



Office of Supportive Housing

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January	1988
Revised	1990
Revised	1999
Revised	2010



CITY OF PHILADELPHIA

Emergency Housing Standards

As Recommended by the Ten-Year Plan Advisory Committee



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I. INTRODUCTION

In a changing economic climate, the City of Philadelphia continues to promote the provision of decent, safe, accessible and affordable housing for homeless persons. Since the mid 1980's, the Office of Supportive Housing (OSH) has provided homeless services in the midst of significant challenges: increasing unemployment, government to social programs, increasing rates of poverty and a lack of affordable housing.

The mission of OSH is to assist individuals and families to prevent and end homelessness. To meet this objective, Philadelphia's Homeless Continuum of Care includes: street outreach, homeless prevention, emergency, transitional and permanent housing and the provision of supportive services.

In 2005, the City established in a partnership with the public, private and advocacy communities, Philadelphia's 10 Year Plan to End Homelessness. As a result of detailed recommendations from the 10 Year Plan strategic planning process, OSH has revised the Emergency Housing Standards to provide city contracted agencies with a clear set of guidelines and requirements for the operation of emergency housing facilities in Philadelphia.

The guiding principles of the revised Emergency Housing Standards maintain that homeless individuals and families living in emergency housing are ensured:

- a safe environment;
- treatment with dignity and respect;
- provision of housing and related services without regard to race, color, sexual orientation, religion, creed, disability, ancestry, national origin, age, gender, or physical, mental or developmental disability.

Compliance with the revised Emergency Housing Standards is a city contract requirement and applies to all contracted emergency housing providers/facilities.

II. GUIDING PRINCIPLES

The Emergency Housing Standards are grounded in the following principles and values that promote a philosophy for service provision. These principles and values help guide the delivery of services.

1. All homeless persons have the right to be treated with dignity and respect regardless of political or religious beliefs, ethno-cultural background, disability, gender identity and/or sexual orientation. Staff must respect and be sensitive to the diversity of consumers. Discriminatory and racist incidents or behaviors are not tolerated.
2. The emergency housing will provide an atmosphere of dignity and respect for all emergency housing consumers, and provide services in a non-judgmental manner.
3. Emergency housing staff will work with consumers to assist them in achieving their goals of self-reliance and self-sufficiency.
4. Emergency housing will be sensitive to the ethno-specific and linguistic needs of consumers. Staff will work to ensure consumers have access to culturally appropriate interpreter services and that written materials are available in other languages.
5. Gender identity is self-defined. Sometimes this may not correspond with a person's physical appearance. Service providers must accept gender identity as defined by the individual rather than by the perception of staff and/or other consumers.
6. Emergency housing staff often has access to detail and highly sensitive personal information about consumers. Protecting the privacy and confidentiality of emergency housing consumers and their personal information is of the utmost importance.
7. All persons residing in emergency housing will be provided safe and nutritious food.
8. The health and safety of consumers, volunteers and staff is of the highest importance in each Emergency Housing facility. Training, policies, procedures and regular maintenance are intended to encourage, improve and maintain the health and safety of all people residing, volunteering and working in the emergency housing.
9. In order to provide effective emergency housing programs and services, emergency housing consumers should be afforded the opportunity to have a voice in service provision, program planning, and policy development.
10. Emergency housing facilities that house children and youth must provide supports and activities and ensure that the school-related, recreation and treatment needs of consumer children are met on-site or through referral to community-based services.
11. Emergency housing programs are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and co-ordinated services.

These guiding principles have been excerpted from the *Toronto Emergency housing Standards*; OSH has revised them for inclusion in the *Philadelphia Emergency Housing Standards* document.

www.toronto.ca/housing/pdf/emergency_housing_standards.pdf

III. CONSUMER RIGHTS AND RESPONSIBILITIES

ALL CONSUMERS MUST BE INFORMED OF THEIR RIGHTS AND RESPONSIBILITIES.

3.1 Intake and Emergency Housing Staff must review with all consumers, the “Consumers Rights and Responsibilities and Grievance Procedures” during the initial intake and emergency housing orientation. Staff must also review specific house rules which may include the following:

1. Smoking (where, when)
2. Curfew hours/overnight absences
3. Expectations regarding fees and savings
4. Responsibility for personal belongings
5. Program/treatment related issues
6. Chores
7. Medication- storage and dispensing
8. Expectations of participation in treatment
9. Meals
10. House meetings
11. Other rules: curfew, phone use, lights out, and television/radio use (for Family emergency housings) parents’ responsibility for children at all times, etc.

STAFF MUST ASSIST CONSUMERS WHO CANNOT SPEAK ENGLISH OR WHO ARE HEARING IMPAIRED BY ACCESSING INTERPRETERS IF NEEDED.

3.2 After the consumer has read (or been provided assistance to read) the “Consumer Rights/Responsibilities and Grievance Procedures”, consumers must sign two copies of the document. One copy must be given to the consumer and the second must be kept on file. In addition, the document must be available in Spanish.

3.3 “Consumer Rights/Responsibilities and Grievance Procedures” must be visibly posted in a central area on each floor of the emergency housing facility. All incoming consumers must be informed of these locations.

3.4 CONSUMER RIGHTS SHALL INCLUDE:

- a) The right to be treated in a dignified manner by all emergency housing staff and other consumers. All human beings have intrinsic worth, irrespective of their past or present behavior, beliefs, lifestyle, or social standing;
- b) Right to clean, safe environment;
- c) Right to confidentiality (except in cases involving criminal activity, danger to self or other, or suspected child abuse, or reportable medical condition), of all case records, manual or electronically stored, and all other consumer information, whether child or adult be strictly maintained;
- d) Freedom from discrimination based on race, age, sexual orientation, gender, gender identity, color, creed, religion, ancestry, national origin, medical condition, physical disability, or mental disability;
- e) Right to dress in accordance with and access services/placement in the gender with which the consumer identifies as best preserving their safety (See Appendix I, Section A);
- f) Access to referrals;
- g) Understanding of any fees for service;
- h) Right to overnight absences away from the emergency housing facility during special circumstances;
- i) Right to be informed of the OSH grievance procedures;
- j) Right to be informed of general emergency housing rules, regulations and policies;
- k) Right to be informed of the Drug & Alcohol testing procedures (as referenced in service agreement Appendix I, Section B);
- l) Right to leave the emergency housing premises to work, attend training, or maintain housing appointments;
- m) Right to be informed of the following prohibited activities and their consequences:
 - Physical violence or threat of violence
 - Criminal Activity
 - Possession of or usage of drugs and alcohol on site
 - Abuse (physical or repeated instances of threatening behavior)
 - Sexual harassment
 - Possession of weapons.

3.5 CONSUMER RESPONSIBILITIES SHALL INCLUDE: (SEE SERVICE AGREEMENT IN HMIS FORMS OR APPENDIX I SECTION B)

a. Drug and Alcohol Testing Policy

- 1) Each consumer is to be oriented regarding the Drug & Alcohol Testing procedure within the emergency housing facility they have been assigned. Consumers who are working or enrolled in a training program will not be subject to a blackout until results of urinalysis are positive. **In the event of 'just cause', emergency housing providers are authorized to conduct a urinalysis or request same from the Department of Behavioral Services** to determine if there is a need to engage the consumer towards appropriate substance abuse treatment.
- 2) Emergency Housing Providers are to abide by the "Criteria for Transitional Housing Placement-Drug and Alcohol Policy" (See Appendix I, Section C) regarding the submission of transitional housing applications for emergency housing consumers.

b. Savings and Fees Policy

- 1) Each consumer is to be made aware of the policies concerning OSH's savings and savings requirements. Staff is to explain to each consumer; amount to be saved, amount given to consumers for personal expenses, and increases contingent upon length of stay in emergency housing. Every emergency housing program must provide the consumer with a receipt for every Savings and/or Fee Payment.
- 2) Consequences for non-participation in OSH Savings and Fees requirements are described in the 'Emergency Housing Savings and Fees Policy and Procedures' (See Appendix I, Section D).

c. Housing Placement Policy

- 1) Each consumer is to be informed of the Housing Placement Addendum to the Service Agreement signed at the time of placement into emergency housing (see Appendix I, Section E). Staff is to review the Addendum to ensure that the household understands their responsibility to accept the housing offered them as described.

d. **Children's Service Agreement**

- 1) Households entering emergency housing with their children are required to complete and sign the Children's Service Agreement at the Central Intake, See Appendix I, Section F). Staff is to review the Agreement with the head household to ensure that parents work in partnership with the emergency housing provider and that the household understands their responsibility as outlined in the agreement.

e. **Americans with Disabilities Act (ADA) Compliance**

In operating programs for consumers, the Office of Supportive Housing must adhere to the "reasonable accommodations" requirements of the American with Disabilities Act. This would include, for example, conducting classes in a room in the emergency housing facility that does not require walking up stairs. For more information on the requirements of the American Disabilities Act, please refer to the following website: <http://www.usdoj.gov/crt/ada/publicat.htm>.

3.6 Complaint Procedure

DEFINITION: A COMPLAINT IS A VIOLATION OF THE CONSUMERS RIGHTS AS DEFINED IN THE EMERGENCY HOUSING STANDARDS.

A consumer may initiate his/her complaint by contacting the emergency housing provider. If the consumer does not feel that his/her complaint has been resolved or does not feel comfortable addressing the complaint directly to the emergency housing provider, families and single females may submit complaints directly to the AppleTree Family Center located at 1430 Cherry Street. Single men may submit complaints directly to the OSH Central Intake for men.

In many cases when a consumer files a complaint the result or resolution can be provided on the same day received or face to face. In those instances, where a complaint requires further investigation, a written response will be provided notifying the consumer of the outcome of his/her complaint within 7 days of receipt of the complaint. OSH contracted providers will also provide a written response notifying the complainant of the outcome or resolution within 7 days of receipt and will forward a copy of their response to the OSH Shelter Service Administrator.

3.7 Grievance Procedure

DEFINITION: A CONSUMER CONTESTS, CHALLENGES OR IS NOT SATISFIED WITH ANY DECISION MADE BY THE EMERGENCY HOUSING PROVIDER OR IS NOT SATISFIED WITH THE REMEDIATION.

THE GRIEVANCE PROCEDURE ADDRESSES THE FOLLOWING:

- Each emergency housing provider, including case management providers, must maintain a supply of the OSH standard Grievance Form. OSH will also maintain copies of these forms at its intake sites and administrative offices.
- Grievance Forms are to be given to consumers upon request.
- Consumers are entitled to receive assistance in completing the Grievance Form from emergency housing staff or case management staff.
- Under no circumstance may a provider or staff member take retaliatory action against a consumer in response to the filing of a grievance/complaint or the exercise of his/her rights under the grievance procedure.
- The OSH Operations Division shall conduct a review of all consumer grievances every six (6) months and shall prepare a written report that includes the number, kind and disposition of all grievances filed during the relevant time period and a breakdown by emergency housing provider. The report must be presented to the Director of OSH and Deputy Director responsible for Operations.

IV. EMERGENCY HOUSING PERSONNEL STANDARDS

EMERGENCY HOUSING PROVIDERS MUST HAVE WRITTEN POLICIES AND PROCEDURES THAT INCLUDE THE FOLLOWING:

4.1 DRUG-FREE WORKPLACE

Written drug and alcohol policies for its employees that include the following:

- a.) Drug and alcohol free workplace.
- b.) Remediation and consequences for the use and/or distribution of illegal substances.

4.2 REQUIREMENTS FOR EMPLOYMENT

Prior to hiring staff the provider shall set minimum educational, age, and experience guidelines for employment eligibility, and a statement concerning equal employment opportunity, without regard to race, age, sexual orientation, gender, gender identity, color, creed, religion, ancestry, national origin, medical condition, physical disability, or mental disability.

4.3 STAFF TO CONSUMER RATIOS

To ensure adequate coverage in emergency housing facilities, providers are to maintain a standard of one direct service* person per 20 individual consumers during day hours; a ratio of one staff person per 40 individual consumers shall be maintained during the overnight shift.

Definition: Direct service staff person does not include janitorial or kitchen personnel in the provision of adequate staff ratios.

4.4 HIRING OF HOMELESS CONSUMERS

Homeless consumers may not be hired as staff in the facility in which they reside.

4.5 CRIMINAL RECORD CHECKS AND CHILD ABUSE CLEARANCES

1. **Single Adult Providers:** All program staff and volunteers must obtain criminal record checks *prior to hire and at five (5) year intervals thereafter.*
2. **Family Providers:** All program staff and volunteers in emergency housing programs serving children must obtain criminal record checks *prior to hire and at five (5) year intervals thereafter.*

3. **Family Providers:** All staff and volunteers must also obtain a child abuse history clearance *prior to hire and annually thereafter.*
4. *All criminal record checks and child abuse history clearances must be submitted to the OSH Contract Management Unit upon receipt.*

5. Criminal Conviction

- A) No person, who has been convicted of any crime against a consumer of any facility, or against a participant in a day-care or day-treatment program, may be an emergency housing provider or *hired as a staff person.*
- B) No person, who has been convicted of murder, rape, indecent exposure, sexual assault, or arson may be an emergency housing provider or be hired as a staff person by an emergency housing provider.
- C) No person, who has been convicted of any violent crime not otherwise described in sub-paragraph (b) may be an emergency housing provider or be hired as a staff person by an emergency housing provider for a period of ten years following the date of the conviction.
- D) No person who has been convicted of any crime in connection with the operation of any facility, or any day-care or day-treatment program, not otherwise described in sub-paragraph (a), (b), or (c), may be an emergency housing provider for a period of ten (10) years following the date of conviction.
- E) Conviction of any crime described in sub-paragraphs (a), (b), (c) or (d) shall be grounds for immediate termination of employment.

The following two items are applicable to all emergency housing facilities housing children:

1. According to the PA Child Protective Services Law and current regulations, in no case shall an EH provider hire an individual whose Child Line Clearance has verified that this person is named in the central register as the perpetrator of a founded report that such child abuse was committed within the five (5) year period immediately preceding the verification process. A founded complaint is an adjudication of child abuse.
2. In no case shall an individual ever be hired if the person's criminal history record check information indicates a conviction of one or more of the felonies described in Title 18 of the PA Code relating to: criminal homicide, aggravated assault, stalking, kidnapping,

unlawful restraint, rape, statutory sexual assault, aggravated indecent assault, indecent assault, indecent exposure, incest, **concealing the death of a child, endangering the welfare of children, dealing in infant children, prostitution and related offenses, pornography, corruption of minors, sexual abuse of children, felony offense under the Act of April 14, 1972 (P.L. 233, No. 64), known as the Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification. Act 127 of 1998 also prohibits hire if the applicant has been convicted of an equivalent crime listed above under the law of another state, or the attempt, solicitation or conspiracy, to commit those offenses.**

4.6 SEXUAL HARRASSMENT

1. A description of consequences for sexual harassment including immediate termination of employment.
2. In emergency housing environments, which often houses vulnerable persons including women or children, and mentally ill persons' background checks and careful observation of employees must be employed, to eliminate the possibility of physical, verbal or psychological abuse. Should such abuse be discovered or observed, the employee should be removed from site immediately.

4.7 PERSONNEL MANUAL

A staff manual must be developed and distributed by the provider to their staff. The manual is to include operational procedures, conditions for employment and conditions for termination of employment:

1. Personnel Policies
 - a. Philosophy of the provider concerning care, proper behavior, etc.;
 - b. Clear explanation of all procedures, rules and regulations;
 - c. Clear explanation of staff requirements, including monitoring/evaluation policies, disciplinary procedures, and both staff and consumer rights;
 - d. Clear lines of responsibility concerning supervision of facility;
 - e. Staff code of conduct;
 - f. Staff Drug screening policy and procedures;
 - g. Mandated policies and procedures: Child and Abuse Neglect reporting;
 - h. HMIS compliance, attendance, reporting, and recordkeeping;
 - i. Handling Emergencies; and,

- j. Procedures for addressing employee grievances.

4.8 TRAINING

Emergency Housing staff is expected to receive a minimum level of training and orientation. Budgets permitting, staff is *required to receive a minimum of 10-20 hours of training per year, including mandatory and elective topics.*

1. MANDATORY TOPICS:

- a. Homeless 101 Orientation: The special needs of persons experiencing homelessness, including profiles (expected behavior and limitations of the population usually encountered);
- b. Fire and emergency evacuation procedures for the facility;
- c. First-aid training/CPR training;
- d. Emergency procedures for psychiatric crisis; *Preparing a 302 Petition*;
- e. Procedures for handling medications ;
- f. "Guidelines for the Prevention and Control of Infectious Diseases in Homeless Emergency Housing" (See Appendix II, Section A);
- g. Universal Precautions;
- h. Consumer Confidentiality;
- i. Customer Service;
- j. Transgender/sexual minority training;
- k. Goals of the facility with regard to fostering independence, linkage services, and "meeting consumers where they are"; and,
- l. Domestic violence.

2. Emergency housing serving families with children must provide training on the following:

- a. Child Abuse and Neglect- legal obligations regarding child abuse/neglect reporting and procedures;
- b. Child Welfare Act 148 Child Restraint Guidelines;
- c. School Attendance;
- d. Developmental needs from infancy to adulthood; and,
- e. Trauma.

V. EMERGENCY HOUSING FACILITY OPERATION STANDARDS

5.1 SPACE CONFIGURATION TO ENSURE SAFETY OF POPULATIONS

Emergency housing providers are expected to take necessary steps to protect all consumers and the environment. Often these steps will mean separating some consumers from others to assure both protection from possible harm and appropriateness of treatment and services. In providing a safe and secure environment, it is required that the following measures be taken:

1. Vulnerable groups (those at particular risk of being taken advantage of, or abused) should be housed in separate facilities or separate secure areas of the same facility. Separate secure areas include separate bedrooms, bathrooms and recreation facilities. Vulnerable groups include:
 - a. Children
 - b. Families with dependent children or youth
 - c. Persons who are impaired and elderly
 - d. Persons with developmental disabilities
 - e. Persons with physical disabilities
 - f. Persons who are mentally ill
 - g. Transgendered/Sexual Minorities.
2. Other consumers who should be provided separate housing or alternate arrangements which will assure protection from harm for other consumers are: active substance abusers, rapists, arsonists, child abusers, sex offenders (see Appendix I, Section G for OSH Procedure for Placement of Sexual Offenders) and severely disruptive individuals.
3. To the extent possible before consumers are referred to the shelter, general screening should be conducted by the referring agency. In particular, resident composition issues should be considered before referrals are made. If the referring agency has any relevant information as to recent behavior or medical condition which might endanger other consumers, or which would require specialized treatment, it is imperative that the agency notify the receiving facility.
4. Single men and women should be housed in separate facilities or separate secure areas of the same facility.
5. **When possible**, to help ensure minimal security and quality of life, no more than 30 persons will be housed in any dormitory or open area. If necessary, low partitions can be used to divide space.

5.2 ORIENTATION AND ASSESSMENT IN EMERGENCY HOUSING

When arriving at the Emergency Housing facility, consumers will meet with the emergency housing staff who will conduct an intake interview in a private area. This is to occur at entry or within 24 hours after the consumer has been placed. With the exception of weekends and holidays, staff is to complete the following:

- Review of Fire Safety Procedures to assure safety and security of all consumers;
- Review of the Consumer Rights & Responsibilities;
- Review of HMIS information with consumer, update accordingly;
- Determination of a basic profile of consumer;
- Orientation of the consumer to the emergency housing and its operations, rules, etc.;
- Inform the incoming consumer of the facility's nondiscrimination and anti-harassment policy, including its protection of lesbian, gay, bisexual, transgendered and questioning consumers.

1. The basic profile should include:

- a. Age, race, sex, family composition, income/employment status;
- b. Last known address;
- c. General assessment of stability, ability to care for self, presence of suicidal ideation,
- d. violent behavior, and ability to function in the group facility;
- e. Acute health needs;
- f. Other immediate needs; and,
- g. Information from OSH (sent with consumer or faxed after central intake).

2. Consumers with known mental illnesses who are a threat to themselves or others should be housed separately from unrelated children, either in another facility or in the same facility with close supervision, separate common areas, and separate dining areas or meal times.

5.3 STANDARDS FOR THE MANAGEMENT AND REPORTING OF INCIDENTS

1. Incidents: Provider specific occurrences involving Child Abuse, Neglect, Sexual Harassment, serious medical events, building emergencies, physical violence and death.

- A) Level I Reports: Serious incident reports that result in death, serious medical events, fires, major property destruction or failure, building emergencies requiring evacuation, relocation of consumers from the

site, or serious physical violence are to be reported immediately to the following OSH senior staff (after normal business hours including weekends at 215-686-5665):

- Building Emergencies – Assistant Director of Operations
- Intake Emergencies - Shelter Services Administrator

2. Reporting Standard

- a. All Level I Reports are to be reported immediately to the appropriate OSH representative via telephone or email.
- b. Providers are required to submit either a written Incident Report or enter the report in the OSH Homeless Management Information System within 24 hours of the incident.

5.4 EMERGENCY HOUSING FACILITIES WITH CHILDREN (HEALTH, WELFARE AND SAFETY ISSUES)

1. All emergency housing facilities housing children must be “childproofed,” including, but not limited to:
 - a. Electrical outlets covered;
 - b. No dangerous or sharp protruding edges or corners;
 - c. Storage of chemicals/cleaning supplies in secured areas;
 - d. Upper windows to have window guards or kept closed;
 - e. Facility in general good repair; and,
 - f. Protective covering for radiators, hot pipes, etc.
2. All emergency housing facilities housing children must have a policy for bedtime curfew of children.
3. Recognizing space limitations in some facilities, particularly at times of highest demand, providers are required to make available:
 - a. An individual bed for each child five years of age or over;
 - b. A crib for each child two years of age or under.
4. Adolescents, 12 years of age or older, must not be housed in the same room as unrelated adults, except during extreme weather conditions, in which case appropriate security reviews must be provided minimally at half hour intervals.
5. Recognizing that play and recreation are necessary to children’s growth and development, facilities with children must:
 - a. Provide indoor play space;
 - b. Identify where the nearest fenced in outdoor play space is located;

- c. Describe plan to ensure that safe durable toys and equipment are available, whether by purchase or pursuing donations, including requesting assistance from OSH to obtain donations where necessary.
 - d. Maintain and monitor all play areas to ensure that equipment is safe and operational.
6. Emergency housing facilities housing children must provide an orientation for new staff to include:
 - a. Mandatory child abuse reporting requirements and procedures;
 - b. A review and update of this information on an ongoing basis; and,
 - c. School attendance records to be maintained.
7. Orientation for new consumers must include the facility's child abuse reporting policy and procedures.
8. Recognizing that OSH policy does not condone corporal punishment of children, facilities with children are to have a written child discipline policy, which provides guidelines for acceptable methods of discipline and include the consequences of inappropriate discipline, including reporting to Department of Human Services.
9. Staff when observing parental stress or problematic parent-child interactions is instructed to report these concerns to the onsite case manager and or the supervisor.
10. Non-custodial parents are not permitted to remove children from a facility without permission from the custodial parent and prior to notification of emergency housing staff.
11. If any parent has a restraining order against another adult, the emergency housing provider may request a description of that adult so they can be alerted to his or her presence.
12. Emergency housing facilities must have a formal policy as to whether resident parents may babysit each other's children. If baby-sitting is permitted, the policy must include:
 - a. Circumstances or conditions in which baby-sitting is allowed;
 - b. Clear instructions to participants of consequences if contract is broken; and
 - c. Length of time period permitted
 - d. Written contract for participants, which must include approval by appropriate staff member; baby-sitting time period and, emergency family contact information.
13. Recognizing that some children may present problem behaviors and the possible additional stress of living in emergency housing, the provider's first response should be to refer to supportive services, including assistance from DHS, rather than removal of the family from emergency housing.

14. While it is ultimately a parent's responsibility to register children for school and ensure daily attendance, providers should inform case managers of any problems hindering achievement of this goal, including patterns of non-attendance.
15. All emergency housing facilities that admit diaper-age children must have diaper-changing stations near sinks for hand washing after each diaper change. These sinks should not be in or near food preparation or eating areas. Containers for diaper disposal must be available. All bathrooms, diaper changing areas and food preparation areas must have signs reminding staff and consumers to wash their hands after using the bathroom or changing diapers and before food preparation or eating.
16. All emergency housing facilities with children must comply with the Philadelphia Department of Health and OSH immunization requirements. Emergency housing facilities should encourage families to secure appropriate routine health care.
17. All emergency housing facilities serving families must be able to accommodate newborn infants, including those with serious health conditions requiring the use of monitors, etc. This includes ensuring that emergency housing staff are trained in proper infant care and are knowledgeable about where and how to seek help for medically fragile infants. Facilities must also provide adequate emergency housing staff coverage to ensure supervision of the infants, care by parents, and adequate and appropriate space and furnishings for infant care (such as refrigeration that is accessible by the parent).

5.5 FEES AND SAVINGS

Facilities that provide case management and other support services in a full demand environment must establish a fees and savings program in accordance with the Office of Supportive Housing Savings and Fees Policy (See Appendix I, Section D).

VI. CASE MANAGEMENT SERVICE STANDARDS

6.1 The mission of the Office of Supportive Housing (OSH) is to assist individuals and families to move toward independent living and self-sufficiency. All consumers are required to avail themselves of any case management services offered. In accordance with the Consumer's Service Agreement (Appendix I, Section B).

1. Case Management services are provided to help resolve the multiple complex problems faced by consumers experiencing homelessness and to enable mobility from emergency housing.
2. Case Management services should be provided on site and in a private area.
3. Case Management shall be based on social work practice/ Code of Ethics (See attached case management standards).
4. Case Management staff must adhere to the OSH Case Management Standards (Appendix I, Section H).
5. The service plan is the core of the work between the consumer and the case manager to address issues which impair and/or inhibit the consumer from achieving self-sufficiency. Service planning should be an interactive process that reflects the needs and wishes of the consumer as well as, the requirements of the facility. The plan outlines clear goals, time frames and areas of responsibilities. (See OSH Case Management Standards)
6. Maximum caseloads should be:
 - 25 for families;
 - 25 for persons who are mentally or physically disabled; and,
 - 35 for non-disabled persons without children present.
7. Ongoing case management should include:
 - Review of goals and objectives of service plan, including tracking of progress;
 - Referrals and follow-up on past referrals;
 - Ongoing assessment and addressing of new issues, as necessary;
 - General supportive counseling and,
 - Collaboration with other involved agencies, as appropriate.

6.2 CASE MANAGEMENT PERSONNEL REQUIREMENTS

1. Services may be provided by case managers employed by the emergency housing provider, OSH, or by contracted agencies. Minimum qualifications of all case managers should include:
 - a) A bachelor's degree in social work or a related field and two (2) years of social work experience **OR**;
 - b) A Master of Social Work degree from a Council on Social Work Education (CSWE) accredited institution.
2. All social work/case management supervisory staff must possess a Master of Social Work degree from an accredited institution and at least four (4) years of social work experience, two years of which shall have been at a full performance level.
3. Case management staff must demonstrate good communication skills (both written and verbal), skills in counseling, and the ability to coordinate services with other agencies and programs. Additionally, case management staff must demonstrate familiarity with the issues faced by persons experiencing homelessness (unstable housing history, substance abuse, mental health, lack of employment and training), as well as, a desire to work with and advocate for homeless consumers.

6.3 ORIENTATION, ONGOING TRAINING, AND SUPERVISION, AND PERFORMANCE EVALUATIONS

1. Case Managers must receive ongoing training in the core competencies and the training should be offered at times that are accessible to both day and night shift workers.
2. Case managers must receive 1 hour of documented supervision every 2 weeks.
3. Case Management Supervisors must receive training on management/supervision of staff.

VII. HOMELESS MANAGEMENT INFORMATION SYSTEM STANDARDS

Emergency Housing service providers are required to input consumer data into the City's Homeless Management Information System (HMIS). The following sections describe basic expectations regarding providers' use of the HMIS. Where applicable, reference is made to additional documents that provide greater detail regarding specific HMIS requirements.

7.1 Site Administrator

Providers are required to designate one or more staff persons to serve as HMIS Site Administrator(s). The HMIS Site Administrator is responsible for ensuring that the provider complies with the technology standards required to operate the HMIS. The HMIS Site Administrator also serves as the first-level responder for any of the provider staff's HMIS-related technical issues and is responsible for carrying out specific HMIS system administration tasks. The HMIS Site Administrator duties and HMIS technical requirements are outlined in the document "HMIS Site Administrator Manual," (See Appendix I, Section I).

All provider staff persons that use the HMIS are required to complete HMIS training for their assigned job roles prior to using the system. Since OSH employs a train-the-trainer approach to HMIS training, the HMIS Site Administrator is required to designate one or more staff persons to serve as HMIS Site Trainer(s). The HMIS Site Trainers will receive training in specific HMIS functions from OSH or its designees and are responsible for in turn training provider staff.

7.2 Security

All computers from which the HMIS is accessed must be in a physically secure location.

Providers must apply system security provisions to all systems involved in accessing the HMIS including, but not limited to, networks, laptops, desktops, mini-computers, mainframes and servers. Such provisions must include user authentication, virus protection, public access, physical access and disaster protection and recovery.

Computers stationed in public areas that are used to collect and store HMIS data must be staffed at all times. When workstations are not in use and staff persons are not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized individuals.

After a short amount of time, workstations should automatically turn on a password-protected screen saver when the workstation is temporarily not in use (Password-protected screen savers are a standard feature with most operating systems). If staff will be gone for an extended period of time, staff should log off the data entry system and shut down the computer.

All HMIS users are required to accept the terms and conditions of the “Homeless Management Information System User Agreement” (see Appendix I, Section J) each time prior to logging into the system. This document addresses such issues as identification and passwords, system security, proper use of the system, and preventing the theft of information

7.3 Privacy

All providers are required to comply with privacy standards regarding the collection, maintenance and use of protected personal information recorded, used, or processed for the HMIS. These requirements are detailed in the document “OSH Notice of Privacy Practices for Use with the HMIS” (see Appendix I, Section K). The privacy standards include, but are not limited to, the following:

- Posting a sign clearly visible to consumers at all stations where HMIS users meet with consumers to enter consumer data into the HMIS that informs of the existence of OSH’s HMIS Notice of Privacy Practices and that states that the document is available upon request and making it available upon such request by any individual.
- Allowing any individual who provided protected personal information to inspect and receive a copy of the information collected about that individual in the HMIS.
- Allowing any individual to submit questions or complaints about OSH’s privacy and security policies and practices.
- Securing any paper or other hard copy containing protected personal information that is either generated by or for HMIS, including, but not limited to, reports, data entry forms and signed consent forms.

7.4 Consumer Attendance

Providers are required to manage and report their emergency housing attendance through HMIS. Providers must submit their HMIS Attendance by 10 a.m. on a daily basis, Monday through Sunday. When applicable, HMIS Attendance Problems Reports must be submitted by 10 a.m. on a daily basis, Monday through Sunday.

Providers must complete the HMIS Attendance Problems Report when one of the following occurs:

- The provider is unable to submit the attendance via HMIS because of technical and/or connectivity issues. Once the technical and/or connectivity issue is resolved, the provider must submit the attendance via HMIS for all past-due dates.
- The provider is unable to include all "attended" consumers on the submitted HMIS Attendance. Providers are responsible for ensuring that consumers listed on the HMIS Attendance Problem Reports receive an active POS and adjust the consumers' attendance for the relevant time period.

It is important that providers meet all consumer attendance reporting requirements because the OSH Fiscal Management Unit relies solely on the data found within HMIS to validate monthly invoices.

7.5 Purchase of Service (POS)

Providers must proactively manage each consumer's POS within HMIS by:

- Tracking consumer POSs through the HMIS POS Reminder Screen;
- Extending and closing all case-managed POSs on a consistent and timely basis;
- Collaborating with OSH Intake Staff to ensure intake-supported POSs are extended and closed appropriately;
- Reviewing information entered into the HMIS regularly to ensure that data is entered appropriately and in a timely manner.

7.6 Case Management

Providers are required to utilize the HMIS for all case management responsibilities including, but not limited to:

- Reviewing information entered into the HMIS regularly to ensure that data is entered appropriately and in a timely manner;
- Maintaining POSs (e.g. extensions, changes, transfers) for all consumers assigned to case management services;
- Ensuring that all cases are closed properly and that all appropriate information is entered in the HMIS.

Refer to the document "OSH Social Worker/Case Management Performance Standards" (see Appendix I, Section H) for details on using the HMIS to fulfill case management standards.

7.7 Additional Requirements

Providers are required to enter data into the HMIS, even if there is no case management supports available. Providers are to identify staff that will be responsible for ensuring that pertinent information is entered and updated as needed. The following data is to be entered into HMIS for all consumers:

- Demographic Information (i.e. ethnicity, race, etc.) when not entered at intake
- Serious incidents that involve violence, calls to 911, and any other incidents that affect the health and safety of consumers
- Income amount and income source, updated as necessary
- Discharge information, including destination upon discharge

VIII. SUPPORTIVE SERVICES

8.1 GENERAL REQUIREMENTS FOR SUPPORTIVE SERVICES

The contracted provider must provide the following service components for each facility:

- Where funded, case management services that include assessment of consumer needs, the development of consumer-driven and individualized service plans, and provision of assistance in the form of community-based referrals as part of a service strategy that fosters integration back into the community.
- Utilization of OSH Social Worker/Case Management Performance Standards in the establishment of service plans, savings goals, emergency housing plans, and other long-term post-emergency housing strategies.
- Linkages or partnerships with service providers to access community resources such as health care and treatment, job readiness and employment opportunities, benefits counseling, and literacy and educational services.
- Coordination and collection of consumer emergency housing Fees and Savings funds (by agency staff not assigned to case management duties) and development of appropriate procedures.
- Assistance to consumers in developing housing or post emergency housing plans that include obtaining housing eligibility documentation and completing housing applications. This service can include referrals to programs that offer housing counseling services such as home buying seminars, credit repair workshops, tenants' rights information, and predatory lending counseling.
- A community house meeting for all consumers, held at least once a month.

The following supportive services are strongly recommended for on-site delivery as needed:

- Child care;
- Relevant support groups;
- Employment/educational counseling;
- Access to transportation; and
- Substance abuse intervention.

8.2 SUPPORTS FOR FAMILIES WITH CHILDREN

Facilities with families who have school-age children are expected to:

- Encourage and monitor school enrollment and attendance by school aged children (currently age 5.0 in September of the kindergarten year);
- Ensure that parents take their children to and from school daily and on a timely basis (or that they arrange for their supervision to and from school);
- Provide breakfast early enough so that children attending school have started the day with a nutritious meal;
- Set aside a **quiet area** and **set time** for children's homework to be completed, recognizing the need for exceptions in times of extreme weather, and;
- Cooperate with parents and collaborate with School District personnel in meeting needs relevant to the education of children residing in the shelter.

Facilities with persons on public assistance or with any consumers who are planning to obtain/maintain employment are expected to:

- Open their emergency housing facility to organizations representing authorized welfare-to-work programs. Make space, phone, and other access available at hours that are convenient to the consumer (e.g., evening hours for working consumers to persons helping consumers to find and keep jobs or to work with the family under DHS mandate.
- Post any/all pertinent notices about TANF and other welfare-to-work notices in a well lit public area.
- Support consumers in their job search, training, and placement by making any necessary adjustments in meal times, curfews, and/or other emergency housing rules, which may provide a barrier to employment.
- Assure that meals are set aside for consumers (and their children) who are working or engaging in job search activities who miss regular meal times.

IX. MEDICATION AND HEALTH

9.1 Each emergency housing facility shall have an approved policy for storing consumer medications.

- In emergency housing facilities housing children, all prescription and non-prescription medications except emergency medications (e.g., nitroglycerin) shall be locked up.
- All emergency housing facilities, must have provisions for safeguarding medications including individual lockers with locks and/or locked cabinets with keys held by staff.
- Labeled refrigerator space will be available for medications requiring refrigeration.

9.2 All emergency housing facilities must have an approved policy for handling consumer's medication.

- Receipts will be provided to consumers for medications and all other valuables held by staff.
- Consumers will have access to their own medications.
- Consumers may not have access to other consumers' medication.
- All consumers will be given their medication bottles or reminded to take medication bottles on discharge from the facility.
- Each emergency housing facility shall have an approved policy for disposal of used syringes and for timely and safe disposal of medications left by consumers at discharge or exit.

9.3 Emergency housing facilities with services shall have systems for monitoring medications.

- An approved record keeping system shall be used to monitor medications.
- PDR and/or other drug reference resources shall be made available.

9.4 Each emergency housing facility shall have an approved plan for staff training appropriate to the facility medication policy.

- Emergency housing facilities that monitor medications shall include consultation with a registered nurse, pharmacist or other qualified health professional.

9.5 The provider must make the first-aid supplies available and free of charge and should include:

- Variety of gauze pads and Band-Aids
- Hypo-allergenic tape
- Bandage scissors
- Tweezers
- First-aid supplies must be safeguarded.

9.6 Staff shall be trained in first aid, and in procedures for handling medical and psychiatric emergencies.

9.7 A minimum of one staff person on each shift shall be certified in CPR.

9.8 If needed, delousing must be performed in strict accordance with manufacturer's recommendation.

- Kwell, Rid (or other pediculocide) should be available. Kwell requires a prescription and is not recommended for young children. Rid is available over the counter.
- The shampoo is the preferred method for treating head lice and crab lice.
- All pediculocides are potentially toxic if misused or ingested and should be locked up.

9.9 For additional guidelines for the management of acute communicable disease control in emergency housing facilities please refer to Appendix II, Section A for specific instructions for the following:

- Hand Washing and Respiratory Hygiene
- Communicable Diseases
- Hepatitis A
- Infectious Diarrhea
- Influenza
- Lice
- Measles
- Norovirus
- Pertussis (Whooping Cough)
- Rubella
- Scabies
- Shigella
- Staph (MRSA) Skin Infections
- Varicella (Chickenpox and Shingles)
- Novel Influenza A (H1N1)

X. FACILITIES MANAGEMENT

10.1 BUILDING COMPLIANCE

- All facilities must comply with applicable sections of the Philadelphia Code of General Ordinances including the Housing Code, Plumbing Code, Building Code, Electrical Code and Fire Code, that are enforced by Licenses and Inspections (L&I) and the Health Departments.
- All facilities must be properly zoned and licensed in accordance with L&I and Health Departments Regulations.
- Only bedding, curtains, and carpets made of non-flammable or flame-resistant material approved by the federal Consumer Product Safety Commission may be used in emergency housing facilities.
- All facilities must prominently display the Philadelphia Commission on Human Relations Anti-Discrimination posters, as well as OSH produced posters regarding sexual and gender minorities (S&GMP).

10.2 ENVIRONMENTAL HEALTH

All buildings used for emergency housing must be properly maintained including but not limited to:

- Overall Cleanliness
- Properly Functioning Systems
 - HVAC
 - Fire Alarm and Suppression
 - Cooking; appliances and ventilation
- Obvious Hazards
 - Tripping
 - Cutting
 - Polluting
- Carbon Dioxide
- Radon
- Mold
- Pesticides
- Toxic Materials (paint, kerosene, gasoline, industrial cleaners, etc.).

10.3 FACILITY SAFETY

All emergency housing facilities must have the following:

- Shelter-in-place plan
- Evacuation plan
- Emergency contact information

- Emergency generators (where applicable)
- Identified exit signs and floor plans.

10.4 ACCESSIBILITY

Reasonable accommodations must be provided for individuals suffering from physical and/or mental disabilities as set forth in the Americans with Disabilities (ADA) Act.

10.4 TROUBLESHOOTING

Any building issue requiring maintenance and/or repair should be brought to the attention of the program/operations/facilities manager who should contact the OSH Building Maintenance Supervisor.

XI. FOOD PREPARATION AND DISTRIBUTION

All emergency housing facilities must comply with the following guidelines:

- 11.1** Facilities must comply with the City of Philadelphia Department of Public Health Code regulating: Eating and Drinking and Catering Establishments” (Title 6 – Philadelphia Health Code). All providers receiving food from OSH must also comply with Pennsylvania Department of Agriculture rules and regulations (State Food Purchase Program).
- 11.2** Prior to the construction, remodeling or alteration of any food service facility, properly prepared plans and specifications must be submitted to and approved by the Department of Public Health and notification provided to OSH.
- 11.3** Three meals must be provided (breakfast, lunch, and dinner) daily. Meals must be well balanced, nutritious and adequate in quality and quantity to meet basic dietary needs of consumers according to the Federal Recommended Daily Allowances (RDA). Special efforts must be undertaken to ensure that pregnant, nursing women and children receive nutritious foods that exceed basic requirements and support healthy growth and development; snacks are required for these populations, in compliance with CACFP requirements.
- 11.4** Emergency housing facilities whose service population includes very young children must, on a 24-hour basis:
 - Maintain an adequate supply of the common types of milk-based and soy-based infant formula, and other baby food and food supplements.
(These items may be obtained on occasion from the Office of Supportive Housing).
 - Include provisions/procedures for preparing and serving the formula.
 - Make accessible to parents refrigerated baby food and/or medications.
 - Make provisions for nursing mothers, including the storage of breast milk..
- 11.5** All attempts should be made to meet the special dietary needs of the population served. Special needs include but are not limited to dietary restrictions based on medical condition, religious beliefs, and a chosen vegetarian lifestyle..
- 11.6** A general expectation for all food serving facilities is that each facility will offer juice, fresh fruit and vegetables to consumers on a daily basis. Meal preparation should avoid excessive use of sodium or salt, fat and sugar.

- 11.7** Facilities are required to provide portable meals (e.g., box lunch) when requested by residents' who indicate that they must be away from the facility on necessary business at mealtime.
- 11.8** Assure that meals are set aside for consumers (and their children) that are working or engaging in job search activities that miss regular meal times.

APPENDIX I

Operational Procedures and Policies

- Section A** Sexual and Gender Minority Services Emergency Housing Standards Addendum
- Section B** Office of Supportive Housing (OSH) Emergency Housing Service Agreement
- Section C** Criteria for Transitional Housing Placement – Drug and Alcohol Policy
- Section D** Emergency Housing Savings and Fees Policy and Procedures
- Section E** OSH Housing Placement Addendum to Service Agreement
- Section F** OSH Children’s Service Agreement
- Section G** OSH Procedure for Placement of Sexual Offenders
- Section H** OSH Social Worker/Case Management Performance Standards
- Section I** OSH Homeless Management Information System (HMIS) Site Administrator Manual
- Section J** OSH Homeless Management Information System (HMIS) User Agreement
- Section K** OSH Homeless Management Information System (HMIS) Notice of Privacy

APPENDIX II

Guidelines for the Prevention and Control of Infectious Diseases in Emergency Housing

Section A Guidelines for the Prevention and Control of Infectious Diseases in Homeless Shelters, Office of Supportive Housing

Section B Novel Influenza A (H1N1)