

**ALAMEDA COUNTY
EMERGENCY SHELTER STANDARDS
FOR YEAR-ROUND SHELTERS**

JULY 2017

PREFACE

These Emergency Shelter Standards, adopted by the Board of Supervisors on 2/27/2017, were developed based on the guiding principles of inclusion, dignity, accessibility, self-determination and mutual accountability. They are intended to ensure a consistent quality of care across all County funded shelters and to operationalize the County's commitment to providing low barrier, housing first, and emergency shelter services to those without homes in our community. County funded emergency shelters are expected to meet these operating standards as a requirement of county funding. The standards were developed through a community process that included surveying the practices of existing county funded shelters, reviewing standards from other communities and other public funding standards, such as those required by the federal Emergency Solutions Grants (ESG) program and the Federal Emergency Management Agency (FEMA). Meetings were held with shelter operators and city funders, and the standards were posted online for public comment in March of 2016. Twenty-eight shelter programs and dozens of stakeholders provided feedback that informed the final draft.

Most county funded shelters already meet many of these standards, and it is understood that compliance will increase over time. Technical assistance and training will help shelters to meet the standards over the course of the next several years.

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GUIDING PRINCIPLES

The Alameda County Emergency Shelter Standards are grounded in the following principles and values that promote a philosophy for service provision. These principles and values are not shelter standards, but intend to help guide the delivery of shelter services.

1. The health and safety of residents, volunteers and staff should be safeguarded within each shelter.
2. All homeless people have the right to shelter service regardless of religious affiliation, race, color, national origin, ancestry, political or religious beliefs, language, disability, family composition, gender identity and/or sexual orientation. Staff must respect and be sensitive to the diversity of residents. Residents' rights must be protected against all forms of discrimination.
3. The shelter will provide an atmosphere of dignity and respect for all shelter residents, and provide services in a non-judgmental manner.
4. Residents are capable of moving toward increasing levels of self-reliance and self-determination. Shelter staff will work with residents to assist them in achieving their goals.
5. Shelter staff often have access to detailed and highly sensitive personal information about residents. Protecting the privacy and confidentiality of shelter residents and their personal information is of the utmost importance.
6. People who are homeless have few resources, and the shelter system is often their final option to receive the basic necessities of life: food and shelter. Issuing service restrictions in the shelter system must be done in accordance with these standards and only as a last resort and in the most serious cases.
7. People who are homeless, like other members of our community, may use substances to varying degrees. Everyone is entitled to shelter service whether or not they use substances. As a result, these standards require that admission, discharge and service restriction policies must not be based on substance use alone, unless otherwise specifically provided for in these standards.
8. In order to provide effective shelter programs and services, shelter residents must be offered opportunities to be involved in service provision, program planning, development and evaluation, and policy development.
9. In shelters in which support services are provided, staff should actively attempt to engage all residents in services designed to support shelter exit to stable housing with consideration given to each resident's barriers to engagement. Residents shall not be discharged for lack of participation in services unless a resident has refused to work towards a housing plan and/or has refused multiple housing opportunities and only after diligent efforts have been made to engage the resident.
10. All shelter residents are entitled to just and standardized procedures for determining eligibility, admissions, sanctions and dismissals, and resolving grievances.
11. All program residents are entitled to enjoy the maximum amount of privacy within the constrictions of the shelter environment.
12. Shelters are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and coordinated services.

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

A. SHELTER OPERATIONS

A1. Admission

- All shelters must have clearly written and consistently implemented referral standards, admission policies, and hours for new resident admission. All shelters must accept new resident admissions (when shelter is open and beds are available) Monday through Friday for at least a four-hour period daily. Where feasible, admissions should be accepted on weekends.¹
- Shelters located in communities with local coordinated shelter entry in place should use the admissions protocols established through the coordinated entry mechanism.

These standards will shift for all shelter providers with the introduction of a countywide coordinated entry system (CES). Once a coordinated entry system is operationalized, the shelter must adhere to the admission protocols developed for the CES.

A2. Denial of admission

Denial of admission to the facility can only be based on the following reasons and is at the discretion of the shelter²:

- Client does not meet the basic eligibility criteria for shelter admission (e.g. gender, age, homeless status, domestic violence victim, etc.). Shelters with beds designated by funding sources as having additional restrictions (e.g. VA beds that require advance approval by the VA) may deny entry to those not meeting funder requirements.
- Client has a criminal record involving sex offenses, arson or violent crime that poses a current risk to the health and safety of staff and/or residents. When considering a resident's criminal record, shelters must include an assessment of the length of time since the crime occurred and efforts made towards rehabilitation in the evaluation of eligibility for entrance. This standard does not require that shelters assess criminal history.
- A restraining order that prohibits admission to the facility.
- Violent or threatening behavior.
- Conduct from prior stay at the shelter that puts the health and safety of staff or residents at risk (e.g. violence, weapons violations, disclosing confidential location of shelter, and egregious damage to property). If a client is denied entrance based on a prior stay the client must be informed of the reason, conditions for lifting the restriction and right to appeal, including whom to contact regarding an appeal and information about the appeal process. Additional requirements for communication regarding grievance and appeals procedures at the point of discharge are included in standard A.37.
- Infectious disease that significantly increases the risk of harm to other residents. Note that residents with lice or scabies or exhibiting symptoms of TB should be allowed to stay in shelter and sent to a health care provider for treatment as soon as possible. Precautions should be taken to avoid spread as feasible. For additional guidance on this regulation, please also refer to "Preventing Tuberculosis (TB) in Homeless Shelters" published by the Los Angeles County Department of Public Health:

¹ As a coordinated entry system is developed, the issue of the feasibility of requiring weekend admissions at all shelters will be reevaluated and this may be added to these standards.

² Admissions standards will be reevaluated as part of the development of CES and may change as a result of that process.

<http://publichealth.lacounty.gov/tb/docs/LATBGuidelinesforShelters.pdf>. Noncompliance with treatment or containment measures that endangers other residents may be cause for discharge.

- The individual requires care and supervision to manage the activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without the appropriate supports available on-site (e.g. an inappropriate request for admission as a discharge location from a hospital).

A3. Intake

Upon admissions, residents must be provided with copies of the following:

- Resident rights (see standard A7)
- Written program rules (see standard A8)
- Visitation policy (see standard A12)
- Storage policy, including storage after exit (see standard A19 and A38)
- Medication storage policy (see standard A20)
- Grievance Procedure (see standard A30)

A4. Length of stay

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

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

These standards may shift for all shelter providers with the introduction of a countywide Coordinated Entry System (CES).

A5. Hours

All shelters must post hours of operation in a visible location. If the facility is open 24/7, residents must be allowed access to their possessions and to the facility common space at all times. If access to sleeping areas is not available during the day, accommodations should be made to allow access for those working second and third shifts, those who are ill, etc.

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

Shelters that serve children must permit 24-hour access to an area where children can nap.

A6. Sleeping hours

All shelters must provide facilities available to residents for sleeping for a minimum of eight (8) hours. Warming shelters may be granted a waiver to this provision if site availability does not allow for an 8-hour sleeping period.

A7. Resident Rights

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

- Residents have the right to be treated with dignity and respect;
- Residents have the right to privacy within the constrictions of the shelter environment;
- Residents have the right to be treated with cultural sensitivity;
- Residents have the right to self-determination in identifying and setting goals;
- Services should be provided to residents only in the context of a professional relationship based on valid, informed consent;
- Residents should be clearly informed, in understandable language, about the purpose of the services being delivered, including residents who are not literate and/or have limited-English proficiency;
- Residents have the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure, unless disclosure is required by law;
- Residents have the right to reasonable access to records concerning their involvement in the program.

A8. Resident Responsibilities

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

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

A9. Confidentiality

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

A10. Transfer between shelters

Shelters may not transfer residents to other shelters arbitrarily, as a punitive measure, or without the resident’s consent. Shelters may however arrange for a resident to move to a different shelter, with the

consent of the resident, if a determination is made by both shelters that an alternative setting is likely to better meet the needs of the resident. A general transfer policy is likely to be created with the implementation of coordinated entry county-wide, and shelters must follow that policy once it is adopted.

A11. Voluntary services

Support services are voluntary. Residents cannot be discharged for lack of participation in services.

Residents have an obligation to be engaged in a housing plan and shelters may discharge a resident who refuses to engage in a housing plan or who refuses multiple housing opportunities. Before discharge for this reason, evidence must be present that shelter staff actively attempted to engage the residents in services designed to support shelter exit to permanent housing with consideration given to each resident's barriers to engagement.

A12. Visitors

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

A13. Language accessibility

Staff must ensure that residents have access to interpreter services and that written materials are available in Medi-Cal threshold languages (in Alameda County, currently Spanish, Cantonese, Vietnamese, Mandarin, Farsi, and Tagalog).

Note: Social Services Agency (SSA) provides access to a free language interpretation phone line and free document translation services for all SSA shelter contractors. Details regarding how to utilize this service are described in Attachment B of Shelter Contracts and Attachment A of this document.

A14. Curfew

If a shelter has a curfew policy, the policy must be clearly written and explained to residents at shelter entry. The policy must be consistently enforced. Missing a curfew cannot be a reason for denial of entry or discharge unless the late arrival compromises the health or safety of other residents or staff or if the resident's late arrival repeatedly interferes with the rights of other residents to peaceful enjoyment of the facility.

Some shelters maintain a curfew policy to ensure the safety of residents. In some cases, shelters may have a policy that includes filing a missing person report if a resident does not return by the curfew time. This should be clearly explained to residents at the time of shelter entry.

A15. Resident input

Programs shall provide residents with on-going opportunities to voice opinions, participate in program operation and programming, and make suggestions regarding programming and rules. This can be

accomplished in a variety of ways including exit interviews, discharge surveys, one-on-one interviews, resident surveys, resident focus groups, inclusion of homeless or formerly homeless members on the agency board of directors, having homeless or formerly homeless people trained and hired as staff, and/or the creation of a residents' advisory council.

In addition to any other activities, shelters must host resident meetings once per month and provide at least 24 hours advance notice to residents of the meeting time and location.

A16. Participation in religious activities

Shelters cannot require participation in religious activities. Religious activities include moments of prayer or the saying of grace before meals. While these activities are not prohibited, participation in such activities may not be required.

A17. Chores

Written program rules must specify any chores and/or housekeeping requirements of residents and must be provided to residents upon entry or posted in a location easily visible by residents. Chore policies should allow for accommodations for those who cannot participate in chores due to disability, pregnancy, etc.

Noncompliance with a chore policy cannot be a reason for discharge unless a repeated pattern of violation occurs that impacts other residents.

A18. Handling resident mail

If a shelter provides mail service, any mail sent or received cannot be interfered with (e.g. staff opening residents' mail, not providing mail to the resident on the day it is received, etc.).

A19. Storage of resident belongings

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

If a shelter holds funds or possessions on behalf of residents, this service must be voluntary, the program must maintain a log of items in their possession, and the funds or possessions must be promptly returned upon the resident's request. Each shelter should decide how specific to make their log, with consideration to their liability. It is expected that the log would track only those belongings that residents choose to store with the program and not all possessions brought into the shelter. This does not apply to belongings abandoned by a person who does not return to the shelter; in that situation, please refer to A38, Storage of Belongings After Discharge.

Shelters must provide lockable lockers, storage trunks or make other accommodations that allow residents to securely store their belongings. Reasonable access by the residents to their belongings must be provided.

Waivers of the requirement that storage space be lockable can be requested if the physical layout of the shelter does not allow for lockable space.

A20. Medication

Shelters may not administer or dispense medication and may not require residents to turn over medication.

Shelters must have a written policy that is provided upon intake as to whether provision is made for securing prescription medications and residents' responsibility to store and utilize their medication safely. Shelters may encourage residents to lock medications in secure storage areas made available in order to protect medication from theft but may not require residents to turn over medication.

Shelters must make available a lockable storage area for medications and access to refrigeration for medications. This can include a locked box within a refrigerator that also serves other functions.

Residents who hold a legally valid California medical marijuana card cannot be discharged for possession of marijuana that falls within the legal limit. Additionally, those residents may *use* medical marijuana, but it cannot be *smoked or consumed in any form* on the shelter premises.

Information about the California Medical Marijuana Program is available on the California Department of Public Health website at this address: <https://www.cdph.ca.gov/programs/MMP>.

If there is a question about the validity of a medical marijuana ID card, anyone can access the California Department of Public Health verification website here: <http://mmic.cdph.ca.gov/>. This website allows anyone to look up an ID card (by number only) and confirm whether the card is valid or invalid. The website does not include any personal information.

A21. Resident emergency information

Shelter staff must collect emergency contact information and information about health needs upon admission that may impact an emergency response. Such information should be kept in a place accessible to on-duty staff in the event of an emergency.

A22. Universal precautions

Staff must comply with universal precautions, proper sharps disposal and have a written policy in place governing protocols related to universal precautions.

A23. First aid supplies

Basic first aid supplies must be available on-site and accessible to staff at all times.

A24. Weapons

All shelters must have a weapons prohibition policy. Weapons include but are not limited to firearms, pepper spray, mace, and knives. Shelters should use discretion when determining which types of knives

should be prohibited. Shelters may, but are not required to, have a mechanism for checking weapons upon entry.

A25. Smoking

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

It is recommended that information about tobacco cessation resources be posted.

A26. Accessibility

All shelters must conform to all pertinent requirements of the Americans with Disabilities Act (ADA). See <https://www.ada.gov/pcatoolkit/chap7shelterchk.htm>.

Beds designated as accessible must comply with federal height and distance standards requiring a minimum of 36 inches between sleeping units and a sleeping surface height between 17-19 inches above the finished floor. Beds designated as accessible must be prioritized for residents with disabilities. Shelters are encouraged to provide as many ADA accessible beds as possible, but it is not required or expected that all beds meet these requirements.

Program documentation must be provided in forms accessible to hearing-impaired and sight-impaired individuals, upon request.

Shelters that provide transportation for residents must also make provisions for residents who need vehicles that are wheelchair accessible.

A27. Pets/Service Animals

Shelters must have a policy regarding whether pets are allowed in the facility. Per ADA requirements, shelters must make reasonable accommodation for service animals. Additional information regarding ADA requirements for service animals from the U.S. Department of Justice is included in https://www.ada.gov/service_animals_2010.htm. According to this guidance, emotional support, therapy, comfort, or companion animals are not considered service animals under the ADA. These terms are used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.

A28. Non-discrimination/reasonable accommodation

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

A29. Transgender access

All shelters must comply with the HUD Rule on Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities.³ See link: [Transgender Placements](#).

A30. Grievance

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

- The opportunity for residents to present their case before a neutral decision-maker (a supervisor or manager who was not directly involved in the incident or situation of the grievance)
- Accommodation of third-party advocates in the grievance process. Reasonable efforts must be made to coordinate with a resident's advocate in order to schedule the appeal.
- A requirement that residents be given a written response to their grievance within a reasonable time frame.
- A provision that when a resident files a grievance related to his/her ability to stay in the shelter the action is suspended until the grievance process is completed unless allowing the resident continued residence poses a risk to the health and safety of other residents and/or staff.
- An appeals procedure that allows residents to appeal, at a minimum, decisions related to admissions denials for cause, terminations and disciplinary actions.
- Provisions for providing residents with information about any subsequent appeals process available through any funding agency.

A31. Emergency response

All shelters must have an emergency response plan in place.

A32. Abuse reporting

All shelters must have a policy that details any legal duties to report child or elder abuse and a written plan and process for reporting such abuse to the appropriate reporting agency.

A33. Drug and alcohol use/possession

Shelters must have a policy prohibiting the possession, use or distribution of alcohol or illegal drugs on the premises. If alcohol or drugs are found, residents should be given the opportunity to dispose of the

³ Requires that providers that place eligible persons in single-sex emergency shelters should place based on the gender with which the person identifies, taking health and safety concerns into consideration. A client's own views with respect to personal health and safety should be given serious consideration in making the placement. A provider will not make an assignment or re-assignment based on complaints of another person when the sole stated basis of the complaint is a client's or potential client's non-conformance with gender stereotypes. There generally is no legitimate reason for the provider to request documentation of a person's sex in order to determine appropriate placement, nor should the provider have any basis to deny access to a single-sex emergency shelter solely because the provider possesses identity documents indicating a sex different than the gender with which the client identifies. The provider may not ask questions or otherwise seek information or documentation concerning the person's anatomy or medical history. Nor may the provider consider the client ineligible for an emergency shelter or other facility because his or her appearance or behavior does not conform to gender stereotypes.

prohibited substance or leave the shelter for that night if they do not wish to dispose of the prohibited substance. A violation of this policy cannot be a reason for discharge unless the violation compromises the health or safety of other residents or staff or repeatedly interferes with the rights of other residents to peaceful enjoyment of the facility.

Admission, discharge, and service restriction policies must not be based on substance use or possession alone, unless the program is designated as an abstinence-based program in its funding contract.

Drug testing of residents is prohibited unless the testing is part of an agreed upon treatment plan with the resident. Submission to drug testing cannot be a requirement for residency and refusal to participate in drug testing cannot be the basis for involuntary discharge.

Being under the influence on-site may not be the basis for discharge. Discharge must be based on specific behaviors that meet the standard for discharge as described in standard A36, Discharge Reasons.

A34. Infectious disease

All shelters must have policies for responding to infectious disease including tuberculosis (TB) and lice/scabies along with staff trained in infectious disease response in place. See [Reportable Diseases](#) for a full listing of reportable diseases. These policies must include protocols for:

- Making referrals to health care providers when a resident shows symptoms of TB, lice or scabies.
- Notifying residents when there is a possibility that they were exposed to a communicable disease that is spread through casual contact.
- Policies on resident confidentiality related to communicable diseases.
- Protocols for responding to any identified communicable disease, including consultation with a medical professional when determining if a resident is infected with a contagious communicable disease that might seriously endanger the health of other residents.

A TB test may not be required as a condition of entry.

An infectious disease that significantly increases the risk or harm to other residents may be a reason for denial or discharge. Residents with lice or scabies or exhibiting symptoms of TB shall be allowed to stay in the shelter unless the disease or infestation cannot be appropriately contained (e.g. due to close quarters of facility), in which case those residents may be discharged and referred to a health care provider for treatment.

Noncompliance with treatment or containment measures that endangers other residents may be cause for discharge.

Shelters must comply with California Code of Regulations, Title 8, Section 5199, regarding Aerosol Transmissible Diseases (ATD) control and worker and client safety expectations: <http://www.dir.ca.gov/title8/5199.HTML>. For additional guidance on this regulation and for information regarding best practices for control of infectious disease, please also refer to “Preventing Tuberculosis (TB) in Homeless Shelters” published by the Los Angeles County Department of Public Health: <http://publichealth.lacounty.gov/tb/docs/LATBGuidelinesforShelters.pdf>.

A35. Search of Resident Possessions

All shelters must have a policy and procedures in place governing how and when searches of residents' private possessions may be conducted. Searches may only be conducted when there is "probable cause" to believe that the person has in his or her possession something which may jeopardize the safety of other residents or staff, including a weapon, or illegal material, including illegal drugs, or something which is interfering with the peaceful enjoyment of the facility of other residents such as food that is attracting vermin. If the person does not consent to the search, and "probable cause" exists to search, the person must be given the choice of being discharged or being searched.

A36. Discharge Reasons

Only the following reasons may be used as a basis for discharge from a shelter facility:

- Possession of a weapon at the facility.
- Possession of illegal drugs on premises (see standard A33 for additional information about drug and alcohol use by residents).
- Assault or other violent behavior.
- Theft.
- Destruction of property.
- Restraining order precludes continued residence.
- Resident behavior endangers health or safety of residents or staff.
- Disclosure of confidential shelter location.
- Repeated interference with the rights of other residents to peaceful enjoyment of the facility.
- Presence of infectious disease that significantly increases the risk of harm to other residents. Note that Residents with lice or scabies or exhibiting symptoms of TB should be allowed to stay in shelter and sent to a health care provider for treatment as soon as possible. Precautions should be taken to avoid spread as feasible. Noncompliance with treatment or containment measures that endangers other residents may be cause for discharge.
- Individual requires care and supervision to manage their activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without appropriate supports available on-site. Individuals discharged due to care and supervision needs cannot be discharged to the streets.

Residents may be discharged for refusing to work towards a housing plan and/or refusing multiple housing opportunities; however, evidence must be present that shelter staff actively attempted to engage the resident in services designed to support shelter exit to stable housing with consideration given to each resident's barriers to engagement.

Shelters are not required to hold beds for longer than 72 hours. If a resident is absent from their bed for 72 hours without appropriate notification of shelter staff regarding absence, the resident may be discharged.

While residents may be encouraged to get a TB test, lack of a test cannot be used as a reason for discharge. If a resident is exhibiting symptoms of TB and does not comply with testing and treatment recommendations, the resident may be discharged to protect the health and safety of other shelter residents and staff.

A37. Discharge requirements

All shelters must provide a written copy of the procedure for filing a grievance to the resident when a resident is involuntary discharged. If it is infeasible to provide the procedure at the time of discharge (e.g. the resident is being removed by law enforcement) this requirement may be waived; however, if the resident returns subsequently to the facility, the grievance procedure must be provided. (Additional requirements related to grievance protocols are included in standard A30, Grievance).

If a resident may be denied future readmission as a result of the circumstances of discharge, the resident must be informed of the reason, the conditions for lifting the restriction and right to appeal, including whom to contact regarding an appeal and information about the appeal process.

Unless the resident poses an immediate threat to the health and safety of other residents and/or staff members, shelters should avoid discharging residents at night.

Unless the resident poses an immediate threat to the health and safety of other residents and/or staff members, involuntary discharges must be approved by a supervisor. During hours that there is no supervisor on site, there must be a supervisor available on call to approve discharge decisions. Approval may be given verbally but should be documented in case notes.

A38. Storage of belongings after discharge

Shelters must have a written policy for the storage of belongings after a resident exits, which must include at a minimum storage of belongings for at least five (5) working days after resident exit. A copy of the policy must be provided to all residents at intake.

B. STAFFING REQUIREMENTS

B1. Staff on duty

Shelters must have sufficient staff on duty at all times. When only one staff person is scheduled on a shift, shelters must make provisions to have on-call staff available.

Shelters must have at least one staff on duty and awake during all hours of operation. If the size of the shelter and population served by the shelter do not warrant on-site staff at all times, the shelter may request a waiver of this requirement. Shelters granted a waiver must have staff on-call and available by phone during all times that residents are on-site.

Shelters must have a supervisor/manager available on call to the program at all times for consultation to staff about challenging resident situations and other urgent matters. All shelters should have a consultation policy in place that outlines situations requiring consultation up the chain of command.

B2. Living wage

If the facility is located in a city with a living wage ordinance, the shelter must be in compliance with this ordinance.

B3. First aid capacity

There must be at least one staff person on duty at all times trained in emergency first aid and CPR (unless granted a waiver to the on-site staffing requirement as detailed in item B1). The County will arrange for first aid and CPR training for shelter staff. This standard will not be in effect until such arrangements have been made.

B4. Hiring

Shelters must conduct criminal background checks on all staff members. Each agency shall have a policy regarding when criminal history would disqualify an applicant from hiring that takes into account the particular responsibilities of the position to be filled, the population to be served (e.g. will the position be interacting with minors), the nature, severity and recentness of the crime, and evidence of rehabilitation.

B5. Infectious disease control

All shelter staff must be tested for tuberculosis every 12 months and referred to any necessary follow up and/or treatment if indicated. Staff must comply with any recommended follow up testing necessary as indicated by a health care provider.

Staff should be encouraged to obtain an annual flu vaccine.

C. STAFF TRAINING

C1. Documenting Training

Shelter providers should maintain a log or other similar record of trainings each staff member has successfully completed. This may be maintained in the personnel file or through a separate tracking system.

C2. Required Training

The following trainings must be provided to all staff within 30 days of hire.

- Confidentiality protocols
- Crisis prevention and/or verbal de-escalation
- Mandatory reporting requirements related to child/elder abuse
- Universal precautions/infectious disease prevention
- Proper food handling and storage if required by law. State law requires all food handlers in the state of California have a California Food Handler Card. New hires have 30 days from the date of hire to obtain a card. Online training is available through ServSafe and other vendors.
- Anti-discrimination/reasonable accommodation training including accommodation of transgender residents
- Shelter policies and procedures
- Emergency evacuation procedures and fire safety
- HMIS Privacy and Security Certification Training (In accordance with the InHOUSE Policies and Procedures Manual, this applies to any agency/jurisdiction staff or designees conducting any intake, data entry, or other data processing functions. It does not apply to staff who do not conduct those activities. Privacy and Security Certification Training is provided by Alameda County.)

C3. Recommended Training

Alameda County will explore offering the following trainings to all providers who are subject to these standards. These trainings are not required until further guidance has been issued by the County; however, they may be mandated at a future time.

- Ethics/boundaries
- First Aid and CPR (at least one trained staff on site as required in standard B3). First aid certification must be renewed as indicated by training provider
- Mental health issues in the homeless population
- Domestic violence recognition and referral
- Overdose detection and response
- Harm reduction approach to substance use disorders
- Diversity awareness/humility training/cultural competence

D. STANDARDS FOR FAMILY SHELTERS ONLY

D1. Definition of families

A family is defined as a household that includes one or more minor children (17 or under) in the legal custody of one or more adults who, prior to losing housing, were living together and working cooperatively to care for the children. This includes 2-parent and 1-parent families, including those with same-sex partners, families with intergenerational and/or extended family members, unmarried couples with children, families that contain adults who are not the biological parents of the children and other family configurations.

D2. Diaper changing space

Shelters that house infants must provide an appropriate, sanitary place for use by parents to change diapers.

D3. Child supervision

Children must be supervised at all times by parents, staff or volunteers following established staff to child ratios.

D4. Child safety proofing

The shelter facility must be child safety proofed including:

- Childproof electrical outlets.
- Floors above ground have precautions in place to prevent children from falling out of windows (see www.nsc.org/learn/safety-knowledge/Pages/Window-Safety-Week.aspx for tips)
- Doors open from inside without a key.
- There are precautions in place to protect children from burns (from stoves or other heating units).
- There are precautions in place to protect children from injury from fans.

D5. Inspections

Annual safety inspections must be performed by agency staff to ensure child safety.

D6. Play space

Play space for infants, toddlers, and preschoolers should be provided as feasible within the confines of the physical space available in the shelter.

D7. Facilities

Adequate space must be provided for bathing and changing young children and feeding children. If the shelter layout allows, private space should be offered for breastfeeding.

D8. Collaboration with early childhood programs

Shelters must have procedures in place for collaboration with local early care and education programs (e.g. Head Start, Early Head Start, child care subsidy programs).

D9. Collaboration with schools

- Shelters that serve families must have procedures in place for collaborating with local K-12 education support programs and the schools.
- Heads of households must be advised of their rights as they relate to the public education system.
- Shelter policies and practices must be consistent with laws related to providing education services to individuals and families.
- Shelters must have a designated staff person responsible for ensuring that children are enrolled in school and receive educational services, as appropriate. The staff person may be either an operations or a support services staff person.

D10. Toys

Shelters must maintain developmentally appropriate toys and books that are clean and in good repair.

D11. Referrals

Shelters must post information about and support access to Head Start, childcare, preschool, etc. and support connections to mainstream benefits.

D12. Home visits

Shelters must provide space for home visits to occur either on-site or at another location.

D13. Food storage and preparation

Shelters must provide refrigeration and cooking equipment to prepare and store formula, baby food and milk.

D14. Furniture/Cribs

Shelters must provide age appropriate cribs/beds.

E. FOOD SERVICE

E1. Sanitary facilities

All shelters that either prepare and serve meals or provide areas for residents to prepare and consume their own meals must ensure that all areas used for food storage and preparation are sanitary. Kitchen and dining areas must be kept clean and comply with all relevant health codes.

See <https://acgov.org/aceh/food/index.htm> for additional guidance related to safe food preparation. Additional information regarding this standard may be issued at a later date.

E2. Donated Food

Programs that serve food prepared off site by regular donors must provide donors with a handout that details the requirements for food preparation. All food donors must read and sign the handout to confirm knowledge of the standards and must provide current contact information.

Programs are discouraged from accepting food that has been prepared off-site by intermittent donors.

E3. Meal schedule

If meals are served, a meal schedule must be posted

E4. Dietary modifications

If meals are served or food is provided for residents to use to prepare their own meals, shelters must make dietary modifications and/or provide appropriate food options based on residents' health, religious, and/or cultural practices.

As feasible, food provided should promote healthy eating.

E5. CalFresh

Shelters cannot accept resident CalFresh benefits.

E6. Dining facilities

Shelters must provide a table and chairs if food is served.

E7. Food allergies

Any snacks and meals provided should be provided with reasonable accommodations made for known children's allergies if children are in residence. Providers should be asking about food allergies at intake; however, it is the parents' responsibility to inform the program of children's food allergies.

F. PHYSICAL PLANT

F1. Basic building standards and fire safety

All facilities must comply with HUD Emergency Solution Grants facility standards ([HUD ESG Facility Standards](#)) and local applicable building and fire codes. Evidence of compliance with local codes must be provided. Facilities that do not have a fire alarm system designed for hearing-impaired residents may request funding from SSA for this purpose that is separate from the shelter's regular operations allocation.

Facilities must have annual fire inspections conducted by the fire department and conduct regular fire drills.

Training must be provided to staff on fire safety.

F2. Safety standards

Shelters must comply with state and local health, environmental and safety standards.

F3. Toilets/Washbasins

Shelters must provide sufficient toilets and wash basins with warm and cold running water. The resident to toilet ratio must be 1 toilet/15 residents (excluding infants) or 1:30 if over 100 residents.

F4. Showers

Shelters must make a reasonable supply of showers available or provide referrals to community shower access. The resident to shower ratio must be 1 shower/20 residents (excluding infants).

F5. Hygiene products

Shelters must provide toilet tissue, soap, towels and feminine hygiene products (if females served).

F6. Beds/linens

Shelters must provide a bed, crib or cot, clean mattress and pillow, linens, and towels. Linens must be laundered regularly and/or when soiled. Linens can be laundered by shelter staff or a shelter may require residents to launder their own linens if facilities are available. Newly laundered linens must be provided to each new resident upon entry.

Mats may be used for overflow capacity and by seasonal shelters.

F7. Drinking water

Shelters must provide access to drinking water at all times.

F8. Outlet access

Shelters must provide access to electrical outlets for charging cell phones and medical equipment.

F9. Cleanliness

Bath/toilet areas, hallways, and other common use areas must be cleaned daily. Shelters must have proper trash receptacles that are emptied regularly.

Both the interior and exterior of the facility must be free of debris, clutter, and unsanitary items and there must be no obvious safety risks.

F10. Pest control

Shelters must ensure adequate provision of pest control services.

Shelters must have a protocol in place for the prevention and control of bed bugs. (See <https://www.cdc.gov/parasites/bedbugs/> for best practices related to bed-bug prevention).

24-hour notice must be provided to residents of pest control activities unless the type and degree of infestation requires an immediate response (e.g. bed bugs).

F11. Maintenance/ Repair

Facilities must be maintained in good repair. The general appearance of the building must be well maintained. There must be a written housekeeping and maintenance plan.

Shelters must post the process for reporting maintenance concerns, acknowledge issues reported within two days, and identify the timeframe for addressing the concern. Emergency maintenance items must be immediately addressed.

F12. Phone access

A telephone must be available to staff for emergencies. Emergency numbers should be posted by the telephone or otherwise made available to on duty staff.

Shelters must take emergency phone messages and messages from service providers for residents in residence. If the shelter has periods where no staff are on duty, there must be a phone available to residents for emergencies with information posted nearby with emergency numbers.

F13. Hazardous materials

Shelters must label all chemicals and cleaning supplies and keep all such materials out of reach of children. Any hazardous materials must be stored separate from food.

F14. Entrances/ Exits

Exits must be clearly marked and must be kept clear of blockage and tripping hazards.

All steps must have handrails as required by applicable codes. Steps must have treads or similar accommodation to prevent slipping.

Exit signage must be consistent with all applicable codes.

F15. Agency vehicle

If a shelter maintains a vehicle used for resident transport, the vehicle must be properly maintained, licensed and insured. All drivers must be properly licensed. Car seats must be used by children. Provisions must be made to provide equal access to transportation services to disabled residents.

G. SUPPORT SERVICES

G1. Health services access

Shelter staff should encourage residents to obtain and maintain health insurance, obtain a primary care provider and access immunization service. This must include publicly posting or otherwise making available information on health-related services.

G2. Recordkeeping

Shelters must have written intake and client record keeping procedures and files that include intake interviews and records of services provided.

G3. Assessment

A basic assessment that includes an evaluation of the service needs of the household, information about past or current services received and other information necessary to provide services must be conducted or updated for all households. **This requirement may be revised once Coordinated Entry and System Design work is finalized.**

G4. Service linkage

Shelters must have a resource area that residents can access without staff assistance that provides information about available community services and housing opportunities.

Shelters are strongly encouraged to provide or link participants to drug and alcohol services, mental health services, life skills services, employment services, money management/credit counseling, parenting support and other services as needed. **This requirement may be revised once Coordinated Entry and System Design work is finalized.**

G5. Housing plan

A housing plan must be developed as soon as possible with the resident upon entry and no later than within 7 days of admission. The development of a housing plan should include inquiring about and fostering family and/or friend relationships that may open up potential housing opportunities, including inviting those people to participate in housing plan conversations if and when appropriate, and with consent from the resident. Ongoing housing search assistance shall be provided while the household is staying at the shelter. **This requirement may be revised once Coordinated Entry and System Design work is finalized.**

G6. Housing support services

Shelters are strongly encouraged to provide services that support exits to stable housing including information and referral, linkage to other services as needed, assistance with accessing services, benefits linkage and advocacy, provision of or referral to employment services, and regular check-ins about progress towards the shelter exit plan. **This requirement may be revised once Coordinated Entry and System Design work is finalized.**

G7. Referral follow up

Shelters are strongly encouraged to follow up to ensure that residents connect with services to which they are referred. The intention of this is to ensure residents have the support and information needed to make a successful connection when a referral is made. If a client chooses not to pursue a referral, that decision should be respected. **This requirement may be revised once Coordinated Entry and System Design work is finalized.**

G8. Transportation

Shelters are strongly encouraged to provide assistance with transportation to appointments which can include assisting residents to access public transportation. Shelters are permitted, but not required, to have policies regarding how to prioritize the allocation of limited transportation resources such as bus passes or taxi vouchers. **This requirement may be revised once Coordinated Entry and System Design work is finalized.**

G9. Exit planning

Shelters must develop exit plans with all households served, including linkage to aftercare resources. **This requirement may be revised once Coordinated Entry and System Design work is finalized.**

G10. Staffing qualifications

Ongoing professional development and supervision must be provided by the agency and may include case conferences, case supervision, workshops and training courses.

H. ADMINISTRATION

H1. Homeless Management Information System (HMIS)

All shelters must participate in HMIS or a comparable system for Domestic Violence providers.

H2. Data Quality

All shelters must utilize HMIS (or comparable) data quality reports to ensure the accuracy of submitted information.

H3. Tracking denials

All shelters must track all reasons for denials based on cause (this does not include denials because the shelter is at capacity) and have the ability to report this information. **THIS STANDARD DOES NOT NEED TO BE IMPLEMENTED UNTIL THE COORDINATED ENTRY AND SYSTEM DESIGN WORK IS FINALIZED AT WHICH TIME FURTHER GUIDANCE WILL BE PROVIDED.**

H4. Tracking discharges

All shelters must track all reasons for involuntary discharge and have the ability to report this information. **THIS STANDARD DOES NOT NEED TO BE IMPLEMENTED UNTIL THE COORDINATED ENTRY AND SYSTEM DESIGN WORK IS FINALIZED AT WHICH TIME FURTHER GUIDANCE WILL BE PROVIDED.**

H5. Board of Directors

The agency must have a volunteer Board of Directors that meets at least quarterly.

H6. Job descriptions

The agency must have written job descriptions for all shelter positions

H7. Fiscal system

The agency must have an accounting system that is maintained in accordance with Generally Accepted Accounting Principles (GAAP).

The shelter shall have internal fiscal control procedures that are reviewed and approved by its Board of Directors.

H8. Waivers

To request a waiver of any standard, contact SSA's Office of Policy, Evaluation and Planning (OPEP) at abvillarreal@acgov.org.

Alameda County Social Services Agency – CBO's

Please use these easy-to-follow instructions for an **on-demand interpreter**.

Step 1. Call this special toll free number for Social Services Agency – CBO's **+1 844 350-3731**

Step 2. Select language needed:

- Press 1 for Spanish
- Press 2 for Mandarin
- Press 3 for Cantonese
- Press 4 for Vietnamese
- Press 5 for Farsi
- Press 6 for Russian
- Press 7 for Kmer (Cambodian)
- Press 8 for Korean
- Press 9 for Arabic
- Press 0 for All Other Languages to Connect with an Operator

Step 3. Enter your organization's eight digit PIN number provided to you by your Social Services Agency contract liason

Step 4. Connect with interpreter and provide them with a short introduction at the start of the call, and a brief background on the nature of the call.

IMPORTANT INFORMATION:

AVOID UNAUTHORIZED USE OF YOUR ACCOUNT – Please do not give out the toll free number or your PIN code to your clients.

TIPS FOR USE AND FASTER CONNECTION TIME – Be sure to listen to all of the Prompts carefully and enter your 8 digit PIN accurately. Failure to enter the appropriate information at the time of the prompt will delay call routing. You can enter number for the Language needed once the menu begins. You do not need to listen to all 10 options.

WORKING WITH AN INTERPRETER – At the beginning of the call, allow for a short introduction and briefly tell the interpreter the nature of the call. Speak directly to the limited English proficient individual, not to the interpreter, and pause at the end of a complete thought. Please note, to ensure accuracy, your interpreter may sometimes ask for clarification or repetition.

3-WAY CALL – Use the conference feature on your phone, and follow the instructions above to connect to an interpreter. If you are initiating the call, get the interpreter on the line first, then call the limited English proficient individual. If you are receiving a call, ask the caller to "Please Hold," and then conference in the interpreter.

If you are ever asked for a Client ID by LanguageLine it is 501773

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