manager connects her with additional resources:
  - Referral to a financial counseling service to help with budgeting and credit repair.
  - Enrollment in housing workshops to better understand tenant rights and responsibilities.
  - Scheduled weekly check-ins with a housing specialist to aid in application processes.
- **Tools Used:** Referral forms, workshop schedules, and appointment bookings with housing specialists.

- **Outcome:** Emma receives comprehensive support tailored to her needs, increasing her capacity to actively pursue housing opportunities.

#### Step 4: Communication of Consequences

- **Action Taken:** The case manager clearly communicates the potential consequences of not adhering to the revised housing plan. This includes a discussion about how continued non-compliance could affect her prioritization for shelter resources.
- **Tools Used:** Documentation of shelter policies regarding length of stay and prioritization, which are reviewed with Emma to ensure understanding.
- **Outcome:** Emma understands the seriousness of her situation and the importance of meeting her housing plan goals to maintain her eligibility for continued support.

#### Step 5: Documentation and Follow-Up

- **Action Taken:** Every interaction and plan adjustment is documented in Emma's file. The case manager schedules regular follow-ups to assess progress and make adjustments as necessary.
- **Tools Used:** Case management software for documenting updates, setting reminders for follow-up appointments, and tracking progress against the housing plan.
- **Outcome:** Continuous monitoring of Emma's progress helps to keep her accountable and allows for timely interventions if she falls behind on her action items.

#### Step 6: Evaluation of Policy Effectiveness

- **Action Taken:** Emma's case is used as a benchmark to evaluate the effectiveness of the shelter's policies on length of stay and resident compliance. The shelter considers adjustments based on aggregate outcomes from similar cases.
- **Tools Used:** Evaluation forms, feedback from case managers, and data analysis tools to assess policy impact.
- **Outcome:** The shelter updates its policies as needed to improve support structures and ensure they effectively assist residents in transitioning to permanent housing.

## BEST PRACTICE INSIGHT & POLICY RECOMMENDATIONS:



- ✓ Implement a policy that clearly defines expectations around the length of stay, including the process for residents who exceed this duration. The policy should encourage regular reviews of residents' progress towards housing and outline support available to overcome barriers.
- ✓ Develop guidelines for providing intensive housing navigation services to long-term residents. Policies should outline how to escalate support for those struggling to secure housing, and provide criteria for external referrals when internal resources are insufficient.
- ✓ Establish a policy detailing the steps and consequences for residents who do not comply with their housing plan. This policy should emphasize supportive interventions before considering eviction, with a focus on motivating positive behavior change.

# CASE STUDY

## Scenario 8: Resistance to Eviction

**Carlos**, a resident at a local low-barrier shelter, has been issued multiple warnings due to his violent behavior towards both staff and other residents. Despite interventions, his behavior has not improved, leading to a decision to evict him. However, when informed about the eviction, Carlos becomes agitated and refuses to leave, escalating the situation.



### STEP-BY-STEP RESOLUTION PROCESS:

#### Step 1: Immediate Safety Measures

- **Action Taken:** The first priority is to ensure the safety of all involved. Carlos is gently but firmly escorted by trained security personnel from the communal areas to a private, secure space where he can talk without posing a risk to others.
- **Tools Used:** Security personnel trained in non-violent crisis intervention, a designated safe room for handling such confrontations.
- **Outcome:** The immediate threat to staff and residents is mitigated, and Carlos is contained in an environment where further steps can be taken safely.

#### Step 2: De-escalation and Dialogue

- **Action Taken:** A senior staff member trained in crisis intervention meets with Carlos in the secure room. Using empathetic communication and active listening, the staff member attempts to calm Carlos and discuss his feelings and concerns about the eviction.
- **Tools Used:** Crisis intervention techniques, active listening skills, and a conflict resolution framework.
- **Outcome:** Carlos becomes less agitated as the conversation progresses, allowing for more rational discussion about the reasons for his eviction and the next steps.

#### Step 3: Explaining the Eviction Decision

- **Action Taken:** Once Carlos is calmer, the staff member carefully explains the reasons for the eviction, citing specific incidents and the shelter's policies on violence and resident safety.
- **Tools Used:** Documentation of behavioral incidents, the shelter's code of conduct, and eviction policy.
- **Outcome:** Carlos understands the reasons for the decision, even if he does not agree with them. This clarity helps reduce confusion and potential animosity.

#### Step 4: Offering Alternative Solutions

- **Action Taken:** Recognizing the need to support Carlos even in the face of eviction, the staff member provides him with information on alternative shelters and services that

can accommodate him and might be better suited to handle his needs.

- **Tools Used:** A prepared list of alternative shelters, including contact information and services offered, especially those equipped to manage individuals with behavioral issues.
- **Outcome:** Carlos receives options for continued support, reducing the likelihood of him ending up without shelter.

#### **Step 5: Arranging Transition**

- **Action Taken:** If Carlos agrees to move to another facility, the staff arrange for his transportation and communicate with the receiving shelter to ensure they are prepared for his arrival.
- **Tools Used:** Transportation services, direct communication lines with potential receiving shelters.
- **Outcome:** Carlos is transitioned smoothly to a new shelter that is better equipped to handle his specific challenges, ensuring continuity of care and support.

#### **Step 6: Documentation and Review**

- **Action Taken:** All interactions, decisions, and actions taken during the incident are thoroughly documented in Carlos' file. A review of the eviction process and its execution is conducted to identify any areas for improvement.
- **Tools Used:** Incident reporting forms, review procedures for critical incidents.
- **Outcome:** The shelter refines its eviction and crisis intervention policies based on the insights gained from handling Carlos' situation, enhancing their preparedness for similar future incidents.

## **BEST PRACTICE INSIGHT & POLICY RECOMMENDATIONS:**



- ✓ Clearly outline the shelter's policy on violent behavior, including the warning process, criteria for eviction, and procedures for handling resistance to eviction. This policy should prioritize the safety of all parties involved.
- ✓ Train all staff in crisis intervention and conflict resolution techniques, preparing them to handle situations where a resident refuses to comply with an eviction notice safely.
- ✓ Maintain a list of alternative shelters and services, including those that offer support for individuals with a history of violent behavior. Policies should facilitate making immediate referrals and, where possible, arranging transportation to ensure the individual's safe transition from the shelter.

## MOVING FORWARD *for Low-Barrier Shelter Operations*

Low-barrier shelters are more than a temporary fix, they're a critical step toward ending homelessness in Illinois. By reducing barriers, prioritizing dignity, and focusing on permanent housing, these shelters can transform lives and communities. This guidebook has provided the tools, principles, and practices to make that vision real, but the work doesn't stop here. This section outlines how Illinois shelters can adopt low-barrier practices, measure success, and collaborate to build a stronger, more inclusive crisis housing system. Whether you're running a small rural shelter in Macomb or a large urban program in Chicago, your next steps can make a difference.

### Adopting Low-Barrier Practices

Every shelter in Illinois, urban, rural, big, or small, can move toward low-barrier practices. ***The Gradient Scale*** from Section 2 showed that progress is a journey, from Emerging to Advanced. Start where you are and take practical steps:

- Review your intake process to reduce turnaways, like dropping ID requirements or offering multilingual forms.
- Train staff in trauma-informed care using resources from the Illinois Homelessness Education and Technical Assistance Center.
- Partner with your local Continuum of Care (CoC) to connect guests to housing vouchers or job programs.

Don't aim for perfection overnight. Small changes, like adding a suggestion box for guest feedback or extending intake hours, can build trust and engagement.



### WANT TO LEARN MORE?

Contact Doug Kenshol at [dkenshol@sspads.org](mailto:dkenshol@sspads.org) to join Illinois' low-barrier shelter network, share your progress and learn from others to strengthen your program.



### Measuring Success

To know if your low-barrier practices are working, track clear, measurable goals. Use the **Homeless Management Information System (HMIS)** to collect data and evaluate impact. Here are suggested metrics to aim for within 12 months:

- Decrease turnaways by **20%** by simplifying intake rules, ensuring more people access shelter.
- Boost permanent housing placements by **15%** through proactive case management and CoC partnerships.
- Achieve **75%** voluntary participation in services like housing navigation or job training, reflecting trust in your program.
- Ensure racial disparities in turnaways or exits decrease, aligning with the *Black Homelessness in Illinois Report* findings.

# SUPPORTING MATERIALS *Documents to Guide Your Practice*

## LEVEL SETTING: LOW-BARRIER SHELTERS

*Relevant Resources & What They Offer (Hyperlinked)*

### Key Resources

- 1 **5 Key Elements of Effective Emergency Shelter**   
*National Alliance to End Homelessness (NAEH)*
  - **Summary:** Defines five essential components of shelter success — Housing First alignment, immediate & easy access, low-barrier approach, housing-focused services, and diversion practices.
  - **Useful For:** Conceptualizing what a modern shelter should prioritize.
  - **Gaps:** No operational templates or real-life examples of how to implement policies.
- 2 **Shelter Provider Training Curriculum**   
*Connecticut Coalition to End Homelessness*
  - **Summary:** A comprehensive training curriculum covering core topics for homeless response providers from fundamentals of shelter and crisis response to trauma-informed care and low-barrier practices.
  - **Useful For:** Equipping staff and leadership with standard knowledge, shared language, and a baseline across agencies.
  - **Gaps:** While rich in content, it does not include detailed operational tools, step-by-step protocols, or templates to implement design.
- 3 **Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System**   
*United States Interagency Council on Homelessness (USICH)*
  - **Summary:** Outlines system-wide strategies for integrating emergency shelters into coordinated entry and Housing First models.
  - **Useful For:** System-level planning and policy alignment discussions.
  - **Gaps:** No shelter-level procedural guidance.
- 4 **Guidance on Effective Shelter Expectations**   
*National Alliance to End Homelessness (NAEH)*
  - **Summary:** Suggests practical expectations shelters can adopt to reduce barriers, improve outcomes, and align with Housing First.
  - **Useful For:** Leadership-level discussions on shelter philosophy.
  - **Gaps:** No how-to guide on policy development or staff training.
- 5 **5 Ways to Lower Barriers to Shelter**   
*Homeless & Housing Resource Center (HHRC)*
  - **Summary:** A short instructional video that outlines practical strategies for shelters to reduce entry and retention barriers while maintaining safety and dignity.
  - **Useful For:** Training staff, leadership, or board members on actionable policy shifts that align with low-barrier philosophy. Great starter tool to spark discussion about next-step operational changes.
  - **Gaps:** It lays out the “what” (barrier-reducing practices) but doesn’t provide deep “how-to” tools (e.g. workflows, forms, staffing plans) for implementation in varied shelter settings.
- 6 **Best Practices for Emergency Shelter Providers (Part 1 & Part 2)**   
*The Coalition of Homeless Service Providers*
  - **Summary:** Offers a two-part series covering shelter environment design, trauma-informed care, and housing navigation services.
  - **Useful For:** Program managers looking to enhance service delivery.
  - **Gaps:** General recommendations—no specific procedures or sample documents.





## Webinars

1

### **Low-Barrier Shelter Models for People Who Use Drugs**

*Homeless & Housing Resource Center (HHRC)*

- **Summary:** Explores harm-reduction approaches within shelter settings, focusing on how shelters can accommodate guests who use substances while maintaining safety and support.
- **Useful For:** Training shelter staff on harm-reduction mindset and strategies.
- **Gaps:** Lacks procedural guides or examples of incident response protocols for substance-related issues.

2

### **Serving Single Adults in Congregate Settings**

*National Alliance to End Homelessness (NAEH)*

- **Summary:** Discusses best practices for shelters serving single adults, with a focus on space configuration, privacy, and engagement strategies in congregate environments.
- **Useful For:** Program managers and staff adapting congregate spaces.
- **Gaps:** No sample layouts, workflows, or step-by-step operational models provided.

3

### **Effective Behavioral Health Crisis Response**

*HHRC Webinar*

- **Summary:** Provides an overview of how shelters can respond to behavioral health crises, emphasizing de-escalation techniques and trauma-informed practices.
- **Useful For:** Frontline staff training on crisis response philosophy.
- **Gaps:** Does not include sample incident response protocols, staffing plans, or documentation templates.

4

### **The Role of Emergency Shelter in the Crisis Response System**

*NAEH Webinar*

- **Summary:** Outlines how emergency shelters fit into broader housing-first systems, including coordinated entry and diversion practices.
- **Useful For:** Leadership and systems-level discussions on shelter positioning.
- **Gaps:** Does not provide operational strategies for aligning day-to-day shelter practices with system goals.

5

### **The Keys to Effective Low-Barrier Shelters**

*NAEH Webinar*

- **Summary:** Focuses on essential low-barrier principles like flexible intake, client-centered rules, and staff training needs.
- **Useful For:** Establishing shared understanding among shelter leadership and staff.
- **Gaps:** Missing practical implementation tools such as policy templates, intake scripts, or enforcement workflows.

6

### **How to Transition Your Emergency Shelter to a Low-Barrier and Housing-Focused Shelter Model**

*NAEH Webinar*

- **Summary:** Discusses the transition process for shelters aiming to lower barriers while increasing housing-focused outcomes.
- **Useful For:** Organizational change management and strategy discussions.
- **Gaps:** Lacks operational roadmaps, staff transition plans, or sample communication strategies for guest-facing policy shifts.

7

### **Coordinated Entry: Best Practices in Centering Equity and Ensuring Effectiveness**

*NAEH Webinar*

- **Summary:** Discusses how shelters can align with Coordinated Entry while addressing equity and access challenges.
- **Useful For:** System coordination discussions and policy alignment.
- **Gaps:** No specific guidance for how shelters adjust intake processes, documentation requirements, or guest navigation in practice.



## Trainings

- 1 **Effective Emergency Shelter: An Introduction** [www](#)  
*NAEH Training Module*
  - **Summary:** A foundational training on the purpose, principles, and expectations of emergency sheltering in a Housing First system.
  - **Useful For:** New staff orientation and setting a common understanding of shelter philosophy.
  - **Gaps:** Does not provide hands-on procedural content like checklists or workflow guides.
- 2 **Understanding Homelessness: The Basics** [www](#)  
*NAEH Training Module*
  - **Summary:** Educational resource explaining causes of homelessness and systemic factors influencing shelter access and services.
  - **Useful For:** Building baseline knowledge among staff and volunteers.
  - **Gaps:** Not shelter operations-focused; lacks guidance on day-to-day implementation of low-barrier practices.
- 3 **Substance Abuse 101** [www](#)  
*Training by Ryan Dowd*
  - **Summary:** Practical training offering de-escalation and engagement strategies for staff working with guests experiencing substance use disorders.
  - **Useful For:** Enhancing frontline staff skills and reducing stigma.
  - **Gaps:** Not a policy-oriented resource; does not provide incident protocols or intake modifications.
- 4 **Substance Use Guidelines Series** [www](#)  
*National Health Care for the Homeless Council (NHCHC)*
  - **Summary:** Offers a series of guidelines for shelters on managing substance use among guests through a harm-reduction framework.
  - **Useful For:** Staff mindset and best practices on substance use support.
  - **Gaps:** Guidelines are high-level; lacks sample policy documents or enforcement workflows.
- 5 **Serious Mental Illness & Homelessness** [www](#)  
*HHRC Training*
  - **Summary:** Focused training on understanding and supporting guests with serious mental illness within shelter environments.
  - **Useful For:** Staff education on mental health engagement strategies.
  - **Gaps:** No sample shelter procedures or guest interaction protocols provided.

## HOUSING FIRST PRINCIPLES



*Relevant Resources & What They Offer (Hyperlinked)*

### Key Resources

- 1 **Housing First Fact Sheet** [www](#)  
*National Alliance to End Homelessness (NAEH)*
  - **Summary:** A concise overview of Housing First, breaking down core principles and debunking common misconceptions.
  - **Useful For:** Introductory education for staff, board members, and community stakeholders.
  - **Gaps:** No guidance on operationalizing Housing First principles within shelter workflows or policies.
- 2 **Housing First in Permanent Supportive Housing Brief** [www](#)  
*HUD Exchange*
  - **Summary:** Explains how Housing First principles are applied in Permanent Supportive Housing (PSH) programs, emphasizing tenant choice and service flexibility.
  - **Useful For:** Program managers designing or operating PSH units.
  - **Gaps:** Not directly applicable to shelter environments or transition strategies.



3

### **Housing First: A Critical Strategy to End Homelessness** [www](#)

*National Low Income Housing Coalition (NLIHC)*

- **Summary:** Highlights the systemic impact of Housing First as a proven strategy to reduce chronic homelessness.
- **Useful For:** Policy advocacy and making the case to funders or public officials.
- **Gaps:** High-level overview; no shelter-level operational tools or workflow guides.

4

### **The Evidence is Clear: Housing First Works** [www](#)

*NLIHC*

- **Summary:** Presents research findings that validate the effectiveness of Housing First approaches in reducing homelessness and improving outcomes.
- **Useful For:** Building evidence-based cases in proposals, reports, or stakeholder meetings.
- **Gaps:** Lacks practical strategies for integrating Housing First into day-to-day shelter operations.

5

### **Key Facts About Housing First** [www](#)

*NLIHC*

- **Summary:** Quick-reference factsheet addressing common myths and clarifying what Housing First is and is not.
- **Useful For:** Internal training and community education materials.
- **Gaps:** Not designed to provide operational procedures or policy samples for shelter settings.

6

### **The Role of Emergency Shelter in Diversion** [www](#)

*NAEH*

- **Summary:** Explains how emergency shelters can play a proactive role in diversion strategies, helping guests find alternative housing solutions before entering the shelter system.
- **Useful For:** Conceptual understanding of diversion's place in crisis response.
- **Gaps:** No concrete workflows or decision-making tools for implementing diversion at shelter intake.

## Webinars

1

### **Housing First — Getting the Message Right** [www](#)

*NLIHC Webinar*

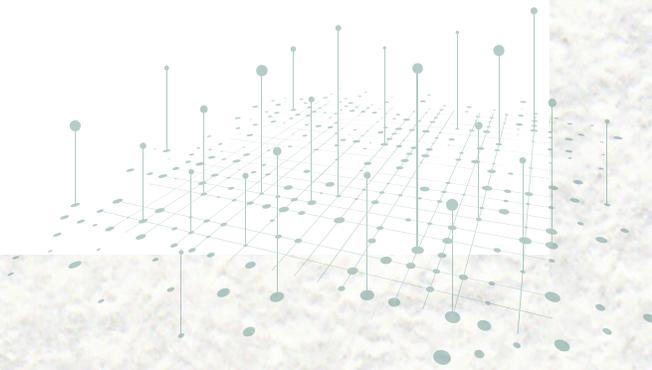
- **Summary:** Focuses on effectively communicating the Housing First model to diverse audiences, addressing misconceptions and resistance.
- **Useful For:** Advocacy and stakeholder engagement training.
- **Gaps:** Does not offer internal messaging guides or implementation communication strategies for shelter teams.

2

### **Effective Diversion: A Key Strategy for Ending Homelessness** [www](#)

*NAEH Webinar*

- **Summary:** Explores diversion as a frontline strategy to reduce shelter stays by identifying safe, immediate housing alternatives for individuals and families.
- **Useful For:** Intake staff mindset training on diversion-first approaches.
- **Gaps:** No intake assessment tools, decision trees, or diversion script templates provided.





## Trainings

1

### Understanding Housing First [www](#)

*NAEH Training Module*

- **Summary:** Provides foundational training on Housing First principles, why they work, and how they differ from traditional shelter models.
- **Useful For:** Onboarding new staff and aligning leadership understanding.
- **Gaps:** Not an operations manual; lacks sample shelter policies, intake procedures, or staff workflow examples.

2

### Rapid Re-Housing: An Introduction [www](#)

*NAEH Training Module*

- **Summary:** Introduction to Rapid Re-Housing (RRH) as a Housing First-aligned strategy, explaining key components like rent assistance, case management, and housing location services.
- **Useful For:** Staff working in RRH programs or learning about housing-focused shelter outcomes.
- **Gaps:** Lacks guidance for shelters transitioning to a housing-focused approach.

3

### Introduction to Housing Models, Housing Navigation, and Engagement [www](#)

*Homeless & Housing Resource Center (HHRC)*

- **Summary:** Offers a broad overview of different housing models (PSH, RRH, Transitional Housing) and the role of housing navigation in engaging guests.
- **Useful For:** Staff learning the landscape of housing options and engagement strategies.
- **Gaps:** Not operationally focused; lacks procedures for integrating housing navigation into shelter workflows.

4

### Introduction to Diversion [www](#)

*NAEH Training Module*

- **Summary:** Explains what diversion is, why it's effective, and how shelters can incorporate diversion strategies into their crisis response.
- **Useful For:** Setting a conceptual foundation for intake staff and leadership.
- **Gaps:** Does not provide sample diversion scripts, intake forms, or policy modifications needed for real-time implementation.

## HARM REDUCTION & TRAUMA INFORMED CARE

*Relevant Resources & What They Offer (Hyperlinked)*

### Key Resources

1

#### Harm Reduction Framework [www](#)

*SAMHSA*

- **Summary:** Comprehensive overview of harm reduction principles, strategies, and their role in public health and behavioral health systems.
- **Useful For:** Leadership and staff needing foundational understanding of harm reduction's role in health and homelessness sectors.
- **Gaps:** No shelter-specific policies, procedures, or operational examples provided.

2

#### Foundations of Harm Reduction [www](#)

*National Harm Reduction Coalition (NHRC)*

- **Summary:** Explains core concepts of harm reduction, including history, values, and practical strategies for supporting individuals who use substances.
- **Useful For:** Building a values-based approach to shelter engagement with guests who use drugs.
- **Gaps:** No operational tools; lacks sample policies, workflows, or guest-facing materials.



### 3 Homelessness and Harm Reduction

*National Harm Reduction Coalition*

- **Summary:** Introduces harm reduction principles and their application for people experiencing homelessness.
- **Useful for:** Shelter leaders and staff designing low-barrier entry policies and safer service environments.
- **Gaps:** Strong on philosophy but light on concrete shelter-based implementation examples.

### 4 What is Trauma-Informed Care?

*Trauma-Informed Care Implementation Resource Center*

- **Summary:** A primer on trauma-informed care and why it matters in service delivery.
- **Useful for:** New staff and partners who need a shared baseline understanding.
- **Gaps:** Introductory only, no detailed practice tools for daily operations.

## Webinars

### 1 Trauma-Informed Care: Responding to the Trauma of Homelessness

*Homeless & Housing Resource Center*

- **Summary:** Webinar outlining how homelessness itself is traumatic and how shelters can respond.
- **Useful for:** Staff trainers and program leads shaping onboarding or in-service sessions.
- **Gaps:** Lacks written step-by-step guidance; best when paired with a training manual.

### 2 Harm Reduction in Action: Language as Harm Reduction

*Trauma-Informed Care Implementation Resource Center*

- **Summary:** Explores how language choices can reduce stigma and support engagement.
- **Useful for:** All staff interacting with guests and external partners.
- **Gaps:** Academic tone, limited applied examples for frontline contexts.

### 3 Identifying the whole person care needs of the focus population

*Homeless & Housing Resource Center*

- **Summary:** Resource for assessing comprehensive needs, from health to social supports.
- **Useful for:** Case managers and coordinators creating individualized service plans.
- **Gaps:** High-level framework, does not provide ready-to-use assessment tools.

### 4 How Trauma-Informed Design Could Transform Homeless Shelters

*Brandi Tuck, TEDxMtHood*

- **Summary:** TED talk highlighting physical design choices that reduce retraumatization.
- **Useful for:** Funders, architects, and shelter administrators planning renovations or new sites.
- **Gaps:** Inspirational but not a technical design manual.

## Trainings

### 1 Harm Reduction: Preparing People fo Change

*National Alliance to End Homelessness*

- **Summary:** Training module on using harm reduction to engage people in readiness for change.
- **Useful for:** Program managers and staff working with substance use.
- **Gaps:** Training oriented, requires follow-up coaching to translate into daily practice.

### 2 Harm Reduction

*National Health Care for the Homeless Council*

- **Summary:** Practical overview of harm reduction principles in homeless health care.
- **Useful for:** Shelter-clinic partnerships and staff addressing health risks.
- **Gaps:** Focused more on health than shelter operations.





3

### **Trauma-Informed Approaches** [www](#)

*National Health Care for the Homeless Council*

- **Summary:** Resource outlining how trauma-informed approaches improve service outcomes.
- **Useful for:** Supervisors and team leads embedding trauma-informed practices in culture.
- **Gaps:** Overview only, less detail on metrics or fidelity monitoring.

4

### **Providing Trauma-Informed Care in Homeless Response** [www](#)

*National Alliance to End Homelessness*

- **Summary:** Resource linking trauma-informed care directly to homeless response systems.
- **Useful for:** Policymakers and shelter system planners.
- **Gaps:** System-level, does not go deep on daily frontline practices.

5

### **Harm Reduction for the Homelessness Sector** [www](#)

*Homelessness Learning Hub*

- **Summary:** Sector-specific harm reduction training for shelters and housing services.
- **Useful for:** Shelter staff looking for practical application scenarios.
- **Gaps:** Limited geographic context; not always directly transferable.

6

### **Trauma Informed Care for Trans and Gender Diverse Patients** [www](#)

*National LGBTQIA+ Health Education Center*

- **Summary:** Guidance on trauma-informed care specific to trans and gender diverse individuals.
- **Useful for:** Any shelter serving LGBTQIA+ guests, especially intake and health staff.
- **Gaps:** Clinical focus, less attention to shelter environment and operations.

7

### **Whole-Person Care for Opioid Use Disorder** [www](#)

*Homeless & Housing Resource Center*

- **Summary:** Outlines integrated, whole-person approaches for opioid use disorder treatment.
- **Useful for:** Shelters with health service linkages or partnerships.
- **Gaps:** Treatment-oriented, may be harder to adapt for non-clinical shelter settings.

## TRAUMA-INFORMED DESIGN

*Relevant Resources & What They Offer (Hyperlinked)*

### Key Resources

1

#### **It's All in the Design: Creating Trauma-Informed and Universal Designed Shelters** [www](#)

*Indiana Housing & Community Development Authority*

- **Summary:** A detailed design guide that fuses trauma-informed and universal design principles specifically for shelters. It outlines how architecture, layout, materials, and visual elements can reduce triggers, support dignity, and foster healing for both residents and staff.
- **Useful for:** Guiding architects, program leaders, and facility planners in creating or retrofitting shelters with low-barrier, trauma-sensitive features. Offers concrete design recommendations tied to client safety, autonomy, and environmental triggers.
- **Gaps:** While rich in design concepts, it doesn't fully address how low-barrier operational policies (e.g., intake, rules, staffing) must shift to match the built environment. It also offers limited cost-phasing guidance or real case studies of retrofits in high-turnover shelters.

2

#### **Trauma-Informed Design for Homeless Populations** [www](#)

*HOK*

- **Summary:** A design guide offering practical, research-informed strategies to create shelter spaces that reduce stress, support healing, and nurture dignity for people experiencing homelessness. It addresses client and staff needs, trauma-aware spatial planning (layout, lighting, nature, materials), visual elements, and offers cost/budget guidance and case studies.



- **Useful for:** Informing architects, shelter planners, and program leaders how to align built environments with low-barrier, trauma-sensitive goals. Helps bridge theory and design decisions for real facilities.
- **Gaps:** While rich in spatial and aesthetic guidance, it doesn't fully connect those design decisions to how low-barrier operations (intake protocols, staffing models, safety rules) must shift to match the environment. Also, the budgeting estimates are helpful but may not cover long-term maintenance, retrofit constraints, or scalability in underfunded contexts.

### 3

#### **Trauma-Informed Design Society Case Studies**

*TiD Society*

- **Summary:** A collection of built environment case studies showcasing trauma-informed design applied across various facility types, including corrections, child welfare, youth shelters, and supportive housing. Offers real-world examples of how spatial design, material choices, and program context intersect with trauma sensitivity.
- **Useful for:** Illustrating how different facility types (not just shelters) adopt TiD principles, which can inspire adaptations for low-barrier shelter settings. Gives tangible models to reference when designing or retrofitting spaces.
- **Gaps:** These are design-focused case studies, so operational policies, staffing models, intake shifts, and low-barrier program transitions are not deeply addressed. Context-specific constraints (budget, zoning, regulations) are also not always unpacked in detail.



#### **Maine Correctional Center** **Child Abuse Intervention Center** **Supportive Housing Projects** **Y2Y Harvard Square**



#### **How TiD Can Transform Homeless Shelters (TEDx)**

## DE-ESCALATION TECHNIQUES

*Relevant Resources & What They Offer (Hyperlinked)*

### Key Resources

#### 1

#### **6 Steps to Problem-Solving Conversation**

*National Alliance to End Homelessness*

- **Summary:** Simple framework for turning conflict into collaborative problem-solving.
- **Useful for:** Frontline staff handling guest complaints or disagreements.
- **Gaps:** Not tailored for homelessness or trauma-informed contexts, more general workplace guidance.

#### 2

#### **De-Escalation: How You Can Help Defuse Potentially Violent Situations**

*Cybersecurity & Infrastructure Security Agency (CISA)*

- **Summary:** Federal guidance on recognizing warning signs and responding to escalating behavior.
- **Useful for:** Shelter leadership and security staff creating safety protocols.
- **Gaps:** Security-heavy focus, less emphasis on relational or trauma-informed strategies.

#### 3

#### **CPI's Top 10 De-Escalation Tips**

*Crisis Intervention Institute*

- **Summary:** Practical list of everyday tactics to calm tense interactions.
- **Useful for:** All shelter staff and volunteers in direct guest contact.
- **Gaps:** Surface-level, no deep training or trauma-informed framing.



## 4 [Taking a Trauma-Informed Approach with Events of Escalation](#)

*Homeless & Housing Resource Center*

- **Summary:** Training on how to respond to escalation through a trauma-informed lens.
- **Useful for:** Supervisors and trainers embedding trauma-informed practices into safety protocols.
- **Gaps:** Webinar format, not a full curriculum; may need supplementary role-play or practice tools.

## 5 [Grounding and Verbal De-escalation: Tools and Practice for Providers](#)

*Family Justice Center Alliance*

- **Summary:** Practical strategies for grounding techniques and calming conversations.
- **Useful for:** Providers working with survivors of trauma and high-stress encounters.
- **Gaps:** Focused more on justice and survivor services, less on shelter-specific settings.

### Webinars

#### 1 [Homeless De-escalation Core Training](#)

*Homeless Training By Ryan Dowd*

- **Summary:** Specialized training built on real shelter scenarios and practical tools.
- **Useful for:** Shelter staff at all levels, especially new hires or those in high-contact roles.
- **Gaps:** Proprietary training with limited free resources, requires purchase or access to materials.

## CULTURAL COMPETENCE

*Relevant Resources & What They Offer (Hyperlinked)*

### Key Resources

#### 1 [Building Bridges: Cultural Humility Toolkit](#)

*Rutgers Center of Alcohol & Substance Use Studies*

- **Summary:** Toolkit outlining cultural humility principles for engaging diverse communities.
- **Useful for:** Shelter leaders designing staff training or policy around equity and inclusion.
- **Gaps:** Substance-use centered; less tailored guidance for shelter-specific dynamics.

### Webinars

#### 1 [Kimberlé Crenshaw: What is Intersectionality?](#)

*Kimberlé Crenshaw*

- **Summary:** Foundational explanation of intersectionality and its role in understanding overlapping oppressions.
- **Useful for:** Staff, leadership, and partners needing grounding in equity frameworks.
- **Gaps:** Theoretical and academic; does not provide applied shelter practice strategies.

#### 2 [What is Cultural Humility?](#)

*Psych Hub*

- **Summary:** Introductory session defining cultural humility and its importance in health and social services.
- **Useful for:** New staff, volunteers, and community partners unfamiliar with the concept.
- **Gaps:** Introductory only, light on detailed implementation practices.

#### 3 [Cultural Humility: People, Principles and Practices](#)

*Vivian Chavez*

- **Summary:** Engaging presentation linking cultural humility to daily practice through stories and lived experiences.
- **Useful for:** Staff training sessions, especially effective for sparking discussion.
- **Gaps:** Inspirational but not structured as a step-by-step training or policy guide.



## 1 **Cultural Humility** [www](#)

*National Alliance to End Homelessness*

- **Summary:** Training focused on applying cultural humility within homelessness response systems.
- **Useful for:** Direct service staff and organizational leaders in the homelessness sector.
- **Gaps:** Training-dependent; limited publicly available materials beyond the sessions.

## SPECIFIC NEEDS OF DIVERSE POPULATIONS

*Relevant Resources & What They Offer (Hyperlinked)*

### Key Resources

#### 1 **Equal Access Decision Tree: Supporting Equal Access Across the Full Spectrum of Services** [www](#)

*National LGBTQIA+ Health Education Center*

- **Summary:** Flowchart resource for ensuring LGBTQIA+ individuals have equitable access across services.
- **Useful for:** Shelter intake staff and managers creating decision protocols.
- **Gaps:** Tool-focused; requires context training to use effectively.

#### 2 **Equal Access for Transgender People Supporting Inclusive Housing and Shelter** [www](#)

*National Alliance to End Homelessness*

- **Summary:** Guidance on creating safe, inclusive shelter environments for transgender individuals.
- **Useful for:** Shelter administrators and policy developers.
- **Gaps:** Best-practice focus; does not address challenges in under-resourced or resistant communities.

#### 3 **Equal Access Expectations Training Scenarios** [www](#)

*National Alliance to End Homelessness*

- **Summary:** Scenario-based training materials for staff on applying equal access principles.
- **Useful for:** Frontline staff and trainers facilitating role-play sessions.
- **Gaps:** Requires facilitation; not effective as a standalone document.

#### 4 **Sample Guidelines for Emergency Shelters that Welcome Service/Emotional Support and Other Animals** [www](#)

*National Alliance to End Homelessness*

- **Summary:** Draft policies for accommodating service and support animals.
- **Useful for:** Shelter leaders writing or revising animal policies.
- **Gaps:** Policy-oriented, light on day-to-day operational challenges.

#### 5 **Ten Lessons from the Field on Operating Pet-Friendly Shelter** [www](#)

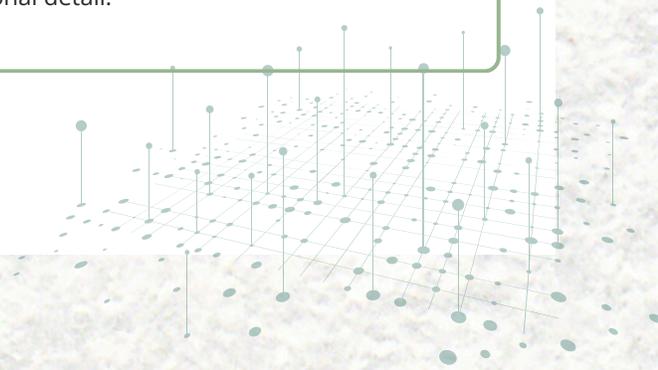
*National Alliance to End Homelessness*

- **Summary:** Practical lessons learned from shelters integrating pet-friendly models.
- **Useful for:** Shelter administrators considering pet policies.
- **Gaps:** High-level lessons; does not provide detailed budget or staffing models.

#### 6 **Keeping People and Pets Together** [www](#)

*National Alliance to End Homelessness*

- **Summary:** Advocacy-focused piece on the importance of co-sheltering people and their pets.
- **Useful for:** Leaders seeking to build stakeholder and funder buy-in.
- **Gaps:** Emphasis on narrative, less on technical or operational detail.





## Webinars

### 1 **Health Disparities, Stigma and Terminology: Health Equity for Transgender and Gender Diverse Populations** [www](#)

National LGBTQIA+ Health Education Center

- **Summary:** Explains health disparities and the role of stigma in trans and gender diverse communities.
- **Useful for:** Clinical staff, case managers, and intake staff.
- **Gaps:** Health-centered, not shelter-specific.

### 2 **HUD's Equal Access Rule: What it Is, What's Changed, and What You Need to Know** [www](#)

National Alliance to End Homelessness

- **Summary:** Walkthrough of HUD's Equal Access Rule and compliance expectations.
- **Useful for:** Shelter administrators and compliance officers.
- **Gaps:** Regulatory lens; not much detail on frontline practices.

### 3 **Low-Barrier Shelter: How to Become Pet Friendly** [www](#)

National Alliance to End Homelessness

- **Summary:** Covers steps to create or adapt pet-friendly policies in low-barrier shelters.
- **Useful for:** Shelter leaders planning service expansions.
- **Gaps:** Webinar format; limited downloadable tools or templates.

## Trainings

### 1 **Understanding How We Got Here: How Historic and Ongoing Structural Racism Create Racial Disparities** [www](#)

National Alliance to End Homelessness

- **Summary:** Historical context training linking racism to present-day disparities in homelessness.
- **Useful for:** Staff development and leadership training.
- **Gaps:** Conceptual; requires follow-up to connect to practical operations.

### 2 **Using Data to Analyze Racial Disparities in the Homelessness System** [www](#)

National Alliance to End Homelessness

- **Summary:** Training on applying data analysis to identify and address racial disparities.
- **Useful for:** Data teams, leadership, and funders monitoring equity outcomes.
- **Gaps:** Technical; assumes some data literacy and access to system data.

### 3 **Service Animals: Your obligations under the ADA** [www](#)

Homeless Training By Ryan Dowd

- **Summary:** Legal training on ADA requirements for service animals in shelters.
- **Useful for:** Shelter leaders and staff developing intake policies.
- **Gaps:** Legal focus; less attention to practical operational adjustments.

### 4 **Homelessness among Women & Gender-Diverse People** [www](#)

Homelessness Learning Hub

- **Summary:** Training focused on the unique experiences of women and gender-diverse people in homelessness.
- **Useful for:** Program staff and managers designing targeted interventions.
- **Gaps:** Broad overview; may lack detail on specific cultural or regional contexts.

### 5 **2SLGBTQIA+ Toolkit to Support Youth Experiencing Homelessness** [www](#)

Homelessness Learning Hub

- **Summary:** Toolkit supporting service providers working with LGBTQIA+ youth experiencing homelessness.
- **Useful for:** Youth service providers, case managers, and program leads.
- **Gaps:** Youth-focused, not directly transferable to adult shelters.

# SUPPORTING MATERIALS *Templates to Guide Your Practice*

## Shelter Intake and Immediate Needs Assessment Form

### Basic Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender Identity:  Male  Female  Non-Binary  Trans

Pronouns:  He/Him  She/Her  They/Them  Other: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Contact Information (if any): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Immediate Needs Assessment

**Do you have any immediate medical needs?**  Yes  No

If yes, please describe: \_\_\_\_\_

**Are you currently experiencing any hunger or nutritional needs?**  Yes  No

If yes, please describe: \_\_\_\_\_

**Do you feel safe?**  Yes  No

If no, please describe any safety concerns: \_\_\_\_\_

**Are you currently under the influence of alcohol or substances that is affecting your well-being?**  Yes  No

**Note:** *This question is to ensure we provide the right support and care. It will not affect your stay with us.*

**Do you have any children or dependents with you?**  Yes  No

If yes, please list their names and ages: \_\_\_\_\_

**Do you have any pets with you?**  Yes  No

If yes, please describe: \_\_\_\_\_

### Housing History and Current Situation

**What led you to seek shelter at this time?** \_\_\_\_\_

#### Previous Living Situation (Check one)

Living with family/friends

Renting

Transitional housing

Street/Homeless

Other: \_\_\_\_\_

#### Length of current homelessness experience: (Check one)

Less than 1 month

1-3 months

3-6 months

Over 6 months

**Are you currently employed?**  Yes  No

# SUPPORTING MATERIALS *Templates to Guide Your Practice*

## Shelter Intake and Immediate Needs Assessment Form

### Health and Wellness

**Do you have any chronic health conditions we should be aware of?**  Yes  No

If yes, please specify: \_\_\_\_\_

**Are you currently receiving any medical treatment or medications?**  Yes  No

If yes, please specify: \_\_\_\_\_

**Do you have any dietary restrictions or allergies?**  Yes  No

If yes, please specify: \_\_\_\_\_

### Substance Use and Support Services (Optional)

**Would you like information on support services related to substance use?**  Yes  No

**Are there any other support services you are interested in?** (Job training, education, mental health services, etc.) \_\_\_\_\_

### Conducting Respectful Safety Checks

**Safety Check Conducted:**  Yes  No

**Note:** This check is to ensure the safety of all residents. It involves a respectful review of any violent offenses. All information is treated with the highest confidentiality.

**Outcome of Safety Check:**  No Concerns Found  Concerns Found

If concerns found, specify nature: \_\_\_\_\_

### Referral to Appropriate Services (if needed):

List referrals provided or actions taken if the individual cannot be accommodated due to safety concerns:

\_\_\_\_\_

### Consent and Agreements

I consent to the collection of my information for the purpose of receiving shelter and support services. I understand my information will be kept confidential in accordance with the shelter's privacy policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have received and understand the shelter's community agreements and behavior expectations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Staff Use Only:

**Assessment Completed By:** \_\_\_\_\_

**Immediate Actions Taken:** \_\_\_\_\_

**Referrals Provided:** \_\_\_\_\_

**Follow-Up Needed:** \_\_\_\_\_

# SUPPORTING MATERIALS *Templates to Guide Your Practice*

## Admission Policy Template

*This template provides a framework for creating an Admission Policy for Low-Barrier Shelters. It is designed to be adaptable for various types of shelters and populations served, ensuring accessibility and inclusivity while maintaining the safety and well-being of all clients.*

### Scope

This policy applies to all staff and volunteers involved in the intake and admission processes at [Shelter Name].

### Policy Statement

[Shelter Name] is committed to providing a safe, respectful, and inclusive environment for all individuals seeking shelter. We adhere to low-barrier principles, minimizing obstacles to access shelter services.

### General Admission Guidelines

#### 1. Eligibility Criteria:

- Open to all individuals and families experiencing homelessness, with specific considerations for:
- [Option to input specific populations served, e.g., "single adults," "families with children," "survivors of domestic violence." "LGBTQ+ individuals."]
- No requirements for government-issued ID, sobriety, or participation in services for admission.

#### 2. Intake Process:

- Conduct an initial assessment focusing on immediate needs (safety, health, shelter).
- Use trauma-informed, respectful communication throughout the intake process.
- [Option for shelters to input specific intake procedures or assessments used.]

#### 3. Prioritization of Services:

- When capacity is limited, prioritization may be necessary based on:
  - i. Vulnerability assessment scores.
  - ii. Special considerations for families with children, pregnant women, elderly, or Illinois Shelter Alliance (Illinois Shelter Alliance (Illinois Shelter Alliance (ISA)))bled individuals.
- [Shelters can input their own prioritization criteria or methods.]

### Variations for Different Shelter Types and Populations

#### Congregate Shelters:

##### • Admission Guidelines:

- [Details specific to congregate settings, e.g., "Residents must agree to abide by communal living agreements."]

#### Non-Congregate Shelters (Hotel/Motel-based, Individual Units):

##### • Admission Guidelines:

- [Details specific to non-congregate settings, e.g., "Residents will receive information on unit-specific rules and emergency procedures."]

# SUPPORTING MATERIALS *Templates to Guide Your Practice*

## *Admission Policy Template*

### **Family Shelters:**

- **Admission Guidelines:**

- [Family-specific considerations, e.g., "Families are kept together. Special accommodations for infants or elderly family members available upon request."]

### **Documentation and Data Collection**

- Minimal personal data collected at admission to respect privacy and reduce barriers.
- Data used for improving services and securing funding. Compliance with [applicable state and federal privacy laws].

### **Rights and Responsibilities**

- Upon admission, clients are informed of their rights within the shelter and the community expectations to ensure a safe environment for all.
- [Option to input specific rights and responsibilities or reference a separate document.]

### **Exceptions and Special Considerations**

- [Shelter Name] acknowledges unique circumstances may require deviation from standard policy. Staff are empowered to make case-by-case decisions in alignment with the shelter's mission and low-barrier principles.

### **Review and Amendments**

- This policy is subject to annual reviews and updates based on feedback from staff, clients, and changes in community needs or legal requirements.
- [Details on the process for proposing amendments or updates to the policy.]

### **Implementation Notes:**

- Shelters should customize this template with specific details relevant to their operations and the populations they serve.
- Staff training on the admission policy and procedures is essential for consistent application and a welcoming environment for all clients.



# SUPPORTING MATERIALS *Templates to Guide Your Practice*

## *Client Rights and Responsibilities Policy Template*

*This template is designed to help low-barrier shelters establish clear guidelines regarding the rights and responsibilities of clients during their stay. The aim is to create a respectful, safe, and supportive environment for both clients and staff.*

**[Shelter Name]:** [Insert Shelter Name]

**Effective Date:** [Insert Effective Date]

**Last Reviewed:** [Insert Last Review Date]

**Next Review:** [Insert Next Review Date]

### **Introduction**

This policy outlines the fundamental rights afforded to all clients and the responsibilities clients are expected to uphold to ensure a safe, respectful, and supportive environment within our shelter.

### **Client Rights**

#### **1. Right to Dignity and Respect**

- All clients have the right to be treated with dignity and respect, regardless of their background, identity, or circumstances.

#### **2. Right to Privacy**

- Clients have the right to privacy concerning their personal information and belongings, within the constraints of safety and shelter operations.

#### **3. Right to Safety and Security**

- Clients have the right to a safe and secure environment free from harassment, abuse, and discrimination.

#### **4. Right to Accessible Services**

- Clients have the right to access shelter services that accommodate their needs, including those related to dIllinois Shelter Alliance (Illinois Shelter Alliance (Illinois Shelter Alliance (ISA)))bility, dietary restrictions, and language barriers.

#### **5. Right to Voice Concerns**

- Clients have the right to voice concerns and grievances without fear of retaliation, through established shelter procedures.

#### **6. Variations for Specific Shelter Types and Populations:**

- (Shelter Specifics Area: Outline any additional rights relevant to your shelter type or the populations you serve, such as access to family-friendly spaces in family shelters or harm reduction services in shelters serving individuals experiencing substance use disorders.)

### **Client Responsibilities**

#### **1. Respect for Others**

- Clients are responsible for treating fellow clients, staff, and volunteers with respect and courtesy, avoiding behaviors that disrupt the peace or safety of the shelter community.

#### **2. Compliance with Shelter Rules**

- Clients are responsible for adhering to all shelter rules and procedures, including those related to curfews, guest policies, and substance use, where applicable.

# SUPPORTING MATERIALS *Templates to Guide Your Practice*

## *Client Rights and Responsibilities Policy Template*

### 3. Participation in Shelter Operations

- When able, clients are encouraged to participate in shelter operations and activities, contributing to the shelter community's well-being.

### 4. Care of Shelter Property

- Clients are responsible for treating shelter property with care, reporting any damages or safety concerns to staff promptly.

### 5. Personal Safety and Security

- Clients are responsible for following safety guidelines and procedures outlined by the shelter, including emergency evacuation drills and security measures.

### 6. Variations for Specific Shelter Types and Populations:

- (Shelter Specifics Area: Include any additional responsibilities specific to your shelter type or the populations you serve. For instance, family shelters might specify responsibilities related to child supervision, while pet-friendly shelters may outline pet care and behavior requirements.)

#### Signature of Acknowledgement

I, \_\_\_\_\_ (client name), acknowledge that I have read and understand my rights and responsibilities as outlined by this policy. I agree to abide by the responsibilities set forth and understand that failure to do so may result in corrective action, up to and including discharge from the shelter.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Shelter Representative Signature, if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Implementation Notes:

- **Adaptation for Shelter Needs**

- Shelters are encouraged to adapt this template to reflect their operational realities, client population needs, and community resources.

- **Client Input**

- Consider involving clients in the review and adaptation process to ensure the policy reflects their needs and perspectives.

- **Staff Training**

- Ensure all staff are trained on the rights and responsibilities policy, emphasizing the importance of upholding client rights and the procedures for addressing violations.

- **Policy Distribution**

- The finalized policy should be made available to all clients upon intake, in accessible formats and languages as needed.



# SUPPORTING MATERIALS *Templates to Guide Your Practice*

## Template Links

### **General Templates**

- [Shelter Intake and Immediate Needs Assessment Form](#)
- [Safety Plan Template for Low-Barrier Shelter Residents](#)
- [Housing Transition Plan](#)
- [Incident Report Form](#)
- [De-escalation Techniques Handout](#)

### **Policy Templates**

- [Admission Policy Template](#)
- [Client Rights and Responsibilities Policy Template](#)
- [De-escalation Policy Template](#)
- [Eviction and Ban Policy Template](#)
- [Grievance Procedure Policy Template](#)
- [Health and Safety Policy Template](#)
- [Incident Reporting and Response Policy Template](#)
- [Length of Stay and Housing Transition Policy Template](#)
- [Non-Discrimination Policy Template](#)
- [Pet and Service Animal Policy Template](#)
- [Privacy and Confidentiality Policy Template](#)
- [Substance Use Policy Template](#)
- [Turnaway Policy and Procedure Template](#)
- [Warm-Handoff Procedure for Shelter Clients](#)



*Developed and co-authored by:*

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**PROJECT MAVENS, LLC**

*Melissa Gomez, Principal Consultant*

[www.projectmavens.co](http://www.projectmavens.co)

**HIGH GROUND PARTNERS, LLC**

*Betsy Benito, Principal Consultant*

[www.highgroundchi.com](http://www.highgroundchi.com)