

City of Philadelphia



Emergency Housing Standards

For further information contact:
The Office of Homeless Services,
1401 John F. Kennedy Blvd. 10th Fl., Suite 1030
Philadelphia, PA 19102

Fred Gigliotti, Director, Emergency and Temporary Housing
www.phila.gov/homelesservices/

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Section I: Introduction

The mission of the Office of Homeless Services (OHS) is to make homelessness rare, brief, and, non-recurring. OHS works collaboratively with a broad-based network of public and private providers focused on utilizing practices that are informed by data, honor the different perspectives of all stakeholders and are trauma-informed. OHS works to maximize resources while monitoring emerging trends, tracking progress and shifting priorities as needed.

The US Department of Housing and Urban Development defines¹ people experiencing homelessness as:

- Individuals and families who lack a fixed, regular, and adequate nighttime residence, meaning:
 - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - An individual or family living in a supervised shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by government programs); or
 - An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- Individuals and families who will lose their primary nighttime residence within 14 days, who have not identified a subsequent residence, and who lacks the resources or support networks needed to obtain other permanent housing;.
- Unaccompanied youth under 25 years of age and families with children and youth who are defined as homeless under other federal statutes, who have not had a lease, ownership interest, or occupancy agreement in permanent housing for at least 60 days, have experienced persistent instability of two moves or more in the previous 60-day period and can be expected to continue in such status for an extended period of time.
- Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening violence against the individual or a family member.

OHS has revised these 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.

Compliance with the revised Emergency Housing Standards **is a city contractually agreed upon requirement and applies to all contracted emergency housing and case management service providers.**

¹ Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homeless,” 76 Fed. Reg. 75994 (December 5, 2011) (codified at 24 CFR §91, 582.5, 583.5).

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

Section II: Guiding Principles

The provision of emergency housing services is based on the following guiding principles (adopted from the Philadelphia CoC Coordinated Entry and Assessment-Based Housing Referral System):

- **Housing First:** Households at risk of or experiencing homelessness are housed quickly without preconditions or service participation requirements.
- **Housing Focused:** Assistance provided to households at risk of or experiencing homelessness is focused on moving to and maintaining permanent housing.
- **Prioritization:** Housing assistance is prioritized based on vulnerability and severity of service needs to ensure households needing help the most receive it in a timely manner.
- **Person Centered:** A trauma informed approach that is dignified, safe, and incorporates participant choice is utilized. Specifically²,
 - The individual needs of the participant are identified and then it is determined how best to provide assistance through coordination of departmental and community resources.
 - A partnership exists between the participant and the agency as demonstrated through direct participant involvement in all aspects of their case planning decisions.
 - Staff works with the participant to meet their basic needs in a coordinated manner, remembering that we have the tools, but the participant holds the plan.
- **Strength-Based:** An asset-based approach that focuses on the inherent strengths of participants, and deploys these personal strengths to aid in the achievements of the participants' goals. Specifically³,
 - Every individual, group, family, and community has strengths.
 - Trauma, illness, and struggle may be injurious but they may also be sources of challenge and opportunity.
 - There is no limit to a person's growth, achievement, or success.
 - We best serve participants by collaborating with them.
 - Every environment is full of resources.

² ICF International. (April 16, 2015). *Client-Centered Case Management*. Retrieved November 7, 2016 from http://www.acf.hhs.gov/sites/default/files/orr/orr_41615_case_management_webinar_final_508.pdf.

³ Kirst-Ashman, K. & Hull, C.H. (2006). *Understanding Generalist Practice* (4th ed.). Belmont, CA: Thomson Higher Education.

Section III: Program Participant Entrance and Orientation

3.1 HUD Entry Assessment: Emergency housing staff must conduct a HUD entry assessment in HMIS with all participants, enrolling them in the HMIS project **at entry to the facility or within 24 hours after the referral of the participant to the facility.** The entry assessment must be conducted in a private area and must include the following:

- Entry or review and update of participant entry assessment information in HMIS: Staff must review basic profile data elements (age, race, sex, family composition, income/employment status, last known address, general assessment of stability, ability to care for self, presence of suicidal ideation, violent behavior, and ability to function in the group facility, acute health needs, other immediate needs, etc.) and other information forwarded with the participant from OHS.
- Review of Participant Rights (**See 3.3 “Participant Rights”**): Every participant must sign the “Participant Rights” document (**Appendix 1**) stating that they understand and agree with it. Each participant must receive a signed copy, and a signed copy must be stored in their participant file.
- Participants admitted after normal business hours must receive an entry assessment the next business day.

3.2 Participant Expectations and Policies: Emergency housing providers must develop expectations for residential living that protect the health and safety of those who stay in emergency housing. These policies must:

- Ensure that the emergency housing site/facility is safe for participants and staff.
- Adhere to the OHS principles of: Housing First, Housing Focused, Prioritization, Person-Centered, and Strength-Based. As such, **the rules and policies must not be punitive, restrictive, or designed to punish or control behavior and must preserve participant dignity and respect, honoring participant choice.**

3.3 Orientation: Emergency housing staff must provide all participants an orientation to the program. Emergency housing staff must assist participants who have difficulty reading or are visually impaired by reading the information aloud and confirming the participant’s understanding. Emergency housing staff must assist participants whose primary language is not English or participants who are hearing impaired by utilizing interpreter services, such as a language interpreter or a language access line. **The orientation must include,** but is not limited to, a review of **emergency housing service agreements and expectations,** including:

- a. Program expectations and responsibilities, including, but not limited to:
 - Review of the Office of Homeless Services Emergency Housing Placement Service Agreement (**Appendix 2**) and the Housing Placement Addendum to Service Agreement (**Appendix 3**) signed by each participant
 - Fire safety and evacuation procedures
 - Medication policies
 - Program expectations and policies of the specific program and/or provider (see 3.2 Participant Expectations and Policies)
- b. Recording of any special dietary needs (medical conditions, religious beliefs, vegetarian lifestyle, allergies, etc.)

- c. Drug and Alcohol Testing Procedure: Emergency housing providers are permitted to conduct a urinalysis or request testing from the Department of Behavioral Health and Intellectual disAbility Services to determine if participant would benefit from a referral to substance abuse treatment.
 - **If the facility chooses to engage in drug and alcohol testing**, each participant must be informed of the testing procedures at the emergency housing facility to which they have been assigned.
- d. Savings Program Policy: Each participant is to be provided an orientation which clarifies, for the participant and the emergency housing staff, the requirements of the Savings Program Policy. **(See Section 8.1 and Appendix 4: Office of Homeless Services Savings Program Policy and Procedures)**
 - Within 2 weeks of admission to an OHS emergency housing facility, participants must receive an orientation from the Savings Program Representative about their option to participate in the Savings program.
 - The orientation must provide clearly defined procedures that the participants and staff are to follow regarding the collection, deposit, disbursement of participant savings, savings balance reconciliation, and the grievance processes.
 - The designated Savings Program Representative must also obtain a signed Savings Program Agreement from all participants who elect to comply with the terms of the agreement, based on the OHS Savings program policy.

Additional requirements for emergency housing programs which provide services to children (under the age of 18):

- a. Staff must review the Children Services Agreement (**Appendix 5**) signed with the head of household of each family entering emergency housing to ensure that the head of household understands the responsibilities of families with children. Each participant must receive a signed copy, and a signed copy must be stored in their participant file.
- b. Informing of any bedtime curfews
- c. Explanation of any children's supportive services (onsite and offsite)
- d. Review of the Child and Adult Food Care Program
- e. Review of child abuse reporting policies and procedures
- f. Encouragement of enrollment in and attendance at school

3.4 Participant Rights:

a. Participants in all OHS emergency housing programs have the following rights:

- The right to be treated in a dignified manner by all emergency housing staff and participants.
- The right to live in a clean, safe environment.
- The right to confidentiality of all case records, manual or electronically stored, and all other participant information, except in cases involving criminal activity, danger to self or others, suspected child abuse, or reportable medical condition.
- The right to freedom from discrimination based on race, age, sexual orientation, gender, gender identity, color, creed, religion, ancestry, national origin, medical condition, physical disability, mental disability, and/or familial status.
- The right to access and receive services according to the gender with which the participant identifies.
- The right to dress in accordance with the gender with which the participant identifies.
- The right to access to housing assistance.
- The right to leave the emergency housing premises to engage in other activities during the day or night, including work, training, housing appointments, managing personal affairs (family matters and family oriented activities, religious activities, community affairs, etc.)
- The right to overnight absences (i.e. spending time away from the emergency housing facility) **during special circumstances**, such as work or managing personal affairs (family matters and family oriented activities, religious activities, child related activities such as camp or court ordered visits, etc.). The participant is expected to provide advance notice regarding the need for absence and, where applicable, documentation verifying the visit.
- The right to be informed of program rules, regulations, policies and codes of conduct.
- The right to be informed of the drug & alcohol testing procedures of the program (if applicable) and to receive assistance irrespective of refusal to be tested.
- The right to be informed of the prohibition on and consequences of the following activities (threats to health and safety):
 - Physical violence to other participants or staff.
 - Sexual violence to other participants or staff.
 - Terroristic threats towards other participants or staff.
 - Possession of a weapon on-site.
 - Destruction of emergency housing property or the property of staff or other participants.
 - Possession, sale, use, or distribution of drugs and alcohol on-site.
 - Illegal activity onsite (theft, rape, stealing, etc.).
 - **Persistent** verbal abuse.
 - Refusing reasonable mandatory searches conducted by staff and/or security.
- The right to be informed of the OHS procedures for termination.
- The right to register a complaint. A **complaint** is a statement of dissatisfaction with the emergency housing program, program staff, program facilities, and/or services provided. **All participants have the right to initiate a complaint by contacting the OHS Participant Response Line at 215-686-7147.**

b. **The Participant Rights must be posted in a central area on each floor area at the facility.**

Any participant who feels that one or more rights have been violated can contact the OHS Participant Response Line. **The Participant Response Line Phone Number (215-686-7147) must be prominently displayed in the facility.**

Section IV: Emergency Housing Personnel Standards

All providers must abide by and be in compliance with all applicable city, state, and federal labor laws.

4.1 Requirements for Employment: Prior to hiring any emergency housing staff, the provider must set minimum educational qualifications and experience guidelines for employment eligibility.

- a. Each provider sets its own minimum educational qualifications and experience guidelines for its staff.
- b. Minimum educational qualifications of case managers must include:
 - A bachelor's degree in social work or a related field **and** two (2) years of social work experience; **OR**
 - A Master of Social Work degree from a Council on Social Work Education (CSWE) accredited institution.
- c. Minimum experience guidelines **for all case management staff** must include demonstrating skills in the following areas:
 - Basic computer skills (Word, Excel)
 - Effective communication skills (both written and verbal)
 - Counseling and/or coaching skills
 - Ability to coordinate services with other agencies and programs.
 - Ability to address complex issues faced by program participants (including, but not limited to: unstable housing history, substance abuse, mental health concerns, lack of employment and training, trauma, domestic violence, medical concerns, etc.)
- d. Minimum qualifications **for all case management supervisory** staff must include a Master of Social Work degree from an accredited institution **and** at least four (4) years of social work experience.

4.2 Criminal Background Checks and Child Abuse Clearances

- a. Criminal background checks and child abuse clearances are required as follows:
 - **Single Adult Emergency Housing Providers:** All emergency housing staff and volunteers must obtain **criminal background checks prior to hire** and at **five (5) year intervals** thereafter.
 - **Family Emergency Housing Providers:**
 - All staff and volunteers in emergency housing programs serving children must obtain a **criminal background check prior to hire** and at **five (5) year intervals** thereafter.
 - All emergency housing staff and volunteers in emergency housing programs serving children must obtain a **child abuse clearance prior to hire** and **annually** thereafter.
- b. **All criminal record checks and child abuse clearances must be submitted to the OHS Contracts Unit upon receipt of each new and renewed clearance.**

4.3 Criminal Conviction

- a. No person who has been convicted of any crime against a participant of any facility, or against a participant in a day-care or day-treatment program, may be hired as an emergency housing provider staff person.
- b. No person who has been convicted of murder, rape, indecent exposure, sexual assault, or arson may be hired as an emergency housing provider staff person.
- c. No person who has been convicted of any violent crime not otherwise described in sub-paragraph (b) may be hired as an emergency housing provider staff person for a period of ten (10) 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 hired as an emergency housing provider staff person 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.

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

- a. According to the PA Child Protective Services Law and current regulations, in no case shall an emergency housing 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.
- b. 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.

4.5 Personnel Policies: Emergency housing providers must have written personnel policies and procedures which include the following:

- a. A statement concerning **equal employment opportunity, without regard to race, age, sexual orientation, sex, gender identity, color, religion, ancestry, national origin, medical condition (reasonable accommodation required), disability, genetic information, familial status, marital status.**
- b. Consequences for the use and/or distribution of illegal substances.
- c. **Hiring of Participants:** A written policy that states that **participants may not be hired as staff at the emergency housing facility where they are sleeping.**

- d. **Sexual Harassment:** A written sexual harassment policy must include the following information:
- A statement that sexual harassment is prohibited at the place of employment.
 - Sexual harassment is the harassment of a person because of that person's sex. Harassment can include unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general. Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex.
(https://www.eeoc.gov/laws/types/sexual_harassment.cfm)
 - A description of consequences for sexual harassment including immediate removal from the emergency housing site and termination of employment.
- e. **Workplace Violence:** A written workplace violence policy that includes the following information:
- A statement that workplace violence is prohibited.
 - A description of consequences for workplace violence including immediate removal from the emergency housing site and termination of employment.

4.6 Personnel Manual: A staff manual must be developed and distributed to all emergency housing staff by the emergency housing provider. All staff must sign a statement indicating that they have received the personnel manual and agree to abide by all of its policies and procedures. The manual is to include the following:

- a. **All requirements listed in Section IV: Emergency Housing Personnel Standards.**
- b. Conditions for employment.
- c. Conditions for termination of employment.
- d. Operational procedures for carrying out duties which may include but are not limited to the following areas: Residential living, case management services, maintenance, administration, fiscal management, etc.
- e. Expectations employee conduct and process for disciplinary action.
- f. Clear explanation of staff requirements including but not limited to:
 - Monitoring/evaluation requirements.
 - Staff and participant rights.
 - Clear lines of responsibility concerning supervision of the facilities and program staff.
 - Procedures for addressing employee grievances.
- g. Drug screening policy and procedures.
- h. Mandated Reporter policies and procedures: Child abuse and neglect reporting.
- i. Requirements for HMIS compliance: Reporting and recordkeeping, including enrollments, assessments, case notes, referrals, housing applications, etc.
- j. Procedures for responding to emergencies.

4.7 Personnel Training and Orientation: The emergency housing provider must provide all staff with orientation.

a. All staff must receive 1 hour of documented supervision twice per month.

b. Mandatory Training Topics: Personnel training and orientation must include the following **mandatory topics:**

- **The Purpose of Emergency Housing Services:** To work with participants to obtain stable housing arrangements (Rapid Re-Housing, private market housing, transitional housing, and/or permanent supportive housing).
- **Working With Persons Experiencing Homelessness:** The orientation must address the lived experiences of the clients, who have faced serious challenges that brought them to this point, and how best to respond in a trauma-informed manner that draws upon their resilience, determination, and resolve. The orientation must also include a focus on client-centered services provided from a strengths perspective.
- **Responding to Emergencies:** The training must include the following areas:
 - Fire safety and evacuation procedures
 - Emergency procedures for a handling a **medical health crisis** (First-aid, contacting emergency services via 911, etc.)
 - Emergency procedures for handling a **behavioral health crisis** (De-escalation, Mental Health First Aid, contacting the mental health mobile team, preparing a 302 Petition, contacting emergency services via 911, etc.)
 - Procedures for responding to building maintenance emergencies (where applicable to designated staff)
 - OHS Incident Reporting Procedures (see Section 5.1d)
 - Emergency Preparedness Procedures
 - De-escalating hostile situations
- **Participant Care:** The training and orientation must address the following:
 - Trauma and trauma-informed care
 - Procedures for ensuring participant confidentiality
 - Procedures for storing, handling, disposing, and securing medications (designated staff, see Section IX)
 - Guidelines for the Prevention and Control of Infectious Diseases in Emergency Housing **(See Appendix 6)**
 - Universal Precautions
 - First aid training
 - CPR training and certification (designated staff)
 - Domestic Violence
 - Sexual and Gender Minorities: The orientation must address the various issues and concerns of the sexual and gender minority population and how best to address their needs.
 - Customer Service
- **Family Services:** In addition to all of the above, emergency housing providers serving families with children must provide training regarding the following:
 - Child Abuse and Neglect: legal obligations regarding child abuse/neglect reporting and procedures
 - PA Code Title 75, E, 4581: Restraint Systems (Proper restraint procedures when driving children in a vehicle)
 - Developmental needs of children (ages 0-17) and childhood trauma

Section V: Emergency Housing Operations

5.1 Basic Operational Requirements

- a. **Staff Coverage:** To ensure adequate coverage in emergency housing facilities, the emergency housing provider must maintain the following staff coverage standards:
 - **One (1) direct service person per 20 individual participants** during daytime hours. (Direct service staff person does not include janitorial or kitchen personnel in the provision of adequate staff ratios) **Daytime hours: 1:20 participants**
 - **One (1) staff person per 40 individual participants** shall be maintained during the nighttime hours. **Nighttime hours: 1:40 participants**
- b. **OHS Savings Program:** All emergency housing providers must establish internal mechanisms necessary to collect and maintain savings from any program participant (with income from any source) currently staying in their emergency housing facility who chooses to participate in the OHS Savings Program. (See Appendix 4) This includes, but is not limited to, hiring and training of additional staff as needed; acquiring and installing computers and software; setting up bank accounts; establishing secure filing systems; setting up staff email accounts for reporting, and developing appropriate administrative internal controls to insure procedural efficiency and integrity.
- c. **Complaint Procedure:** The emergency housing provider must establish a process whereby participants are able to submit complaints regarding the program, program staff, program facilities, and/or services provided by the emergency housing provider to the emergency housing provider director or the director's designee.
- d. **Incident Reporting Process:** An **incident** is a specific occurrence (listed below) which happens at the emergency housing facility. When an incident occurs, the emergency housing provider **must notify the Office of Homeless Services as follows:**
 - **Notification Immediately:** Provider must notify OHS of the following types of incidents immediately via telephone or email (followed up by a submitted Incident Report within 24 hours).
 - Death
 - Serious/major medical events
 - Fire
 - Major property destruction or failure
 - Building emergencies requiring the evacuation
 - Emergency relocation of participants or staff from the site
 - Serious physical violence
 - Sexual Violence
 - **Notification Within 24 Hours:** Provider must notify OHS of the following types of incidents by submitting an Incident Report Form within 24 hours.
 - Physical violence
 - Terroristic threats
 - Child abuse and neglect
 - Sexual harassment
 - Communicable disease (see Section 9.9: Communicable Disease Control)
 - Bedbugs (see Section 10.2e: Bedbugs)
 - The emergency housing provider must ensure that **all incident report forms are submitted to OHS within 24 hours of occurrence via email to designated OHS staff.**
 - **Documenting Incidents In HMIS:** The emergency housing provider is responsible for ensuring that all of the above incidents are documented in HMIS within 24 hours.

5.2 Services for Sexual and Gender Minorities: The terms transgender and gender non-conforming refer to people whose gender identify and/or gender expression is different from their sex assigned at birth. OHS and all emergency housing providers must comply with the Philadelphia Fair Practice Ordinance and HUD’s Equal Access Rule as codified in 24 C.F.R. §5.

- a. **Non-Discrimination:** The emergency housing provider must have a policy prohibiting discrimination against persons on the basis of their gender identity or sexual orientation, as well as race, color, religion, sex, disability, national origin, ancestry, or marital status and all other protected cases as stipulated in the Philadelphia Fair Practices Ordinance.
- b. **Interviewing:** The emergency housing provider must ensure privacy and confidentiality by conducting interviews on site and in a private area.
- c. **Inclusive Language:** The emergency housing provider must refer to participants respectfully and by using language which correctly refers to the individual’s gender identity. Providers will support this policy by requiring that **all** participants be asked to identify their gender identity upon intake.
- d. **Access to Case Management and Supportive Services:** The emergency housing provider must support the decision made by transgender and gender non-conforming participants to access services consistent with their gender identity. The emergency housing provider must accept the participant’s self-identification of their gender irrespective of physical appearance, surgical status, or identity documents.
- e. **Privacy:** The emergency housing provider must maintain at least one private restroom and private bathing facilities, space permitting, for participants who request additional privacy when using restroom and bathing facilities.

5.3 Discharge for Health and Safety Reasons: There will be instances during the course of service provision when a participant demonstrates **inappropriate/ prohibited behavior** which threatens the safety of the participant or others in the facility and may present the need to restrict/terminate the participant from services. (See Appendix 7: Office of Homeless Services Case Management Standards)

Section VI: Case Management Service Operation Standards

6.1 Case Management Service Provision: The case manager provides services that assist participants in obtaining a stable housing arrangement, through an approach that models the guiding principles of housing first, housing focused, prioritization, person-centered, and strengths-based.

- a. Case management services may be provided by case managers employed by the emergency housing provider or by a contracted agency.
- b. Case management services must be provided on site and in a private, closed door area.
- c. Case management services must comply with OHS Case Management Standards (See Appendix 7: Office of Homeless Services Case Management Standards).
- d. Case management supervisors and case managers must ensure that all information pertaining to the participant is entered in the Homeless Management Information System (HMIS).

- e. All case management service must directly support the primary goal of assisting participants with obtaining housing. Required components include:
- Assessing participants for the most appropriate resolution to the participant’s housing crisis.
 - Completing and submitting all eligible participant housing referrals in a timely manner.
 - Assisting participants with housing planning, including, but not limited to: referrals to programs that offer housing counseling services, home buying seminars, credit repair workshops, tenants' rights information, and predatory lending counseling.
 - Assisting participants with participation in the savings program.
 - Building linkages and/or partnerships with service providers to help participants access community resources such as health care and treatment, job readiness and employment opportunities, benefits counseling, financial literacy, and educational services.
 - Supporting participants in their employment, job search, and training by making any necessary adjustments in meal times, curfews, meeting times, phone access and/or other emergency housing rules, which may provide a barrier to employment.
 - Posting any/all pertinent notices about TANF and other welfare-to-work notices in a well-lit public area.
- f. Although not required, the following supportive services are recommended for on-site delivery as needed:
- Childcare Services (daycare, afterschool programming, Bright Spaces, tutoring, etc.)
 - Behavioral health services (e.g., Fasst/Connections)
 - Physical health services (e.g., visiting nurse)
- g. The emergency housing provider must conduct a community meeting, at least once per month, to provide participants updated information regarding the emergency housing program, provide participants with information regarding housing opportunities, and provide participants with an opportunity to voice concerns.
- h. **Social Service Provider Access On Site:** To ensure that participants have access to social service providers who wish to meet with them on site, the emergency housing provider must make office space, phone, and other access available at to any and all social service providers assisting participants participating in the emergency housing program.
- i. **Maximum case management caseloads: The recommended staff ratio is 1 case manager per 20 households (1:20). The maximum caseload should be:**
- **Families:** Twenty five (25) families per case manager **(1 case manager: 25 families)**
 - **Single Adults:** Thirty five (35) single adult participants (those without children) per case manager **(1 case manager: 35 single adult participants)**

Section VII: Homeless Management Information System Standards

The Homeless Management Information System (HMIS) is a HUD-required information technology system used to collect participant-level data and data on the provision of housing and services to individuals and families experiencing homelessness and persons at risk of experiencing homelessness. The HMIS allows the City to analyze data from within the homeless system and evaluate essential information related to the provision and assessment of services provided within all levels of the Continuum of Care, including outreach and prevention, emergency shelters, transitional housing, rapid re-housing, and permanent supportive housing, for single adults, youth and families.

All emergency housing providers must enter participant data into the City's designated HMIS. The Office of Homeless Services is available to provide technical assistance regarding HMIS related concerns.

7.1 HMIS Site Liaison

8.1 Providers are required to **designate one or more staff persons to serve as HMIS Site Administrator(s)**. The following information regarding staff who use HMIS must be provided to the OHS IT Unit Helpdesk at HMIS@phila.gov by the site administrator:

- Full name and job title
- Email address
- Immediate supervisor
- Tasks which the staff will perform, which may include: Maintaining the configuration of beds/units, referrals, attendance, discharging participants, transferring participants, and case management

8.2 The HMIS Site Administrator is responsible for ensuring that the emergency housing provider complies with the technology standards required to operate the HMIS.

8.3 The HMIS Site Administrator is the first responder for any of the emergency housing provider staff's HMIS-related technical issues and is responsible for carrying out specific HMIS system administration tasks.

7.2 HMIS Training: OHS will provide HMIS training for all emergency housing staff using the HMIS system according to their assigned responsibilities.

- The emergency housing provider must **ensure that all staff who utilize the HMIS participate in HMIS training through OHS.**
- OHS will ensure that the **confidentiality/user agreement is signed** by all emergency housing staff members who attend HMIS training.
- HMIS users who do not log into the system for a period of 90 days or longer will need to repeat their training by OHS.

7.3 HMIS Security

- a. HMIS participating providers are responsible for assuring that devices used to access the Philadelphia Continuum of Care's HMIS are protected. HMIS Participating Agencies must maintain anti-virus software on all PCs on their network. PCs that access the Internet must be configured to automatically download updated virus definitions. Steps should also be taken to prevent the intrusion of "adware" and "spyware" programs.
- b. Every computer that is used to access the HMIS must have a password-protected screen saver that automatically turns on when the computer is temporarily not in use. If an HMIS user will be away from the computer for an extended period of time, he or she is required to log off from HMIS before leaving the work area in which the computer is located.
- c. Upon successful completion of training and subject to approval by OHS, each user will be provided with a unique personal User Identification Code (User ID) and initial password to access the HMIS. The password may not be stored in a publicly accessible location and written information pertaining to the User ID, password, or how to access the HMIS may not be displayed in any publicly accessible location. The user is not permitted to divulge this password or to share this password with anyone.

7.4 HMIS Privacy

- a. The emergency housing provider is required to comply with privacy standards regarding the collection, maintenance and use of protected personal information recorded, used, or processed for the HMIS.
- b. The HMIS privacy standards include, but are not limited to, the following:
 - The emergency housing provider must post a sign in places where personal protected information is collected from clients for the purpose of entering it into the HMIS, stating that OHS and its contracted provider agencies collect personal information for reasons that are discussed in the HMIS Notice of Privacy Practices. The sign must also state that the document is available upon request by any individual.
 - Each agency must uphold relevant federal and state confidentiality regulations and laws that protect client records.
 - Each agency shall only solicit or input into HMIS client information that is essential to providing services to the client and shall not knowingly enter false or misleading data under any circumstance.
 - The emergency housing provider must allow any individual who provided protected personal information to inspect and receive a copy of the information collected about that individual in the HMIS. Each agency must offer to explain any information that is not understood.
 - The emergency housing provider must secure any hard copy documents 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.

7.5 HMIS and Case Management Services:

- a. The emergency housing provider must utilize the HMIS for all case management responsibilities.
- b. Please refer to the **Office of Homeless Services Case Management Standards (Appendix 7), Section 4.2: Required HMIS Documentation** for guidance regarding case management recordkeeping requirements and the HMIS.
- c. **Managing Data and Information:** The emergency housing provider is responsible for managing all data entered into the HMIS, to include HUD entry, interim, and exit assessments. All data must be entered within 24 hours of its collection. The following data elements are to be entered into HMIS for all participants:
 - Demographic Information (i.e. ethnicity, race, etc.) when not entered at intake
 - Case notes regarding serious incidents that involve violence, calls to 911, and any other incidents that affect the health and safety of participants
 - Income amount and income source, updated as necessary
 - Discharge information, including destination upon discharge.
- d. The provider must ensure that participant data is entered properly by:
 - Conducting routine reviews of information entered into the HMIS to ensure that data is entered appropriately, accurately, and in a timely manner.
 - Ensuring that all participant cases are closed properly when a participant is discharged from the program.
- e. The emergency housing provider must utilize the HMIS for managing all referrals to emergency housing, which includes, but is not limited to:
 - **Ensuring that all incoming referrals are accepted within 24 hours of the referral submission.**
 - Maintaining referrals (e.g. extensions, changes, transfers) for all participants assigned to case management services.
 - Tracking all participant referrals through the HMIS Incoming Referral screen.
- f. **The emergency housing providers must enter data into the HMIS, even if there are no case management supports available.** The emergency housing provider must identify staff who will be responsible for ensuring that pertinent information is entered and updated as needed.

Section VIII: Supportive Services

8.1 Savings Program: Although not mandatory, all program participants are strongly encouraged to save a portion of their income to be used to secure transitional and/or permanent housing. Payments from participants into savings accounts must be done by money order. See Section 5.1b for requirements of emergency housing providers with regard to internal mechanisms to enable participation.

Because the intent of this Savings Program is to support the housing goals of the program participant, staff should recommend and encourage participants to make withdrawals from their savings account only for permanent/transitional housing expenses or upon discharge from Emergency Housing. Participants do not need staff approval to make partial or full withdrawals of their savings and may end their participation in the Savings Program at any time while still residing in Emergency Housing.

All emergency housing providers must adhere to the Office of Homeless Services Savings Program Policies and Procedures (Appendix 4: Office of Homeless Services Savings Policy and Procedures).

8.2 Supportive Services for Families with Children: Emergency housing providers who serve families with school-aged children must provide:

a. **Educational Support**

- Encourage school enrollment and attendance by school aged children (ages 3 in September to age 17).
- Encourage parents to ensure that their children attend school daily and on a timely basis (or that parents arrange supervision of their children’s travel to and from school).
- 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.
- Cooperate with parents and collaborate with School District personnel to ensure that the educational needs are met for children residing at the facility.

b. **Meals**

- Provide breakfast early enough so that children attending school have the option to start the day with a nutritious meal.
- Fully participate in the Child and Adult Food Care program (where applicable).

Section IX Medication and Health

All emergency housing providers must have written policies and procedures for the storing, handling, and disposing of participant medication, based on consultation with a registered nurse, pharmacist or other qualified health professional. All participants must have access to their own medications as they request it.

9.1 Medication Storage: Each emergency housing provider must have written procedures for **storing** participant medications.

- a. All emergency housing providers must ensure that there are provisions made for safeguarding medications, including individual lockers with locks and/or locked cabinets with keys held by staff.
- Emergency housing providers who serve **families with children**, must ensure that all **prescription and nonprescription medications**, except emergency medications (e.g., nitroglycerin), are in a **secured/locked area**.
- b. Emergency housing providers must ensure that there is labeled refrigerator space available for medications requiring refrigeration.

9.2 Handling Medication: All emergency housing providers must have written procedures for **handling** participant medication.

a. **Collecting/Accessing Medication**

- The emergency housing provider must inform the participant of the medication policy during orientation.
- The emergency housing provider must document any and all medications received from the participant in a maintained log.
- The emergency housing provider must provide the participant with a receipt for all medications received from the participant.
- Participants **must have access to their own medications as they request it.**
- Participants **may not have access to other participants' medication.**

b. **Disposal of Medication**

- The emergency housing provider must have written procedures for the disposal of used sharps (i.e., syringes and needles).
- When a participant exits the emergency housing program, the participant must be given their medication bottles or reminded to take their medications with them.
- The emergency housing provider must have a policy regarding medications left by participants after exiting, including the safe disposal of any unclaimed medications.

9.3 Securing Medication: The emergency housing provider must have a record-keeping systems for securing medication, **participant access to medication, and/or the disposal of medications.**

9.4 Medication Procedure Training: The emergency housing provider must ensure that all staff who manage the storage, handling, or disposal of medication receive training on all of the emergency housing medication policies and procedures.

9.5 First Aid

- a. The emergency housing provider must maintain first aid supplies and make them available to participants free of charge.
- b. First aid supplies must include, but are not limited to:
 - A variety of gauze pads
 - Individually wrapped antiseptic wipe packets
 - A breathing barrier
 - Non-latex gloves
 - Band-aids
 - Hypo-allergenic tape
 - Bandage scissors
 - Tweezers
 - First aid instruction booklet
- c. The emergency housing provider must ensure that all staff receive first aid training.

9.6 Personal Hygiene Supplies: The emergency housing provider must ensure that feminine hygiene supplies, e.g. sanitary pads, tampons are on hand and available to participants upon request.

9.7 Behavioral/Medical Health Crisis: The emergency housing provider must ensure that all staff members receive training on behavioral/medical health crisis procedures.

9.8 CPR: A minimum of one staff person on each shift must be certified in CPR.

9.9 Treatment of Lice

- Over the counter lice treatment medication, such as RID must be made available to participants.
- Prescription lice treatment medication, such as Kwell, must be obtained from the participant's medical practitioner.
- The treatment of lice **must be performed in strict accordance with manufacturer's or medical practitioner's recommendations.**
- Lice treatment medication must be located in a secured area, accessible to staff.

9.10 Communicable Disease Control: The emergency housing provider must respond to communicable diseases, **according to mandatory guidelines.** (See Appendix 6: Guidelines for the Prevention and Control of Infectious Diseases in Emergency Housing.)

a. Prevention:

- Hand Washing
 - **All bathrooms, diaper changing areas, and food preparation areas must have signs reminding staff and participants to wash their hands after using the bathroom or changing diapers and before food preparation or eating.**
- Respiratory Hygiene
 - Cover mouth and nose when coughing or sneezing.
 - Use tissues and dispose in no-touch waste containers.
 - Wash hands with soap and water or use hand sanitizer after soiling hands with respiratory secretions.

b. The emergency housing provider must **immediately inform OHS of any communicable disease outbreak** by completing an incident report and submitting it to OHS within 24 hours.

Communicable diseases include:

- E. coli 0157:H7
- Hepatitis A
- Infectious Diarrhea
- Influenza
- Lice
- Measles
- Meningitis (due to any cause)
- Mumps
- Norovirus
- Novel Influenza A (H1 N1)
- Pertussis (Whooping Cough)
- Rubella
- Salmonella
- Scabies
- Shigella
- Staph (MRSA) Skin Infections
- Tuberculosis
- Varicella (Chickenpox and Shingles)

Section X: Facilities Management

10.1 **Building Compliance**

- a. **Code Compliance:** The emergency housing provider must ensure that all facilities comply with applicable sections of the following Philadelphia Code of General Ordinances codes that are enforced by Licenses and Inspections (L&I):
 - Housing Code
 - Plumbing Code
 - Building Code
 - Electrical Code
 - Fire Code
 - Public Health Department Regulations
- b. **Zoning and Licensure:** The emergency housing provider must ensure that all facilities are properly zoned and licensed in accordance with L&I and Health Department Regulations.
- c. All facilities must **prominently display the Philadelphia Commission on Human Relations Anti-Discrimination poster.**

10.2 **Environmental Health:** The emergency housing provider must ensure that participants reside in facilities that are clean, well maintained, and in good operating condition.

- a. **Properly Functioning Systems:** The emergency housing provider must ensure that all facilities consist of properly functioning systems, which include:
 - HVAC
 - Fire Alarm and Suppression
 - Kitchen/Cooking appliances and ventilation
 - Plumbing and sanitation
 - Electricity and illumination
- b. **Obvious Hazards:** The emergency housing provider must ensure that all facilities are free of obvious hazards, which include, but are not limited to:
 - Tripping hazards
 - Dangerous or sharp protruding edges or corners (cutting)
 - Toxic materials such as paint, kerosene, gasoline, industrial cleaners, etc.. Materials which are required for cleaning and maintenance must be stored in a secured location and used according to the manufacturer's instructions.
- c. **Pollutants:** The emergency housing provider must ensure that various pollutants are not a threat to the health and safety of participants. These pollutants include, but are not limited to:
 - Carbon Dioxide
 - Radon
 - Mold
 - Pesticides
- d. **Non-flammable Materials:** All bedding, curtains, and carpets used in emergency housing facilities must be made of non-flammable or flame-resistant material approved by the federal Participant Product Safety Commission.
- e. **Bed Bug Prevention and Treatment:** All reports of bedbug sightings should be reported as an incident (see Section 5.1d: Incident Reporting Process). Proof of proper bedbug treatment should be submitted within 10 business days.

10.3 Ensuring the Safety of All Participants: Emergency housing providers are expected to take the necessary steps to ensure the safety of all participants and staff.

a. **Space Configuration:**

- Unless a site is a designated couples facility, all single men and women should be housed in separate facilities or separate secure areas of the same facility.
- Sexual and Gender Minorities **are not to be housed separately unless they request to be housed separately (space permitting).**
- The provider may set apart intoxicated participants in a separate, safe, space in order to reduce harm or disturbance to others for a period of time, until the participant is able to manage independently. The participant must be monitored by emergency housing staff for the participant's safety and the safety of others.

b. Care must be taken to ensure the safety and privacy of sleeping and bathing arrangements of vulnerable participants (those at risk of being taken advantage of or abused) **where there is more than one target population.** Vulnerable groups include:

- Children
- Families with dependent children or youth
- Participants with physical and/or mental disabilities
- Participants with developmental disabilities
- Participants who are elderly
- Transgender and gender non-conforming participants
- Lesbian, gay, bisexual, and queer participants

c. Reasonable accommodations must be provided for individuals with physical and/or mental disabilities, as set forth in the American with Disabilities (ADA) Act, in the most integrated setting appropriate to their needs. 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>.

10.4 Ensuring the Safety of Children

a. **Childproofing Facilities:** Emergency housing providers who serve families with children must ensure that their facilities are "childproofed," including, but not limited to:

- Covering electrical outlets
- Ensuring that there are no dangerous or sharp protruding edges or corners
- Storage of chemicals/cleaning supplies in secured areas
- Ensuring that upper windows have window guards or are kept closed
- Protective covering for radiators, hot pipes, etc.
- Ensuring that the facilities are clean, well-maintained, and in good operating condition.

b. **Sleeping Arrangements:** emergency housing facilities that serve families with children must provide:

- An **individual bed for each child five years of age or over**
- A crib, "pack n' play" or "baby box" for all children 2 years old and under.
 - The provider must ensure that **infants and toddlers never sleep alone in an adult bed OR in the same bed with adults or children.**
 - **Loose sheets, pillows of any kind, blankets, crib bumpers, stuffed animals, and toys must not be placed inside the crib, "pack n' play, or "baby box'.**
 - The provider must ensure that parents are informed that **infants must always be placed to sleep on their back.**
- A **separate room for families with adolescents (12 years of age or older)**

- c. **Recreational/Play Space:** Emergency housing providers who serve families with children must provide an indoor recreational/play space, and must:
 - Ensure that safe durable toys and equipment are available by purchasing toys and equipment or pursuing donations.
 - Ensure that all recreational/play spaces are clean and well maintained.
 - Ensure that all equipment is safe and fully operational.
 - Identify the neighborhood recreation centers and playgrounds in the area, and notify the families of such.
- d. **Infants and Toddlers**
 - All emergency housing facilities that serve families must be able to accommodate newborns/infants, including those with serious health conditions requiring the use of monitors, nebulizers, etc.
 - The emergency housing provider must provide space and equipment for infant care (e.g., refrigeration) that is accessible by the parent or guardian 24 hours a day/ 7 days a week.
 - **As stated above, the emergency housing provider must provide a crib, “pack n’ play” or “baby box” for each child two years of age or under.**
 - **Diaper Changing Stations:** All emergency housing facilities that admit diaper-aged children must have diaper changing stations in each family bathroom near sinks for hand washing after each diaper change.
 - Sinks must 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 participants to wash their hands after using the bathroom or changing diapers and before food preparation or eating.

10.5 Emergency Preparedness

- a. All emergency housing facilities must have the following in order to prepare for an emergency:
 - Emergency preparedness procedures **in writing**
 - Shelter-in-place plan
 - Evacuation plan
 - Emergency contact information
 - Emergency generators (where applicable)
 - **Clearly visible** exit signs and floor plans
- b. The emergency housing provider must ensure that any and all building emergencies that threaten the health and/or safety of participants residing at their facility are reported according to the **OHS Emergency Housing Standards, Section 5.1d Incident Reporting Process.**

Section XI: Food Preparation and Distribution

11.1 Food Service Operations

- a. The emergency housing provider must comply with the City of Philadelphia Department of Public Health Code regulating Eating and Drinking and Catering Establishments (Title 6 — Philadelphia Health Code).
- b. All providers receiving food from OHS must also comply with Get Healthy Philadelphia Nutritional Standards. **(See Appendix 8)**
- c. 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 OHS must be notified.

11.2 Meals

- a. The emergency housing provider must ensure that three meals are provided (breakfast, lunch, and dinner) to participants daily.
- b. The emergency housing provider must ensure that all meals are well balanced, nutritious and adequate in quality and quantity to meet basic dietary needs of participants according to the Federal Recommended Daily Allowances (RDA).
- c. The emergency housing provider must comply with Get Healthy Philadelphia Nutrition Standards. **(See Appendix: 8.)**
- d. The emergency housing provider must ensure that special efforts are undertaken to ensure that pregnant, nursing women and children receive nutritious foods that exceed basic requirements and support healthy growth and development.
- e. The emergency housing provider must ensure that all attempts are made to meet the special dietary needs of the population served. Special needs include but are not limited to:
 - Dietary restrictions **based on medical conditions.**
 - Dietary restrictions **based on religious beliefs.**
 - Dietary restrictions **based on a chosen vegetarian lifestyle.**
 - Dietary restrictions **based on allergies.**
- f. The emergency housing provider must ensure that meal preparation avoids excessive use of sodium or salt, fat and sugar.
- g. The emergency housing provider must ensure that **portable meals** (e.g., box/bag lunch) are provided, upon request, by participants who indicate that they must be away from the facility during mealtime (employment, educational courses, medical appointments, etc.).
- h. The emergency housing provider must ensure that **meals are set aside** for participants (and their children) who are working or engaging in activities that result in missing regular meal times (employment, educational courses, support groups, etc.).

11.3 Meals (Serving Children)

- a. The emergency housing provider must ensure that juice, fresh fruit, and vegetables are offered to participants on a daily basis.
- b. Emergency housing providers that serve infants and children must provide the following, on a 24-hour basis:
 - 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 Homeless Services.)
 - Provisions for storing, preparing, and serving the formula.
 - Refrigerated baby food and/or medications to parents when needed.
 - Provisions for nursing mothers, including storage and refrigeration of breast milk.
- c. The emergency housing provider must ensure that meals and snacks provided to participants are in compliance with Child and Adult Care Food Program (CACFP) requirements (participating emergency housing providers only)

Section XII: Monitoring

12.1 Program Monitoring: The emergency housing provider will be regularly monitored by the Office of Homeless Services to ensure compliance with all applicable regulations and requirements. Federal, state, and/or other City representatives or their designees may also conduct inspections and programmatic audits as required. These monitoring visits may occur anytime **during the contract year or thereafter depending on the time emergency services were rendered.**

- a. The emergency housing provider must cooperate with all federal, state, and/or City monitoring review processes, providing reviewers with access to staff, facilities, participants, and program manuals and records as requested.
- b. The provider may be monitored for any of the following which may include, but is not limited to:
 - Compliance with the General Provisions and contractual agreements
 - Compliance with funding source requirements (where applicable)
 - Program performance and outcomes
 - Facilities and program operations
 - Participant satisfaction and overall service provision
- c. The monitoring review process may include, but is not limited to:
 - An entrance letter and interview
 - Interviews with program staff at various levels
 - Interviews with participants
 - Participant satisfaction surveys
 - Site visit and tour of program facilities and residential areas
 - Review of participant, personnel, and or administrative/operational records
 - Billing, invoicing and any documentation to support expenditures
 - Review of provider manuals (policies and procedures)
 - Identification of problem areas in the delivery of the contracted services
 - An exit interview to discuss critical issues and deficiencies identified
 - A written monitoring report documenting all findings and recommendations
 - A required corrective action plan from the provider to address any critical issues and deficiencies identified during the review.
 - A review to ensure that corrective actions have been implemented as expressed in the corrective action plan
- d. Should issues and deficiencies be identified in the monitoring review report, the provider must ensure that they are addressed in a corrective action plan that is submitted, in a timely manner, to the monitoring agency.
- e. The provider must ensure that the corrective action plan is implemented in a timely manner.