

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Policy Session Worksheet

Presentation Date: May 15, 2024 **Approx. Start Time:** 11:00 am **Approx. Length:** 30 minutes

Presentation Title: Clackamas Village – Preliminary Site Management & Program Design Plan

Department: Health, Housing & Human Services

Presenters: Rod Cook, Director, Health, Housing & Human Services

Adam Brown, Deputy Director, Health, Housing & Human Services

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Health, Housing & Human Services is requesting approval from the Board for its preliminary site management and program design plan for operations of the 24-pod Clackamas Village.

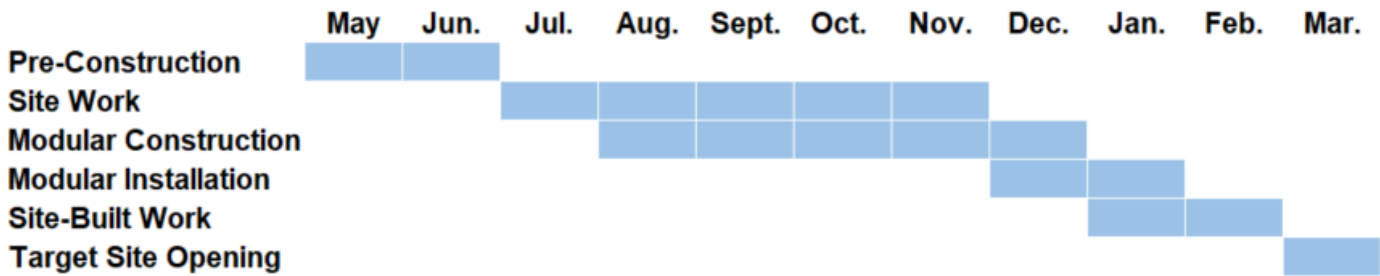
EXECUTIVE SUMMARY:

In response to community need for emergency shelter and transitional housing, Clackamas County is developing a new 24-pod transitional housing village community on the vacant property just east of the Veterans Village. This proposed project was included in the Shelter and Housing Projects Plan & Board Engagement Strategy approved by the Board during the Policy Session on December 7, 2022. It was also included in discussions over the past nine months about one-time and limited-term uses of the Supportive Housing Services carryover balance.

With the support and direction of the Board, Health, Housing & Human Services acquired the property that includes both the current Veterans Village and future Clackamas Village sites from the Development Agency in December 2023, after having leased the property since the Veterans Village was built in 2018. The acquisition paved the way for developing the new village on the eastern portion of the property and the Board approved a funding plan and plans to proceed with solicitations for construction and program delivery services for the new village at a Policy Session on December 13, 2023. Health, Housing & Human Services carried out those solicitations in February and March. The Board approved the \$3.2 million construction contract with ASA Construction at the Business Meeting on April 25, 2024. An intent to award funds for program delivery has been issued to All Good Northwest. That contract is in development and will come to the Board for approval in June or July.

Site Construction

Staff are currently working with Base Design + Architecture and ASA Construction on pre-construction permitting and other activities. This includes working with the State of Oregon and the modular manufacturer to get the modular units permitted, and with Clackamas County for other aspects of permitting. It also includes working with the modular manufacturer and All Good Northwest on final aspects of modular design to ensure they are built for easy maintenance and durability. Construction is anticipated to start in July and take approximately 10 months. It will involve extensive site work to prepare the property, including grading, storm water management, and installation of utilities and foundations for the modular units. The office, kitchen, bathroom, and sleeping pods will be manufactured off-site and then installed on permanent foundations. Once the modular units are installed, final site-built work like ramps and decks will be completed.



Site Management & Program Design

Since 2018, the county has operated a successful transitional housing community in the Veterans Village. The 24 pods, which have resulted in dozens of placements into permanent housing, have been a critical resource in assisting vulnerable residents to get off the streets until they can move into permanent housing. The county’s transitional housing program model, which will be replicated at the new Clackamas Village, as described in more detail below, will be operated by All Good Northwest, which has extensive experience in operating similar sites and providing homeless services. All Good Northwest will provide structured recovery-oriented supportive services and connection to long-term housing and other resources that help participants obtain permanent housing as quickly as possible.

The current plan is for All Good Northwest to carry out both site management and program delivery. Site management includes property management, safety and security, and responsiveness to the surrounding community. The following is a high-level overview of site management activities:

Property Management

This will include maintenance, repairs, materials and supplies, landscaping, housekeeping, cleaning, and ensuring that the overall condition of the property and its infrastructure are maintained and meet standards defined by the county. It will also include maintaining a Site Manual for program participants that outlines things like the program purpose, services offered, governance, participation guidelines, room inspections, policies, and values (see Attachment 1 - Site Manual for an example).

Safety & Security

Health, Housing & Human Services will work with All Good Northwest to ensure that site safety and security, both for program participants and the surrounding community, is a top priority. The site will be physically secured by a fence. It will contain security cameras and be well-lit. Staff will be on-site 24/7 and carry out regular perimeter walks (for cleaning and security). Drug and alcohol use will not be allowed. Weapons will not be allowed. Camping outside of the property will not be allowed. Individuals seeking access to the program must be referred by the county’s Coordinated Housing Access system - walk-up services will not be offered.

Responsiveness to the Surrounding Community

The county is committed to ensuring that the presence of this additional transitional housing village will benefit the community overall. It recognizes that the success of this program will be contingent upon responsiveness to community concerns, collaborative problem solving, and engaging the community to meet shared goals. The county and All Good will continue to work with stakeholders in the surrounding community to:

- Initiate and maintain open, transparent, and proactive communications.
- Develop clear expectations and procedures for resolving problems.
- Enhance neighborhood safety and livability while promoting access to services.
- Foster positive relationships between the site neighbors.

Program delivery includes safety off the streets, wrap-around case management, and housing navigation and placement. The following is a high-level overview of program delivery activities:

Transitional Housing Community

This site will offer a transitional housing community to program participants. Transitional housing is an intermediate step between emergency shelter and long-term permanent housing. It is more long-term, service-intensive, and private than emergency shelter, yet is a time-limited stay with the goal of transitioning into a more permanent housing destination as soon as possible for participants.

Transitional housing is intended for people who may benefit from some degree of structure, support, supervision, and skill building to move from homelessness into stable, permanent housing. It provides a recovery-oriented bridge for people who need a safe, supportive place where they can overcome trauma, begin to address the issues that led to their homelessness and the barriers to obtaining housing, and begin to rebuild their support network.

Participant Access & Assessment

All households served by the program will be referred from the county's Coordinated Housing Access system and through the weekly case conferencing process where households experiencing homelessness are prioritized by vulnerability and need. Once a referral is made, All Good Northwest will conduct an intake assessment (see Attachment 2 - Intake Packet for an example). In order to be admitted into the program, referred participants must be able to conduct activities of daily life unassisted and be competent to understand and agree to the program's rules and guidelines. Referred households requiring a higher level of care than can be provided in this transitional housing program will be connected with other, more appropriate programs (an adult foster home, for example). At intake, households will sign a participation agreement that stipulates the program's rules and procedures, with a clear understanding that the placement is for a transitional period prior to a more permanent housing destination (see Attachment 1 - Site Manual, Attachment 3 - Good Community Partner Agreement, and Attachment 4 - Rights & Responsibilities for examples).

Supportive Services Provided to Participants

Supportive services provided to program participants will be recovery-oriented and based on individual needs, which will include:

- Development of an individualized recovery-oriented service plan with each household that identifies barriers to be overcome and goals to be achieved during program participation and toward successfully obtaining permanent housing.
- Access to case management, peer support specialists, housing navigation and placement services, and behavioral and physical health services.
- Access to resources that provide next steps or permanent housing solutions.
- Access to other support service networks that include physical health services, mental health treatment, substance use treatment, counseling, peer support, financial education, Rent Well courses, and other workshops and resources intended to increase self-sufficiency.
- Community meetings and events.
- Conflict resolution and mediation.
- 24/7 on-site staff.

Populations Served

The program will serve single adults experiencing homelessness. Single adults represent the largest unmet need in Clackamas County, over half of whom have long histories of homelessness and one or more disabling conditions.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? YES NO

What is the cost? One-time Capital Improvements: Approximately \$3.2 million. Ongoing program operations: Approximately \$1.5 million.

What is the funding source? Both one-time capital funding and ongoing operations will utilize Supportive Housing Services funds.

STRATEGIC PLAN ALIGNMENT:

- How does this item align with your Department's Strategic Business Plan goals?
 - This item aligns with the following Department strategic priorities:
 - Assist individuals and families in need to be healthy and safe
 - Increase self-sufficiency
 - Increase community safety and health
 - Continually improve the efficiency and effectiveness of services
- How does this item align with the County's Performance Clackamas goals?
 - This item aligns with the following County strategic priorities:
 - Ensure safe, healthy and secure communities
 - Grow a vibrant economy
 - Build a strong infrastructure
 - Build public trust through good government

LEGAL/POLICY REQUIREMENTS: N/A

PUBLIC/GOVERNMENTAL PARTICIPATION:

This project was included in the Shelter and Housing Projects Plan & Board Engagement Strategy approved by the Board during the Policy Session on December 7, 2022. The project was also included in discussions with the Board over the past nine months about one-time and limited-term uses of the Supportive Housing Services carryover balance. Staff have carried out community engagement with property owners around the site and will continue community engagement in the coming months. All Good Northwest will serve as the primary point of contact for responding to community interest and concerns after the site is operational.

OPTIONS:

1. Approve the preliminary site management and program design plan.
2. Modify the preliminary site management and program design plan.
3. Reject the preliminary site management and program design plan.

RECOMMENDATION: Option 1. Approve the preliminary site management and program design plan.

ATTACHMENTS:

- Attachment 1 – Site Manual (Example)
- Attachment 2 – Intake Packet (Example)
- Attachment 3 – Good Community Partner Agreement (Example)
- Attachment 4 – Rights & Responsibilities (Example)

SUBMITTED BY:

Division Director/Head Approval: Vahid Brown, Deputy Director, Housing & Community Development Division
Department Director/Head Approval: Rodney Cook, Director *Rodney A. Cook*
County Administrator Approval _____

For information on this issue or copies of attachments, please contact _____ @ 503-_____

(SITE) MANUAL

(SITE) is a transitional housing setting that provides case management, peer support, housing navigation, and behavioral health services for individuals who are working towards a next step or permanent solution from this program. (SITE) also provides the amenities of a kitchen, toilets/showers, and individual sleeping structures. We emphasize relationship-building, one-on-one engagement, supportive services, and partnering with our neighbors and community.

Purpose

This (SITE) manual exists for the participants and staff. It outlines the policies and procedures of the (SITE) for maintaining the safety and well-being of all (SITE) participants, staff members, and fellow (SITE) neighbors. Participants should read, understand, and comply with all policies and procedures outlined in this (SITE) manual. Whenever a change is made to the (SITE) Manual, All (SITE) staff will share those changes with all (SITE) participants and obtain a signed copy of the agreement.

Services Offered

- A safe, private place to sleep in a single-occupancy individual structure. Each participant will meet with their case manager, navigation specialist, and behavioral health specialist to review their goals towards the next step or permanent housing and discuss their extension in the (SITE) program.
- Communal Kitchen that includes shared space for food storage and preparation
- Bathroom and shower facilities
- Laundry facilities
- Access to case management, peer support, housing navigation, and behavioral health support
- Access to resources that provide next steps or permanent housing solutions
- Access to other support service networks that include mental health treatment, counseling, peer support specialist, financial education, Rent Well courses, and other workshops
- Community meetings and events
- Conflict resolution and mediation
- 24/7 on-site staff

Non-Discrimination Policy

(SITE) does not discriminate on the basis of age, race, color, national origin, primary language, sex or sexual orientation, religion, disability, genetic information, domestic violence victim status, political affiliation or belief, or any other characteristic protected under applicable federal or state law, in any of its activities or operations. These activities include, but are

not limited to, hiring and firing of staff, selection of volunteers and vendors, selection of (SITE) participants, and provision of services. We are committed to providing an inclusive and welcoming environment for all (SITE) participants and members of our staff, clients, volunteers, subcontractors, and vendors.

(SITE) Roles

Participant: A program participant who currently resides at the (SITE) and actively participates in the program by: 1) Following the (SITE) Manual & Good Community Partner Agreement, 2) Attending the mandatory weekly community meetings, 3) Attending their scheduled appointments with their navigation specialist and 4) Engaging in regular chores.

(SITE) Volunteer: A non-participant or prior participant who is trained to assist in the operation and maintenance of the (SITE).

(SERVICE PROVIDER): (SERVICE PROVIDER) will be supporting the (SITE) participants by providing case management and other support services. (SERVICE PROVIDER) is a non-profit organization that serves Veterans experiencing homelessness, as well as non-veterans depending on the program.

(SITE) Navigation Specialist: (SERVICE PROVIDER) staff member who provide case management services and help navigate our Metro region's social and housing services.

(SITE) Peer Support: (SERVICE PROVIDER) staff with lived experience that work with participants on community building, harm reduction, and individual advocacy related to housing barriers.

(SITE) Program Manager: (SERVICE PROVIDER) staff member who oversees all (SITE) operations and is responsible for managing staff and participants.

(SITE) Behavioral Health Specialist: (SERVICE PROVIDER) staff member who work with participants to overcome housing readiness barriers that include related to mental health and substance use.

(SERVICE PROVIDER) Team Lead: (SERVICE PROVIDER) staff member who works with the program manager to ensure (SITE) operations are maintained and who oversee case management and overnight staff.

Move In Orientation

- Complete (SITE) Intake Packet
- Complete reading and signing the (SITE) Manual
- Complete a tour of the (SITE) site (individual structures, community space, smoking area, parking area)
- Complete vehicle/bike registration, if you own a car/bike and park outside the (SITE) property, or store inside the bike enclosure
- Complete Personal Health Screening (COVID-19) and Dietary Health and Restrictions (food allergies and specific needs)
- Complete (SERVICE PROVIDER) Housing Questionnaire

(SITE) Governance and Participation

Participation is a core value of the (SITE). This means that the success of the (SITE) rests on the participation of those who live here. The (SITE) is ultimately governed by (SERVICE PROVIDER), and also values participatory governance and feedback by those who are in the program.

1. Weekly (SITE) Meeting (All Participants)

Attendance at the weekly (SITE) meeting is mandatory for all participants. Issues related to the organization of the (SITE) will be discussed and voted on at this time. The scheduling of the weekly (SITE) meeting will take into consideration each participant's schedule. If individual is not able to attend, reasonable accommodation will be provided. If participants miss a (SITE) meeting 3 consecutive times without notifying staff, they will be given a written notice and could jeopardize their place in the program if absences continue.

2. Community Development Meeting (Optional)

These community development meetings are optional and provide an opportunity for our community to discuss ways we can build relationships, plan and engage in fun activities, suggest new community project ideas, etc.

3. (SITE) Participation

- a. Upon every participant's arrival at (SITE), they will work with their Case Manager to go through an initial intake process to assess their needs and begin the case management process. Depending on the outcome of the intake, the participant will continue to have weekly/bi-weekly or monthly case management with (SITE) staff. (SITE) staff will manage and refer participants to services as needed at the time of intake. Every participant will have different case management needs and will work with (SITE) staff to create their individualized and personalized case plan.
- b. Participants will be required to make their regular meeting with their navigation specialist. (SITE)'s primary purpose is to help participants become self-sufficient and transition into permanent housing. It is the participant's responsibility to follow their case plan and to communicate when goals are met and/or when plans need to be adjusted. Case plans will be updated quarterly or more frequently if necessary.
- c. Participants are required to make all appointments outlined on their case plan, unless there is a valid reason why they cannot follow through. If participants miss their CM meeting 3 consecutive times without notifying staff, they will be given a written notice and could jeopardize their place in the program if absences continue.
- d. Participants will be made aware that this is an alternative shelter program and they need to ensure they are actively working with staff in conjunction with their case plan. Each case plan will be updated quarterly.
- e. A case plan will be created with each individual participant in order to assist and mitigate any and all barriers regarding their permanent housing, employment, education, benefits, etc. Participants who do not engage with a navigation specialist

and are out of compliance with their case plan will be given a written notice and provided 30 days to engage and demonstrate progress on their goals. Participants who have been given warning and still refuse to engage will be exited from the program.

- f. Participants should know that that attendance and completion of program requirements (community meeting, case management meeting, chores, and individual structure checks) is tracked over time by staff. If a participant is not meeting these minimum expectations, staff will issue a “trial period contract” that outlines a 30-day plan that requires participants to successfully meet the minimum expectations for that trial period to maintain their spot in the program. This contract must be signed and agreed upon by the participant and take into consideration relevant barriers.

(SITE) Security Plan

- Gate entrance/exit (hours of operation)
 - The gate entrance/exit is for (SITE) participants and (SERVICE PROVIDER) staff only and provides 24/7 access to the (SITE).
- Individual structure security
 - Each participant will be provided their own means of access to their individual structure. This means of access must not be shared with any other participant or non-participant.
 - Participants are not permitted to enter each other’s individual structures.

**Participants who arrive into the program as a couple are exempt from these stipulations and may share their means of access and enter each other’s individual structure. This does not apply to new couple relationships that form during their stay in the program.*

- Weapons policy
 - No weapons of any kind (including firearms, large knives, explosives, or any other object are permitted on (SITE) property.
- Media policy
 - Participants are not permitted to display inappropriate visual media
- Reporting emergencies (who to call sheet)
 - Staff should be notified immediately in the case of any fire or medical emergency.
- Fire safety
 - No open flames are allowed on (SITE) property. This includes candles, tiki torches, campfires, and charcoal grills. Any outdoor cooking must be done using the propane grill in its designated location between the hours of 8am-9pm.

(SITE) Policies

Conflict Resolution Policy

We expect participants to treat their fellow (SITE PARTICIPANTS), staff and volunteers with respect. Participants are to resolve conflicts peacefully using respectful dialogue and if needed,

follow the

(SITE) conflict resolution process stated below:

In the instance of conflict or frustration with another (SITE PARTICIPANT), please follow the following steps:

- 1) Step away from the scene. Give yourself some time before addressing the problem. When you are ready,
- 2) Return to the person and share your feelings/frustrations in a respectful manner. Unless it involves a matter of safety, using good judgment, please do not go to staff before sharing concerns directly with the individual. If you are not comfortable doing so, proceed to step 3.
- 3) Please approach staff so they may assist you in resolving the conflict.
- 4) Grievance forms are available for participants to fill out if they would like to record their complaints in writing. Grievance forms are only seen and kept on file by staff members.

Individual Structure Policy

Each program participant will be assigned one of the “individual structures” to use for sleeping and the storage of personal belongings. The individual structures are at all times under the direct responsibility of (SERVICE PROVIDER). They are not the property of the program participants. Each individual structure is assigned to one participant only.

1. Entry and Maintenance Assessment

As part of your participation in the program at (SITE), you acknowledge that (SERVICE PROVIDER) (through the (SITE) Manager or other authorized staff) may enter the Individual structure at any time. (SERVICE PROVIDER) intends to only enter the individual structure assigned to you to assess health, safety, or maintenance issues. Entry for maintenance assessment will be conducted in your presence and with previous notice, except in emergency situations posing a life and safety risk. (SERVICE PROVIDER) reserves the right to consent to the search of any individual structure at the request of law enforcement with an authorized warrant.

2. Modifications

Before making any modifications to the individual structure, participants must discuss all proposed modifications with the (SITE) Manager, who must approve these requests before the change takes place. The installation of shelves and hooks will generally be approved. Some other modifications, such as painting, or door changes, in addition to requiring advance approval, may only be performed by the (SITE) Manager or authorized individuals. Participants are not permitted to tamper with the door or door lock in any way, or plugin large electrical devices (such as large refrigerators, microwaves, unauthorized heaters, etc.) In addition, participants are not permitted to change any fixture or wiring within the individual structure.

3. Regular inspections

Each participant’s individual structure will be inspected on a regular basis by (SITE) staff to assess safety, maintenance, and adherence to belonging policy. Each participant is only allowed to have up to 3 large bags of belongings in their individual structure.

The purpose of an inspection is to check for ...

- A working fire alarm

- A working thermostat
- No signs of bed bugs
- No items from the forbidden items policy
- No spoiled food or community kitchen items, like plates or cups
- Belongings are not over limit
- Individual structure interior and exterior policies are being followed

4. Repairs

If you have an issue with the individual structure or believe that repairs are needed, please speak with the (SITE) Manager as early as possible.

5. Possessions Policy

Participants must keep personal belongings inside their individual structure at all times or stored neatly and securely on the 10'x10' platform and are not permitted to store additional belongings outside of their individual structure/platform (this does not apply to flower boxes or patio décor). Staff will continue to perform regular individual structure checks to determine safety and cleanliness, as well as belongings in excess of reasonable expectations. If participants have excessive belongings, staff will notify participants, write up an improvement plan and provide deadline for belongings to be downsized. Participants are encouraged to ask staff for support in downsizing if needed.

Visitor Policy

Visitors are not allowed on (SITE) property at any time.

Chore Protocol

- All participants are required to participate in weekly chores and follow the community's weekly chore schedule, which will be posted at the beginning of every week. Each participant will have one chore to complete each week, and chores will rotate every week. ADA alternative chores will be provided for those who request it. Please communicate with the (SITE) manager or (SITE) staff if you need to request an ADA alternative chore.
- Every week, participants are expected to let a staff member know when their chore is completed. Staff keep a weekly record of when chores are completed. This record is officially used in each participant's 90-day review.
- If you are away from the (SITE) and cannot complete your chore, you are responsible for letting staff know before any absence other than an emergency. Staff will offer one or more "makeup chore" options to you to choose from to replace any incomplete chore. This must be completed and approved by staff before the end of the weekly chore chart.

Example of Weekly Checklist

Participant Weekly Checklist

	Week 1	Week 2	Week 3	Week 4
(SITE) Meeting				

Navigation specialist Meeting				
Weekly Chore				
Weekly Inspection				

Pet Policy

- Animals are not allowed to run loose.
- All animals must be collared. Dogs must be leashed. Pet owners must pick up animal waste immediately.
- Vaccination documentation may be required to share with staff.
- Pet owners are responsible for the behavior of their pets. Pets that behave aggressively or physically assault people or other pets will not be permitted in the (SITE).
- Pets are not allowed in the community building.
- Do not approach, touch, feed or bother other people’s pets without permission.
- When leaving the premises, pet owners must make arrangements for the pet, and have it/ them in a safe, secure place. Staff will not be responsible for any (SITE) pets.

Food Storage Policy

- A limited amount of personal food may be stored in designated refrigerators if it is contained within your refrigerator bin, covered, and labeled with a name and date. Items in the refrigerator without a label immediately belong to “everyone.”
- Community food that we receive through donations will be stored in the “communal kitchen” and “communal pantry”. Donated food is accessible to and for all community members but should only be taken in single servings out of respect for all (SITE) participants.
- All food should be prepared in the community kitchen. Coffee and hot water may be prepared in other communal spaces.

The Behavioral Intervention Process

(SERVICE PROVIDER) staff will address incidents that involve disruptive behavior to the property, staff of (SITE) such as verbal or physical violence, theft, the use of drugs or alcohol on site, overnight guests that are non-participants, and other behavior that violates the (SITE) Manual and Good Community Partner Agreement. Where possible, the staff want to work with participants to ensure that issues are addressed in a positive manner that allows a participant to remain a part of the community. When an incident occurs, staff have a number of avenues to work with people:

- Conversation – for minor incidents, staff may simply have a conversation with a participant to talk about what happened, and why the behavior in question is problematic for the community
- Support Plans – for more serious incidents or repeated incidents, staff may work with the individual to create a support plan. A support plan allows the staff and the participant to offer insight and information about why the incident happened and what could be done differently in the future.

- Behavioral Contracts – for even more serious incidents, or for incidents that have not been helped by support plans, staff may require a behavioral contract. Behavioral contracts often serve as written warnings that indicate any repeat of the behavior could result in an exit.
- Exits – For the most serious incidents (e.g. assault, arson) or for issues that have repeated even after participants have received a behavioral contract, participants may be exited from the program.
- Time Away – The option (at the discretion of the Program Managers/Wraparound team) for participants to be referred to spend time away at a designated site to cool off and re-enter the (SITE) to discuss behavior(s) and create a plan.

After exiting, staff will change the lock to your individual structure. Belongings may be left on the premises and picked up within 7 days of the exit. Participants will need to wait outside the (SITE) while staff retrieve belongings.

Fire & Smoking Area Policy

- No recreational fires, candles or open flames will be allowed on the property.
- Fire extinguishers are accessible on (SITE) property
- Smoke detectors and carbon monoxide alarms are installed in the community building and each individual structure and inspected to insure they are working.
- Smoking is not allowed anywhere on the property except the designated smoking area, pointed out during the move-in orientation. The designated areas for smoking are limited to the two grassy areas that are located 10 feet from the main building.
- Loose cigarette butts elsewhere on the property, including individual structures, will result in a warning.

Abandonment Policy

- For safety purposes, if participants are away for over 24 hours, they must notify the (SITE) Manager and/or Navigation Specialist. If staff does not hear from the participant, the (SITE) Manager or Navigation Specialist may contact you, your emergency contact and/or inspect your individual structure as part of safety/wellness check.
- If a participant is absent and out of contact with staff for 7 days, along with missing their CM meeting and weekly community meeting, their individual structure will be emptied and they will be exited from the program. That participant will then have another 7 days to pick up their belongings before (SERVICE PROVIDER) has the right to dispose of these items.

Emergency Protocol

During (SITE) orientation, (SERVICE PROVIDER) staff will discuss with you these emergency protocols. A visual roadmap of the property layout and evacuation plan will be given to you, and will be posted in the community space for reference. Important phone numbers, which include emergency contacts, will also be posted in detail in community space. There will be a first aid kit located in the community space. Staff will also have additional safety items in their offices. In case of a fire or earthquake, follow this evacuation plan:

1. Follow (SERVICE PROVIDER) staff directives
2. Evacuate the property through the gate that leads out of the (SITE)

3. Meet in the spot agreed to by the (SITE) staff.

NOTE: In case of a medical emergency, (SITE) staff will call 911.

EXAMPLE

Manual Acknowledgement Form

I understand that the (SITE) Manual and Code of Conduct describes important information about the (SITE) and the program operated by (SERVICE PROVIDER). I understand that I should consult the program manager if I have any questions that are not addressed in the manual.

I understand that this manual supersedes all prior manuals, policies, and procedures. I understand that there may be changes to the manual, including the addition of new policies, replacement, modification, or cancellation of existing policies. I understand that I will be told of any changes by (SITE) staff.

I understand that it is my responsibility to read, understand, and follow the policies of this manual. I have asked and received an answer about any of the policies in this manual that I did not understand.

Participant Name:

Participant Signature:

Date:

EXAMPLE

(SITE) VALUES & CODE OF CONDUCT

- Here at (SITE), we value mutual respect, participation in community life, non-violence, community safety, and non-discrimination.
- We respect the rights and privacy of our fellow (SITE PARTICIPANT) by making sure to clean up after ourselves and not take belongings that are not ours.
- We agree that appropriate attire should be worn.
- We understand that alcohol and drugs are not allowed on the (SITE) property (see page 11)
- We acknowledge that weapons are not allowed at the (SITE) (see page 5)
- We understand that violence is not tolerated. This includes intimidation, physical, verbal, or sexual abuse. We will attempt to resolve any conflict in a peaceful manner (see page 5)
- We refrain from any degrading ethnic, racist, sexist, transphobic, or homophobic remarks, and do not tolerate such language or behavior (see page 1)
- We understand that the weekly community meetings are required and occurs every Wednesday at 6:30pm.
- We agree that pets are to always remain on a leash. Owners are responsible for cleaning up after their pet (page 9).
- We acknowledge that large refrigerators, microwaves, propane tanks, and unauthorized heaters or appliances are not allowed in any individual structure.
- We will keep personal food labeled and stored in designated space in refrigerator.
- We acknowledge that there one bicycle per person is allowed and must be registered with (SITE) staff.
- We understand that case management is required at the (SITE) and meeting with our navigation specialist once a week (or during the scheduled time) is mandatory.
- We understand that (SITE PARTICIPANT) must check in with staff every day by being present on site, or calling the shelter phone to check in (see page 3)
- We agree that no open flames are allowed on property or in individual structures (see page 10)
- We agree that smoking must occur in designated smoking area (see page 11)
- We agree that no storage or personal belongings are permitted around the sides or back of the individual structures, or on public areas in the community (see page 7)

DATE OF INTAKE: _____

PARTICIPANT NAME (& ALIAS): _____

PROGRAM & BED/UNIT #: _____

PARTICIPANT HMIS ID#: _____

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? _____

PROGRAM INTAKE PACKET

BASIC DEMOGRAPHIC INFORMATION

WHAT IS YOUR DATE OF BIRTH?	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Participant Doesn't Know	<input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Participant Refused
WHAT IS YOUR SOCIAL SECURITY NUMBER?	____ - ____ - _____	
WHAT RACE(S) DO YOU MOST CLOSELY IDENTIFY AS? (CHECK UP TO TWO OPTIONS- PRIMARY RACE AND SECONDARY RACE)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Participant Doesn't Know	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Participant Refused
WHAT ETHNICITY DO YOU MOST CLOSELY IDENTIFY WITH? (CHECK BEST OPTION)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Participant Doesn't Know	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Participant Refused
WHAT IS YOUR PRIMARY LANGUAGE?		
WHAT GENDER (IF ANY) DO YOU MOST CLOSELY IDENTIFY WITH? (CHECK BEST OPTION)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming (not exclusively M or F) <input type="checkbox"/> Participant Doesn't Know	<input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Participant Refused
WHAT IS YOUR RELATIONSHIP TO THE HEAD OF HOUSEHOLD?	ALWAYS LIST "SELF" EVEN IF THE PARTICIPANT IS STAYING IN A COUPLE'S BEDSPACE.	
WHAT IS YOUR CLIENT LOCATION?		

HEALTH & HOUSING

WHERE WERE YOU SLEEPING/STAYING BEFORE COMING HERE? (CHECK BEST OPTION)	<input type="checkbox"/> Place Not Meant for Habitation Emergency Shelter including h/motel paid for w/ emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing <input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Hospital or Other Residential Non-Psychiatric Medical Facility <input type="checkbox"/> Jail, Prison, or Juvenile Facility <input type="checkbox"/> Long-term Care Facility or Nursing Home <input type="checkbox"/> Psychiatric Hospital or Other Psych Facility <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center <input type="checkbox"/> Hotel or Motel Paid for WITHOUT Emergency Voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client, w/ ongoing subsidy <input type="checkbox"/> Participant doesn't know	<input type="checkbox"/> Permanent housing (other than RRH) for formerly houseless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no houseless criteria <input type="checkbox"/> Staying or living in a FAMILY MEMBER'S room, apt or house <input type="checkbox"/> Staying or living in a FRIEND'S room, apt or house <input type="checkbox"/> Transitional housing for houseless persons <input type="checkbox"/> Participant refused
HOW LONG DID YOU STAY AT THIS PLACE BEFORE COMING HERE? (CHECK BEST OPTION)	<input type="checkbox"/> One Night or Less <input type="checkbox"/> Two to Six Nights <input type="checkbox"/> One Week+, but < One Month <input type="checkbox"/> Participant Doesn't Know	<input type="checkbox"/> One Month+, but < 90 Days <input type="checkbox"/> 90 Days+, but < One Year <input type="checkbox"/> One Year or Longer <input type="checkbox"/> Participant refused
WHAT IS THE APPROXIMATE DATE YOUR MOST RECENT PERIOD OF HOUSELESSNESS BEGAN?		

NAME OF STAFF MEMBER COMPLETING INTAKE: _____

PARTICIPANT NAME: _____

PARTICIPANT HMIS ID#: _____

<p>HOW MANY SEPARATE INSTANCES OF HOUSELESSNESS HAVE YOU EXPERIENCED IN THE PAST 3 YEARS, INCLUDING TODAY? REGARDLESS OF WHERE THEY STAYED LAST NIGHT- # OF TIMES THE PARTICIPANT HAS BEEN ON THE STREETS OR IN (EMERGENCY) SHELTER IN THE PAST 3 YEARS.</p>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Participant Doesn't Know	<input type="checkbox"/> Three Times <input type="checkbox"/> Four+ Times <input type="checkbox"/> Participant Refused
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<p>IN THE PAST 3 YEARS, WHAT IS THE TOTAL NUMBER OF MONTHS YOU HAVE BEEN HOUSELESS ON THE STREET- INCLUDING AN EMERGENCY SHELTER OR SAFE HAVEN? TOTAL COUNT OF THE NUMBER OF MONTHS HOUSELESS ON THE STREET, IN ES OR SH IN THE PAST 3 YEARS.</p>	<input type="checkbox"/> One Month (this time is the first month) <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> Participant Doesn't Know	<input type="checkbox"/> 7 Months <input type="checkbox"/> 8 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months <input type="checkbox"/> 11 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 Months <input type="checkbox"/> Participant Refused
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<p>DO YOU CONSIDER YOURSELF TO HAVE A DISABLING CONDITION? (OPTIONAL- CHECK ALL THAT APPLY)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Refused	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both Alcohol and Drug Abuse <input type="checkbox"/> Developmental Disability	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health Problem <input type="checkbox"/> Physical Disability <input type="checkbox"/> Chronic Health Condition
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<p>DO YOU CURRENTLY HAVE ANY HEALTH INSURANCE COVERAGE?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Refused	<input type="checkbox"/> MEDICAID (List OHP as MEDICAID) <input type="checkbox"/> MEDICARE <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> Employer – Provided Health Insurance <input type="checkbox"/> Health insurance obtained through COBRA <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Other:
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BENEFITS & INCOME

<p>DO YOU RECEIVE ANY FORM OF NON-CASH BENEFIT? (CHECK BEST OPTION)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Refused	<input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) <input type="checkbox"/> Special Supplemental Nutrition Program for WIC	<input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF Funding Services <input type="checkbox"/> Other Source
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MONTHLY NON-CASH BENEFIT AMOUNT:

<p>DO YOU HAVE ANY FORM OF MONTHLY INCOME?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Refused	<input type="checkbox"/> Earned Income <input type="checkbox"/> Alimony or Other Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> General Assistance	<input type="checkbox"/> VA <u>Non-Service-Connected</u> Disability Pension <input type="checkbox"/> VA <u>Service-Connected</u> Disability Compensation <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Pension or retirement income from another job <input type="checkbox"/> Other
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<p>MONTHLY INCOME AMOUNT:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Refused	<input type="checkbox"/> Earned Income <input type="checkbox"/> Alimony or Other Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> General Assistance	<input type="checkbox"/> VA <u>Non-Service-Connected</u> Disability Pension <input type="checkbox"/> VA <u>Service-Connected</u> Disability Compensation <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Pension or retirement income from another job <input type="checkbox"/> Other
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DOMESTIC VIOLENCE VICTIM/SURVIVOR

<p>HAVE YOU EVER BEEN THE VICTIM OF DOMESTIC VIOLENCE? (CHECK BEST OPTION)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Refused	<p>When did the experience occur?</p> <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 6 to 12 months ago <input type="checkbox"/> More than a year ago	<p>Are you currently fleeing the situation?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Doesn't Know <input type="checkbox"/> Participant Refused
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DOCUMENTATION & SERVICES

<p>WHICH OF THE FOLLOWING DO YOU CURRENTLY HAVE?</p>	<input type="checkbox"/> Valid ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> DD214 (if applicable)	<input type="checkbox"/> Verification of Income <input type="checkbox"/> Verification of Disability <input type="checkbox"/> Verification of Houselessness <input type="checkbox"/> Email Address	<input type="checkbox"/> Bank Account <input type="checkbox"/> Debit Card <input type="checkbox"/> Smartphone/Wireless Access <input type="checkbox"/> Honored Citizen TriMet Pass
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<p>CONTACT INFORMATION:</p>	
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(SITE)
GOOD COMMUNITY PARTNER AGREEMENT

Being respectful of staff and other participants:

- No yelling or disrespectful language.
- No physical harm to anyone.
- Maintain personal hygiene.

INITIAL
HERE

Treating (SITE) shelters with respect:

- No urinating or defecating in areas other than bathrooms.
- Notify staff if janitorial services are needed.
- Dispose cigarette butts in the designated receptacles.
- Do not put staff or participants at risk by having drugs or alcohol.

INITIAL
HERE

Refraining from all discriminatory language and behavior:

- The use of any discriminatory language relating to race, age, skin color, sex, national origin, physical/mental disability, or religion is strictly prohibited.
- Please refer to (SITE) anti-discrimination form in this intake packet for more information.

INITIAL
HERE

Utilizing Shelters as a transitional housing option:

- Participants are urged to be moving in a healthy direction.
 - This includes, but is not limited to, seeking medical treatment, conducting a housing search, seeking assistance from referring case managers and social workers, etc.

INITIAL
HERE

(SITE) will implement a 3-conversation rule for most guidelines.

However, there are some instances where an immediate dismissal from the program may occur.

- 1. Staff will issue a warning to the participant and go over this Community Partner Agreement.*
- 2. Staff will issue a 3-day suspension, or in the case of causing physical harm, up to a 7-day suspension, and will be given a date when the participant may return. Upon returning, the participant must meet with a staff member to reach an understanding of how things will be different moving forward.*
- 3. Staff will issue a mandatory 30-day exclusion from (SITE). During this time the participant will not receive services from (SITE SPONSOR). Depending on the infraction staff reserve the right to extend the exclusion period.*

PARTICIPANT SIGNATURE:

DATE:

(SITE)

PARTICIPANT RIGHTS, & RESPONSIBILITIES

- You have the RIGHT not to be discriminated against on the basis of race, ethnicity, age, color, creed, religion, sex, national origin, sexual orientation, handicap, and physical or mental or developmental disability.
- You have the RIGHT to receive services in the least restrictive, feasible environmental.
- You have the RIGHT confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of participant information under State and Federal laws and regulations, unless release of information is specifically authorized by the participant, parent or legal guardian of a minor child.
- You have the RIGHT to receive a copy of your individual service plan and to plan and participate in the development, review, and revision of that plan. You have the right to active and informed participation in the establishment, periodic review and reassessment of the service plan.
- You have the RIGHT to file a grievance in accordance with program procedures.
- You have the RIGHT to exit the program anytime you choose.
- You have the RIGHT to participate in any appropriate and available services, regardless of refusal of one or more other services, unless there is a valid and specific necessity that precludes and/or requires the participant's participation in other services. This necessity will be explained to the participant in the participant's individualized service plan.
- You have the RIGHT to receive services free of charge.
- You have the RESPONSIBILITY to know and follow all (SITE) rules and policies.
- You have the RESPONSIBILITY to ask the staff if you are unsure of any rule or policy.
- You have the RESPONSIBILTIIY to treat the staff, volunteers and other participants with respect.
- You have the RESPONSIBILITY to avoid gossip, and any situation that would lead to discord in the community.
- You have the RESPONSIBILTIIY to report any action by another person that would threaten the safety of the community or of another person.

PARTICIPANT SIGNATURE:

DATE:
