The Facility Standards (FS) apply to all LAHSA funded contracts for all populations. The system component Scope of Required Services (SRS) documents will contain contractual requirements specific to the component you are contracted to provide. The Facility Standards, Program Standards, Practice Standards, SRS, and the documents that are linked hereto, in combination with the Program Profile and Performance Targets, comprise the entire Statement of Work for the system component being contracted.

FACILITY STANDARDS

The Facility Standards are supplemental requirements in addition to the CES Policy Council Approved Universal Interim Housing Practice Standards that are specific to LAHSA funded contracts. All program sites or facilities that provide supportive services must adhere to these standards. These additional requirements have been identified to ensure the health, safety, and program fidelity for all participants of LAHSA funded programming.

In addition to these standards, please reference the following materials:

- The Los Angeles City & County Interim Housing Minimum Practice Standards

NOTE: The guidelines below are specific to LAHSA and agencies should ensure compliance with additional applicable City, County and Federal requirements or guidelines. The guidelines set forth in the Facility Standards are established to provide minimum safety criteria for all persons in LAHSA funded programs.

SYSTEM COMPONENT OVERVIEW

The goal of the Coordinated Entry System (CES) is to create a consistent approach to access and delivery of homeless services within Los Angeles. All contracts that include supportive services are considered a system component; the following is a list of system components, that however, is not an exhaustive list: Access Centers, Bridge Housing, Crisis Housing, Homeless Prevention, Housing Location, Housing Navigation, Outreach, Permanent Supportive Housing, Rapid Re-housing, and Transitional Housing.

FACILITY REVIEWS

Facility reviews are conducted to ensure that each site is providing optimal care to participants and sites are adhering to contractual requirements outlined in the Statement of Work. Facility reviews will be conducted on bi-annual or annual frequencies. Determination of the frequency is dependent on the system component of the contract. LAHSA intends to provide at least 24 hours in advance before a site inspection. However, if extenuating circumstances arise or if it is part of the scheduled routine inspections by the Department of Public Health – Environmental Health unit (DPH – EH), LAHSA or DPH – EH may go unannounced. If the site is funded by any other system partner (i.e. Healthy Agency), LAHSA and the other funder reserves the right to conduct a joint review of the facility.

FACILITY CONDITIONAL APPROVALS

Facilities/sites that have a conditional approval status must be “program ready” to operate the contracted functions of the statement of work at the site. LAHSA defines “Program Ready” as the site having the resources and infrastructure in place to start operations per LAHSA’s requirements and verified by LAHSA personnel. For contractors that have received a conditional award due a proposed site not being program ready, the contractor will be given two (2) months to make corrections from the time of award announcement. If the site is not program ready by the two (2) months mark, LAHSA reserves the right to reassess the conditions of their proposal and conditional award.

Last Updated 6/11/2019
SUBCONTRACTOR FACILITY REVIEW APPROVALS
If LAHSA’s primary/direct contractor chooses to subcontract a service component, it is the responsibility of the primary contractor to review their own subcontractor sites at least twice annually, with the LAHSA Practice Standards Monitoring Tool and it must be submitted in MyOrg prior to subcontractor approval. In addition, if LAHSA’s primary/direct contractor is requesting approval of a subcontractor, the primary/direct contractor will need to submit a facility review along with the appropriate documentation and pictures within the LAHSA subcontractor approval process. A LAHSA primary/direct contractor must not operate a facility (a proposed new site for a current contract or a subcontractor site) until they receive approval from LAHSA that the proposed site is approved. In addition, LAHSA reserved the right to conduct a site review of a subcontractor.

FACILITY GUIDELINES

1. FACILITY POSTINGS
   1.1. Program rules must be posted in plain sight in a common area. Program rules must not be more than one (1) page double sided.
   1.2. Grievance procedures must be posted in plain sight in a common area and meet the standards identified within the contract.
   1.3. A Civil Rights poster must be posted in a common area within the facility.

2. GENERAL FACILITY
   2.1. The exterior of the facility must be clean and clear of debris. The exterior of the facility must not have trash and debris out in the open.
   2.2. There must be no signs of electrical hazards such as loose or exposed wiring
   2.3. In case of construction, renovations or moving, the area that is affected must, at least, have some type of barrier around the site to ensure safety.
   2.4. The interior of the facility must not have visible cracks, holes, or leaks (water damage) on walls, floors, or ceilings.
   2.5. The interior of the facility must be clean and maintained in a sanitary condition.
   2.6. The interior walkways must be clear of obstacles and debris for easy in and out access for anyone.
   2.7. The facility must have a natural or mechanical means of ventilation.
       2.7.1. If there is no thermostat that controls the temperature of the facility, there must be other means to provide necessary heating/cooling to ensure there is a working ventilation system.
       2.7.2. If there is a thermostat that controls the temperature of the facility, which is locked, staff must have access to it 24-hours a day.
   2.8. There must be no mold or mildew on ceilings or walls.
   2.9. The screens and frames of vents must not be rusted or broken and clear of dirt and debris.
   2.10. Common areas must be welcoming for individuals from all backgrounds and, to the agency’s ability, the site must be free from a significant number of religious artifacts.
2.11. **Family Site:** Stairways must have child guides and gates. If there are stairs in the common area of the facility, or if there are stairs to and from where participants sleep, there must be safety gates screwed in the walls at the top of the stairway.

2.12. **Family Site:** The facility must incorporate child-friendly decorations and materials, creating a safe and welcoming place for children and parent/guardians.

2.13. **Family Site:** The facility must provide a safe space for children to play with safe and age appropriate materials and toys.

**Lighting/ Electrical**

2.14. The facility must have adequate natural and/or artificial illumination to permit normal indoor activities and support the health and safety of the participants.
   2.14.1. All common areas, bathrooms, stairways and hallways within the facility must be well lit.
   2.14.2. All switches and light fixtures must be in good, working condition.
   2.14.3. There must be enough electrical outlets to permit safe use of essential electrical appliances.

**Pest Control**

2.15. The facility must be free of rodent and insect infestations.

2.16. The facility must have a pest control log which indicates frequency of fumigation.

2.17. All sites must have an inspection for rodents and insects by a certified pest control company. If an infestation is found, the agency must fumigate and make appropriate reasonable accommodations for the participants.

**Health & Safety**

2.18. There must be evacuation signs posted in all common areas which state that an exit is defined as an unobstructed path for exiting to a public way from any place in a building. Evacuation plan must have procedures and route assignments, such as floorplans, workplace maps, and safe or refuge areas, the plans must also indicate:
   2.18.1. All exits;
   2.18.2. Exits in case of fire;
   2.18.3. The location of the primary and secondary exits locations;
   2.18.4. Exits for those with mobility devices (must not be substantially different from the other exits, unless there are stairs in the facility);
   2.18.5. Location of first aid kit(s);
   2.18.6. Location of fire extinguisher(s);

2.19. If the site has security bars/gates on both the windows and the doors, these must be openable or removable from within the facility without the use of a key, tool, special knowledge, or effort.

2.20. Windows and doors must have locks, which are openable or removable from within the room/facility without the use of a key, tool, special knowledge, or effort.
2.21. Emergency numbers must be posted in all common areas, which are easily accessed and posted in a visible area in case of emergency.

2.22. The program must have some type of security protocol in place that outlines building security and safety for participants personal space and belongings.

2.23. The program must have a protocol in place for staff to monitor who is coming in and out of the program/site.

2.24. The Fire Extinguisher to square footage ratio must be 1/3000 sq./ft. Whatever the square footage is of the facility the number must be rounded up and never down (6,200 square feet = 3 Fire Extinguishers), or as directed by a fire service professional. We rather be too safe than not safe enough.

2.25. All fire extinguishers must be fully charged and labeled. Any time a fire extinguisher is used, it must be immediately replaced if it is a single use extinguisher, or recharged by a professional fire extinguisher servicing company, if it is rechargeable.

2.26. Fire extinguishers in the kitchen must be “ABC” multiuse, which can be used on all types of fires. The agency shall assure that portable fire extinguishers are subjected to annual maintenance checks by a certified fire protection company.

2.27. For Interim Housing Sites: There must be at least one (1) working battery operated or hard-wired smoke detector in each occupied unit or in an area of ten (10) beds or less.

2.28. There must be at least one (1) working battery operated or hard-wired smoke detector in each common area, including but are not limited to: laundry rooms, day care centers, hallways, stairwells, and other common areas.

2.29. Smoke detectors must be in all stairs and hallways and must be located on or near the ceiling and away from corners.

2.30. All First Aid kits must be full, and follow OSHA regulation standard 1910.151b, and OSHA/ANSI certified.

2.31. All first aid kits must be readily available for anyone in the facility. Note: if a participant needs an item from the first aid kit, they must know where the first aid kit is and have access to the resource with-or-without staff oversight.

2.32. There must be a designated place to store and/or refrigerate participant medication. Medication requiring refrigeration must be stored in a refrigerator in a stored container. Staff must ensure that medication not centrally stored be kept in a safe and locked place by the participant.

3. SANITARY FACILITIES

3.1. All sanitary facilities must be in proper operating condition, private, and adequate for personal cleanliness and the disposal of human waste.

3.2. All sanitary areas must have a log to identify when and by whom the restrooms were maintained.

3.3. There must be a restroom to participant ratio of one (1) toilet and wash area for every fifteen (15) participants.
3.4. All toilets and sinks must be maintained and kept in proper working order.

3.5. Restroom facility must contain a separate compartment with a door and walls or partitions that are sufficiently high to ensure privacy if there is more than one toilet in the restroom.

3.6. All bathrooms or stalls must have locks from the inside and ensure there is privacy.

3.7. Restrooms with mirrors must NOT have the following:
   3.7.1. Black spotting
   3.7.2. Cracks
   3.7.3. Chipping

3.8. For each individual shower unit, there must be a shower curtain and/or privacy partition.

3.9. Showers must have floor mats to prevent slipping/falling, inside and outside of the shower.

3.10. If participants need hygiene products, such as towels, soap, deodorant, toilet tissue, feminine hygiene products, the staff at the facility must make them available.

4. **SLEEPING AREAS (SHELTERS ONLY)**

4.1. Except where the shelter is intended for day use only, the shelter must provide each program participant in the shelter with an acceptable place to sleep, as well as adequate space and security for themselves and their belongings.

4.2. The sleeping area needs to comply with 2010 ADA standards. **Note:** The ADA requirement between beds is 36” apart.

4.3. The facility must provide sheets, blankets, towels, pillows, etc. for the participant and/or household, when they are needed.

4.4. The sleeping area must be separate from the food storage and/or food preparation areas.

4.5. Participants must have access to private, locked spaces for their belongings.

4.6. There must be storage and/or closet space for participants to place their belongings.

4.7. The sleeping area must be free of bed bugs.

4.8. All sites must have a bed bug mitigation plan, which must include:
   4.8.1. How the staff plan to reduce the number of hiding places;
   4.8.2. How they plan to keep the facility clean from clutter;
   4.8.3. A schedule, of how they plan to wash and heat dry sheets, blankets, bedspreads;
   4.8.4. A schedule for regular inspections

4.9. Site inspection from a rodent/infestation professional must be conducted at least twice (2) a year.

4.10. All sites must have a facility maintenance plan that ensures a clean, safe, sanitary and serviceable facility. The plan must include the content and frequency of inspections.
4.11. A mitigation plan must be made if a site or unit needs to be shut down due to any issue, which would indicate how the program will facilitate participant service and notify LAHSA of any changes to the facility/program. If a unit must be closed for more than a week, LAHSA HMIS, Performance Analysis and Reports and Performance Management Units must be notified.

4.12. All sites must have a facility maintenance log, which indicates all maintenance performed or needed.

The following is the 2019 CES Policy Council Approved Universal Interim Housing Practice Standards.

*If the CES Policy Council Approves a Revision, the most up to date revision is what will be monitored to.*
INTERIM HOUSING OVERVIEW
Interim Housing is an intervention that provides people experiencing homelessness with temporary housing intended to resolve their immediate experience of unsheltered homelessness, to connect participants to permanent housing opportunities in their communities, and to provide various other services. Interim Housing, as defined by Los Angeles County, includes Crisis Housing, Winter/Seasonal Shelter, Bridge Housing, Recovery Bridge, Recuperative Care, Stabilization Housing, and Safe Haven programs (see Glossary for definitions).¹ ²

INTERIM HOUSING PRACTICE STANDARDS
These Interim Housing Practice Standards establish minimum requirements for the operation of Interim Housing programs in Los Angeles City & County, to which such programs (formerly known as “emergency shelters” within Los Angeles County) shall adhere. This document is not intended to stand on its own and shall be read in conjunction with other funders’ contractual requirements. Standards will be reviewed on an ongoing basis, and may be amended to best reflect current best practice, priorities and stakeholder feedback.

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Appendix A – Glossary
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Appendix C – ADA Compliance

¹ Transitional Housing, while technically categorized as Interim Housing, will have separate Practice Standards developed.
² Augmented Winter Shelters are exempt from these standards.
1. PHILOSOPHY & DESIGN

Programs shall be required to serve all participants with a Housing First approach. The Housing First philosophy is based on the premise that stable housing is a critical determinant of health, education, employment, and other positive outcomes related to well-being. Housing First programs do not require any preconditions for admittance. Instead, the focus is on quickly moving people experiencing homelessness into permanent housing with needed services. In practice, this means that participants shall not be rejected or exited from Interim Housing due to lack of sobriety or income, or based on the presence of mental health issues, disabilities, or other psychosocial challenges.

Programs shall also ensure that a Harm Reduction approach is used in serving participants. Programs using Harm Reduction strategies work with participants to reduce the negative consequences of continued use of alcohol, drugs, or non-compliance with medications rather than establishing no-tolerance policies, or termination assistance based on a participants’ inability to achieve sobriety or due to medication non-compliance. Program service strategies shall include all possible approaches to assisting participants in their efforts to reduce or minimize risky behaviors, while at the same time helping participants move into, and stabilize in, permanent housing. This approach has its limits, of course: Harm Reduction approaches are not intended to prevent the termination of a participant whose actions or behavior constitute a threat to the safety of other participants or staff.

In addition to implementing a Housing First model which incorporates Harm Reduction techniques, all programs shall incorporate Trauma Informed Care into their delivery of services. Trauma Informed Care is an organizational structure and service framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care emphasizes physical, psychological, and emotional safety for participants, families, and service providers alike, and helps participants rebuild a sense of control, personal empowerment and reduce re-traumatization. In practice, Trauma Informed Care services account for trauma in all aspects of service delivery and prioritize the trauma survivor’s safety, choice, and control. Trauma Informed Care services create and promote a culture of nonviolence, learning, and collaboration.

Programs shall develop and maintain a set of policies for educating and training program staff on Housing First, Harm Reduction strategies, and Trauma Informed Care.

2. SYSTEM COLLABORATION

1. Programs shall participate fully in the greater Los Angeles County homelessness assistance system, including the Los Angeles Coordinated Entry System (CES).
2. To ensure coordination with the CES, program staff shall participate in all relevant CES and SPA-level activities, including system and service coordination meetings.
3. Programs shall leverage resources through active collaboration with other programs that provide services to participants within their respective communities.
4. Programs funded by LAHSA shall accept referrals according to LAHSA Interim Housing Scope of Required Services.
5. Programs funded by the Los Angeles County Health Agency shall accept referrals at the direction of applicable Health Agency department.
6. Interim Housing programs in which the funder does NOT vet and refer the participants shall prioritize referrals for those who are the least likely to resolve their homelessness without assistance. This includes those with the most acute need of Interim Housing, specifically people who are unsheltered and/or identified for the program by an Outreach Coordinator or an Outreach Team.

3. ADMISSION, INTAKE, & ASSESSMENT
1. Programs shall not establish supplementary admission requirements or criteria in addition to those established by program funders.
2. Whenever possible, programs shall work to divert participants seeking program entry by encouraging them to re-connect with family or friends who could temporarily or permanently house them. If resources are needed to successfully divert a person from entry into the homeless system, a referral shall be made to a CES Diversion/Prevention program (when available).
3. For participants the program is unable to divert,
   a. programs shall confirm within HMIS that CES assessment tool has been completed.
   b. If no tool has been completed, program staff shall complete or update the appropriate CES assessment tool (e.g. VI-SPDAT, Family-SPDAT, or Next Step Tool for Youth) as part of the intake and assessment process. 3
4. Completion of CES assessment shall not be a barrier to program entry. 4 If participant is unable to complete the CES assessment at time of entry, the participant shall be given an opportunity to complete the assessment as soon as possible if no other viable housing options are identified through diversion strategies.
5. Programs shall make an attempt to serve families intact regardless of family composition.
6. Programs shall pursue reasonable accommodations to better-serve all participants, including, but not limited to, ADA.
7. Programs shall ensure that participants are provided safe and adequate Interim Housing accommodations and services based on each participant’s self-identified gender identity.
8. Programs shall ensure that intake and assessment practices take into account the safety, security, and privacy of persons who are fleeing, attempting to flee, and/or are survivors of domestic violence, sexual assault, and/or human trafficking who are referred to Interim Housing programs and/or are seeking Interim Housing services.
9. Programs shall develop and implement policies and procedures to ensure the continued confidentiality and privacy of persons who are fleeing, attempting to flee, and/or are survivors of domestic violence, sexual assault, and/or human trafficking who are admitted into the Interim Housing program.
10. During Intake, programs shall orient participants to all program guidelines and expectations.

4. CASE MANAGEMENT 5
1. All programs shall provide Case Management services.
2. Case Management services shall include at least the following: An assessment of housing and service needs within seven days of admittance, the establishment of a Housing and Services Plan, and connections to community resources and opportunities.

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3 Refer to Los Angeles County Coordinated Entry System assessment policies.
4 Refer to Los Angeles County Coordinated Entry System assessment policies.
5 Department of Public Health SAP-C Recovery Bridge beds are excluded from Case Management standard.
a. Interim Housing programs operating temporary/seasonal programs (i.e. Winter Shelter or other cold/wet weather programs) shall offer Case Management services and Housing Stability Plans for all participants who have stayed seven or more consecutive days or by participant request.

3. Case Management shall coordinate all permanent housing activities with any additional Case Managers and/or other staff assisting participants with obtaining permanent housing opportunities.
   a. Interim Housing staff shall serve as point of contact for program participants, to maintain contact and facilitate communications with housing search and placement programs, property owners, property managers, landlords, etc., to assist participants with activities related to securing permanent housing placement.

4. Case Management shall make rapid connections to a broad continuum of resources and shall promote the participant’s active involvement in their Housing and Services Plan while emphasizing the temporary nature of their stay in the Interim Housing program.

5. Case Management services shall always be voluntary and participant-centered. It is the responsibility of the Interim Housing program to offer these services as frequently as needed to support participants. Case Management services shall be offered no less than once a week or as required by the funder.

6. Programs shall provide space for the provision of Case Management. Such spaces shall ensure privacy and confidentiality, as well as safety and security, for both participant and program staff.

5. HOUSING & SERVICE PLANNING

1. Following Intake and Assessment, Case Managers shall develop Housing and Services Plans that focuses on finding permanent housing for each individual or family, and also provide supportive services in coordination with the participant and any Case Managers and/or other staff assisting participants with obtaining permanent housing opportunities.

2. The Housing and Services Plan shall identify the participant’s needs, goals, actions to be taken, and progress towards goals. The Housing and Services Plan shall ensure that participants’ Interim Housing stay is as short as possible. Housing and Services Plans shall be updated as the participants’ needs and/or goals change, and as steps are completed or updated.

3. Program staff shall continuously engage participants who do not progress on their plans or who are not willing to address Housing and Services Plan action steps. Continuous engagement shall be offered no less than once a week or as required by the funder.

4. Programs shall assist participants with a range of funded and leveraged activities that address the participants’ goals (as stated in their Housing and Service Plans), including but not limited to:
   a. Assistance obtaining identification and other documents that are required for securing permanent housing;
   b. Enrollment in eligible mainstream resources (TANF, SSI/SSDI; health insurance, public benefits);
   c. Connections to substance abuse, mental health, physical health, employment/vocational, educational services, legal assistance, money management, subsidized childcare, food resources as well as life skills coaching. Programs shall also make efforts to provide participants reasonable access to phone and transportation resources.
   d. When a referral is made to any community service, case managers shall provide a warm handoff and a follow up to ensure the linkage has been made.
6. STAFF TRAINING

1. Programs shall establish and document a regular process for onboarding new staff and regularly update the training procedures for current staff.
2. Program trainings shall include a review of all Interim Housing program policies and procedures, including those discussed in these practice standards.
3. All Interim Housing staff shall receive training upon hire or upon request by funder and/or program management to ensure competency within the following core areas:
   a. Program Operations;
   b. Effective interactions with participants;
   c. Housing First & Low Barrier Practices;
   d. Harm Reduction;
      i. Overdose Prevention and Intervention
   e. Trauma Informed Care, including Secondary Trauma;
   f. Mental Health First Aid;
   g. Non-Violent Crisis Intervention;
   h. Stages of Change/Motivational Interviewing;
   i. Equal Access Gender Identity Policy;
   j. Emergency evacuation procedures (for single structure housing);
   k. Domestic Violence & Safety Planning;
   l. CPR, First Aid, & Communicable Disease procedures; and
   m. Cultural Responsiveness (which shall be reflective of population and community served).
4. Certificates and other documentation that verify training attendance shall be maintained for each employee and documented in the employee’s file.
5. Program staff considered Mandated Reporters of suspected child and senior abuse and must report suspicions of child or senior abuse as required by California Law.
   a. Programs must be prepared to provide proof that their staff have been trained in the legal requirements of being a mandated reporter.

7. PROGRAM OPERATIONS & ADDITIONAL SERVICE STANDARDS

7a. Program Operations

1. Hours of operations shall be made known to participants. Interim Housing programs shall accommodate participants who require supportive services during evening and weekend hours.
2. Programs shall develop and implement a language access policy and procedure to ensure that all participants receive necessary program information according to their needs. The following components shall be included in the policy and procedure:
   a. Strategies for meeting the needs of those with visual and/or hearing impairments; and
   b. Written materials and program forms in languages that reflect the population being served.
3. Program shall accept all eligible participants with Service Animals per ADA and must provide reasonable accommodations for Emotional Support Animals.

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6 Refer to Los Angeles County Coordinated Entry System assessment policies.
7 Refer to Los Angeles County Coordinated Entry System access policies.
8 Refer to Los Angeles County Coordinated Entry System access policies.
4. Programs shall develop a process for distributing and communicating program rules to participants that is approved by the funder and includes the following components: Program expectations, participant responsibilities, and guidelines that outline behaviors that will lead to termination from the program. Program rules shall be Trauma Informed and not punitive. Program shall explore all options to continue providing temporary housing and services to program participants who have violated program rules, short of program termination.

5. Programs shall develop and provide participants with a written policy that outlines participants’ rights upon admission. A statement of these rights, and how they are to be operationalized in that specific program, shall also be posted in the facility, and shall include instructions for grievances. The rights to be specified shall include, but are not limited to:
   a. The right to be treated with dignity and respect;
   b. The right to religious liberty;
   c. The right to privacy;
   d. The right to be treated with cultural sensitivity;
   e. The right to self-determination in identifying and setting goals;
   f. The right to present complaints and grievances;
   g. The right to have an advocate present during appeals and grievance processes;
   h. The right to have all records and disclosures maintained according to the written standards and rules regarding confidentiality and privacy;
   i. The right to review their records and external disclosures of any personal participant information, as governed by the written program standards and rules regarding confidentiality and privacy;
   j. The right to be clearly informed, in understandable and applicable language, about the purpose of the services being delivered;
   k. The right to leave and return to the facility at reasonable hours in accordance with the program rules and standards, unless coordinated by site management; and
   l. The right to stay in facility 24 hours per day, except during required facility maintenance or non-operational hours per funder contract.
      i. Temporary/seasonal Interim Housing programs (i.e. Winter Shelter) that are funded for 14-hour operations shall allow participants access to program facility 24 hours per day during periods of inclement weather, as directed by the funder.

6. Safe Surrender posters shall be posted in a common area within the facility.

7. Suspected child or elder abuse and/or neglect from dependent adults shall be reported to the proper authorities according to State of California Mandated Reporting laws.

8. Programs shall maintain a daily census of participants.

9. Programs shall not require participants to perform chores or work duties.

10. Programs shall permit participants, during their period of stay, to report the program address as their legal residence for purposes such as receipt of mail and school and voter registration. If program safety policies prohibit listing address, program may provide an alternate address.

11. Programs shall establish policies and procedures with respect to participant satisfaction and grievances (see Appendix B: Grievance Policies & Procedures for more details).

12. Programs shall establish and procedures policies with respect to ADA Compliance in accordance with all applicable laws (see Appendix C: ADA Compliance for more details).
7b. Program Administration

1. Programs shall not require participants to take part in religious activity.
2. Programs shall not deny participation on the basis of race, religion, ancestry, color, national origin, sex, sexual orientation, gender identity, age, or disability. However, facilities may serve a particular target population as directed by the funder.\(^9\)
3. Publicly funded programs shall not charge participants for housing or other services (including surrendering cash and non-cash benefits).
4. Program staff shall be made identifiable through uniform attire or identification badges.
   a. Programs operating Interim Housing in confidential locations shall be exempted from this requirement to ensure the safety and security of participants and staff.
5. Programs shall maintain an organizational chart which lists all staff funded under the Interim Housing program.
6. Programs shall maintain clear and comprehensive job descriptions for all staff positions.
7. Programs shall maintain a quality assurance plan that outlines a process for the integration of participant feedback into revisions to program policies and procedures.
8. Programs serving youth/minors, and/or families with children, shall Identify/designate staff that are responsible for coordinating with the McKinney-Vento Liaison(s) within the local school districts and/or charter schools so that the Interim Housing programs shall assist families, youth, and minors to:
   a. Reconnect homeless youth back into school;
   b. Ensure homeless K-12 students have access to the resources, materials and support(s) to stay in school and fulfill their academic goals;
   c. Connect the student(s) to educational services which may not be available on the local school campus.
   d. Connect homeless children under the age of 5 to Head Start, public schools, etc.
   e. Connect TAY back to high school, college, job training, etc.

7c. Data Collection & Documentation

1. Programs shall maintain participant records that include documentation of all participant assessments, Housing and Services Plans, referrals, placements, interventions, or follow-up activities.
2. Programs shall enter data into the funders’ data systems as required by funders. Data reported shall align with all policies and procedures outlined by funders.
3. Files containing participant information shall be stored in a secure and locked location (to maintain confidentiality). Documents shall only be accessible by authorized personnel.

7d. Security, Health, & Safety

1. Programs shall develop written policies and procedures that address universal precautions, tuberculosis control, and disease prevention, and are in compliance with Department of Public Health guidelines.
2. Programs shall ensure that at least one staff per shift has been trained in and has an up-to-date certification for CPR and emergency first aid procedures. For adult only facilities, at least one staff

\(^9\) Refer to Los Angeles County Coordinated Entry System nondiscrimination policies.
per shift shall have an Adult CPR/AED certification. For family sites, at least one staff per shift shall have an Adult and Pediatric CPR/AED certification.

3. Programs shall establish a policy and procedure for all entry and exits that includes sign in/out procedure for all participants.

4. Programs shall develop a policy and procedure for emergencies, disasters, and security, including the stockpiling of appropriate quantities of water and food rations. The plan shall include policies and procedures for:
   a. Reporting a fire or other emergency;
   b. Emergency evacuations, including the differences in evacuation procedures depending on the type of evacuation and exit route assignments;
   c. Assisting participants in their evacuation;
   d. Accounting for all participants and staff after evacuation;
   e. Staff performing rescue or medical duties;
   f. Deterring theft and protect participant and staff from harm; and
   g. Crisis interventions when staff are required or permitted to call 911, make a police report, or perform other non-violent interventions.

7e. Medication Management & Storage
   1. Interim Housing programs shall develop and implement a policy, subject to review and approval by program funder, regarding participant medication and its storage. The policy shall address medication storage, documentation, and medication support, refrigeration, and shall include a secured and locked location for medicine storage such as a medication cabinet, locker, or drawer.

7f. Food Preparation & Meals
   1. The program shall provide three meals per day to each participant: a breakfast, a lunch, and a hot dinner, or meals on another schedule as defined by funder contract.
      a. Meal plans and schedules shall be made weekly and posted in common areas. Any changes to the menu or schedule shall also be posted in common areas.
      b. Meals shall be served in an area specifically designated for meal consumption where adequate space for comfortable, seated dining is available to each participant.
      c. Programs shall accommodate participants who have special dietary needs due to medical necessity or religious beliefs.
      d. Meals shall be nutritionally adequate in accordance with U.S. Department of Agriculture guidelines.
      e. Participants shall have access to drinking water throughout the day.
   2. If meals are not prepared on site, programs shall provide catered meals, or otherwise make arrangements that ensure each participant is provided with adequate meals.

7g. Restrooms, Showers, & Laundry
   1. Interim Housing programs shall provide participants access to showers, sinks, and toilets.
      a. Access to showers, sinks, and toilets shall be made available according to participant gender identity, in compliance with all applicable federal, state, and/or local mandates.
   2. Programs shall ensure that all sheets, towels, and blankets are laundered weekly or more frequently as needed.
   3. If applicable, laundry equipment (washers/dryers) shall be provided free of charge to participants and include access to free detergent. If washers and dryers are not onsite, programs shall provide assistance with accessing laundromat services (i.e. funds for detergent, tokens, etc.).
7h. Environment

1. Programs shall ensure that the facility is clean and complies with Department of Public Health Interim Housing Facilities Standards and all other applicable building, safety, and health codes.

2. Programs shall maintain a heating and ventilation system that maintains a comfortable temperature.

3. Programs shall establish a housekeeping and maintenance plan that ensures a safe, sanitary, clean, and comfortable environment, and work diligently to prevent and eliminate insect and rodent infestations.

4. Programs shall provide trash receptacles throughout the facility. Trash shall be taken out of the facility into a localized dumpster and/or wheeled trash can multiple times within a shift or whenever full.

5. Programs shall provide each participant with a bed (or crib/bassinet for infants) and clean bedding that includes towels, sheets, a blanket, and a pillow.¹⁰

6. Programs shall provide access to storage for participants’ personal belongings during their stay.

7. Family Sites Only:
   a. Programs shall ensure that all furniture is child-safe and install childproof safety latches for drawers and cabinets with dangerous items.
   b. Programs shall provide baby changing stations and/or a safe place to change diapers.

¹⁰ Winter shelters may provide cots for beds.
Appendix A. Glossary

Assessment
An evaluation of a participant’s strengths and barriers in achieving housing stability and other outcomes related to stability. The information provided through the assessment informs program referrals and Housing and Services Planning.

Bridge Housing
Temporary/interim housing that serves to “bridge” persons directly from homelessness to housing, via a reserved bed that facilitates placement into permanent housing. Beds are prioritized for high-acuity persons, persons matched to housing resources, and persons exiting institutions.

Coordinated Entry System (CES)
The Los Angeles County Coordinated Entry System (LA County CES) facilitates the coordination and management of resources that comprise the homeless crisis response system in the county. CES allows users to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis. CES works to connect the highest need, most vulnerable persons in the community to available housing and supportive services equitably.

Coordinated Entry System (CES) Assessment
The Los Angeles County Coordinated Entry System utilizes a triage and prioritization assessment tool called the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). This tool is implemented as part of CES to assist in prioritization of housing program resources based on participant vulnerability.

Crisis Housing
Short term, Low-barrier emergency shelter for participants experiencing a housing crisis, targeting those who are homeless or at imminent risk of becoming homeless. Crisis Housing provides clients with stability as they are quickly assessed for diversion, family reunification, self-resolution of homelessness, and/or connection to appropriate and eligible longer-term housing resources.

Diversion
A strength-based, creative problem-solving conversation with people experiencing immediate housing crisis and who are currently seeking assistance through the homeless response system. Examples of diversion can include conflict resolution, family reunification, and one-time financial assistance that will assist with an alternative housing solution (short or long term) outside of the homeless response system.

Equal Access Gender Identity Policy
On August 25, 2017, the LAHSA Board of Commissioners adopted its policy on equal access in accordance with an individual’s gender identity in the Los Angeles Continuum of Care. This policy, titled Equal Access and Gender Identity (EAGI), requires that contractor, programs, shelters, other buildings and facilities, benefits, services and accommodations, regardless of funding source, ensure equal access to an individual in accordance with their gender identity.

Family
Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child
who is temporarily away from the home because of placement in foster care is considered a member of the family.

**Funder**
Funder refers to any public or private agency or organization that provides direct financial contribution, as well as fiscal and programmatic administration and oversight, to non-profit organizations, community-based organizations, etc., for the operation and services of Interim Housing facilities and programs.

For the purposes of these Standards, funders may include, but not be limited to: Los Angeles Homeless Services Authority (LAHSA); Los Angeles County Department of Children and Family Services (DCFS); Los Angeles County Department of Public Social Services (DPSS); Los Angeles County Department of Health Services (DHS); Los Angeles County Department of Mental Health (DMH); Los Angeles County Department of Public Health (DPH); Housing and Community Investment Department of the City of Los Angeles (HCIDLA)

**Harm Reduction**
Harm reduction is a set of practical strategies that reduces the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence.

**Housing First**
Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to safe, stable housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to safe, stable housing.

**Intake**
Capturing basic client data into a database upon entry into a program (e.g., capturing and loading required data to HMIS upon entry to emergency shelter). This process shall also begin to identify a participants’ service needs and lay the foundation for a housing plan to return the participant to stable housing.

**Low Barrier**
Policies and practices designed to “screen in” rather than screen out applicants with the greatest barriers to housing, such as having very low-income, poor rental history, or criminal history. Low Barrier is an active approach to the Housing First model that ensures homeless participants and families may quickly exit homelessness.

**Motivational Interview Principles**
A clinical approach that emphasizes a collaborative therapeutic relationship in which the clinician “draws out” the client’s own motivations and skills for change, thereby empowering the client.

**Practice Standards**
Practice Standards are minimum baseline requirements for each system component which all funders and funding administrators agree to adopt and incorporate into their program guidance and funding contracts with contractors.
Reasonable Accommodation
Under Title II of the Americans with Disabilities Act (ADA), a Reasonable Accommodation (RA)/Reasonable Modification (RM) is a modification in rules, policies, practices, or services, that is provided when such accommodations would be necessary to afford an individual with a disability equal opportunity to participate in programs and/or services of a covered agency. Provision of RA/RM could mean:

- Modification of rules, policies or practices;
- Removal of architectural or communication barriers; or
- Provision of auxiliary aids and services needed for an individual with a disability to utilize a public service.

Recovery Bridge
Recovery Bridge Housing (RBH) is a type of abstinence-based, peer supported housing that combines a subsidy for recovery residences with concurrent treatment in outpatient (OP), intensive outpatient (IOP), Opioid Treatment Program (OTP), or outpatient withdrawal management (OP-WM) settings. RBH is often appropriate for participants with minimal risk with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions. If there is risk potential, these concerns are to be managed by the treating provider.

Re recuperative Care
Temporary housing in which participants receive health and mental health oversight, usually for an acute illness or injury.

Stabilization Housing
Temporary housing with case management and other supportive services for vulnerable participants, with the goal of improving participants’ health and increasing their housing security.

Safe Haven
Safe havens are supportive housing that shall not require participation in services and referrals as a condition of occupancy. Instead, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services or referrals and will eventually be ready to move to more traditional forms of housing.

Transitional Housing
Transitional Housing is conceptualized as an intermediate intervention between emergency shelter/crisis housing and permanent housing. It is intended to be more long-term, service-intensive and private than emergency shelters, yet remains time-limited to stays of three months to three years. It is meant to provide a safe, supportive environment where residents can overcome trauma, begin to address the issues that led to homelessness or kept them homeless, and begin to rebuild their support network.

Trauma Informed Care
Trauma Informed Care is defined as: an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both participant and providers, and helps participants rebuild a sense of control and empowerment. Trauma Informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor’s safety, choice, and control. Trauma Informed Services create a culture of nonviolence, learning, and collaboration. Contractors must also develop sets of policies and procedures for educating and
training staff on Trauma Informed Care practices and how trauma may adversely affect aspects of a person’s development.

**Winter/Seasonal Shelter**  
A low-barrier to entry, hypothermia prevention program providing basic shelter operations (showers, two meals, a bed, open for a minimum of 14 hours).

**Warm Handoff (aka Linkages)**  
A personalized participant referral or transfer of care from one service provider to another. A warm handoff typically includes a face-to-face introduction between participant and providers to promote successful connections with the new provider and minimize any service disconnection.
APPENDIX B. GRIEVANCE POLICIES & PROCEDURES AND TERMINATION POLICIES & PROCEDURES

Grievance Policies & Procedures

1. The following are the Grievance and Termination Policies and Procedures minimum standards.
   b. Programs shall submit a copy of the Grievance Policies and Procedures and the Termination Policies and Procedures to the program’s funder(s) for review and approval.
   c. The Grievance Policies and Procedures and the Termination Policies and Procedures shall be discussed with participants during intake and copies offered to the participant.
   d. Programs shall maintain documentation of the participant’s signature acknowledging that the Grievance Policies and Procedures and Termination Policies and Procedures were discussed and offered to them or documentation that the client was unable/unwilling to sign the acknowledgement.
   e. Grievance Policies and Procedures and Termination Policies and Procedures shall be prominently displayed in common area(s) in the facility.

2. Grievance Policies and Procedures shall include, but are not limited to, the following:
   a. The identification of at least one staff and an alternate (by staff title, not name) who are responsible for addressing all grievances. The designated alternate shall be responsible for addressing grievances in which the designated staff is the subject of the grievance;
   b. Information about how the participant can file a grievance, including information about how they can contact assigned staff(s) and alternate(s) to file a grievance;
   c. A timeline not to exceed 72 hours in length, during which the participant will acknowledge of the grievance being received and a timeline not to exceed 10 business days during which the participant will receive a written decision about the grievance that includes the factors that led to the final determination;
   d. Information about how the grievance will be reviewed, including a discussion of what facts will be used in the review;
   e. Information about the appeal process to be entered into if the participant is not in agreement with the grievance decision including the identification of at least one staff and an alternate (by staff title, not name) who are responsible for a second level review of the grievance and a timeline not to exceed 72 hours in length, during which the participant will receive acknowledgement of the request for a second level review of the grievance being received and a timeline not to exceed 10 business days during which the participant will receive a second level written grievance decision that includes a statement of the factors that led to the final determination;
   f. Information about the appeal process to be entered into if the participant is not in agreement with the second level grievance decision that includes discussion of the client’s right to contact the Department of Public Health, the funder or Dispute Resolution Services for review of the programs decision, and the contact information for these entities;
   g. Request for Dispute Resolution Services may be referred to the:

   Office of the Los Angeles City Attorney Dispute Resolution Program
   City Hall
   200 N Spring Street, 14th Floor
   Los Angeles, CA 90012
   Office: (213) 978-1880
h. Discussion of how the confidentiality of the participant who filed a grievance and the written grievance will be ensured; and
i. Discussion of the receipt and outcome of all grievances will be documented and maintained including the date the grievance was submitted, the date the submission was acknowledged, the staff that addressed the grievance and the date the participant received the written grievance disposition.

Termination Policies and Procedures

1. Termination Policies and Procedures shall include, but are not limited to, the following:
   a. The reasons for terminations. These reasons might include possession of weapons, sexual misconduct, behaviors that are a danger to others, verbally/physically threatening behaviors, or direct observation of participant engaging in illegal activity on site;
   b. Contacting the funder, if required, prior to terminating the participant. Exceptions to this include behaviors necessitating calling 911 and situations requiring immediate termination that occur on the weekends and evenings. In these instances, and if required, the funder shall be contacted the following business day;
   c. Discussion of how participants will receive written notification of terminations and informed that they may appeal the decision by filing a grievance; and
   d. Discussion of how terminations will be documented, and the maintenance of any police reports or other documents associated with the termination such as written confirmation of meetings with the participants regarding their possibly being terminated.
APPENDIX C. ADA COMPLIANCE

The following section outlines requirements related to ADA compliance. If a site is unable to comply with any of the following standards, programs shall document that reasonable accommodations to meet the accessibility needs of participants was provided, and program must ensure that documentation of reasonable accommodations is filed for future monitoring.

1. Facilities shall be accessible to participants with mobility devices.
2. Facilities shall not have areas, in or out of the property, with broken, raised, or unlevel sidewalks or walkways, or stairs or steps with no identified accessible pathway to the entrance and/or curb cuts.
3. Entry into the facility shall be accessible to participants with limited mobility, including participants who use wheelchairs or scooters, manually-powered mobility aids such as walkers, crutches, or canes.
4. The exterior of the facility shall be accessible for participants with disabilities when approaching, entering or inside the location.
5. Programs shall provide at least one restroom with at least one stall with a five-foot turning radius.
6. All restrooms established under this section shall have handles for an individual using a mobility device to move themselves without assistance.
7. If parking is available at the facility, programs shall provide at least one ADA accessible van parking space for every 25 non-accessible parking spaces. The accessible space shall provide enough room for a van with a hydraulic side lift to go up and down without any issue.
8. All fire alarm systems and fire extinguishers shall be no more than 48 inches from the ground for easy access in case of an emergency.
9. All programmatic areas shall be accessible for an individual with a mobility device.
10. Programs shall provide at least one shower accessible for those with a mobility device, regardless of gender.
11. Program sites with more than 50 beds shall provide at least one accessible roll-in shower or at least two transfer ADA shower seats.
12. Programs shall provide accessible beds for persons with mobility disabilities designed for easy transfer from a mobility device.
13. If there are common/communal areas located at the facility, they shall be accessible for all participants, including those with mobility devices.
14. If there is a dining area located in the facility, it shall be accessible for all participants, including those with mobility devices.
15. Doors within the facility shall be equipped with a handle which can be opened with a closed fist rather than a knob.
16. Accessibility postings shall be posted in plain sight in a common area of the facility.