County of Simcoe
Homelessness Service Standards - EMERGENCY SHELTER

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GUIDING PRINCIPLES FOR HOMELESSNESS & HOUSING SERVICE PROVIDERS

The following two sections are guiding principles that are recommended universal norms, ethics, and values that guide an organizations' actions when providing services to participants. The following principles are aligned with best practices in the delivery of homelessness services. These two sections will be applicable to all homeless and housing services and programs.

Accessible
All services delivered should be accessible to anyone experiencing homelessness or at-risk of experiencing homelessness, regardless of ethno-cultural background, religious beliefs, gender identity, sexual orientation or disability. Providers delivering homelessness services will also serve a range of populations, and service providers must create atmospheres of safety, respect, dignity, and compassion when serving populations with diverse needs.

Homelessness providers must ensure the service environment is welcoming and engaging and prioritizes and promotes the health and safety of all other service users, staff and volunteers. Service users must be able to access information on how to seek supports, and access to services must be predictable and transparent. Service providers must make every effort to remove perceived or real barriers to services.

Service providers will have a well documented and accessible policy, approved by their Board, demonstrating how they are working towards compliance with the Accessibility for Ontarians with Disabilities Act (AODA).

Person-Centred
Any service delivered will be person-centred, an approach empowering service users to make decisions about the care and support they receive. Service providers that are person-centred will consider the service user's values, physical, cultural, spiritual, physical, psychological and environmental needs while delivering programming.

The following are core principles of a person-centred approach:
- Service users' wishes, concerns, values, priorities, perspectives and strengths are respected
- Service users are considered whole, unique human beings and not as problems
- Service users are experts in their own lives and decide how and when to receive services
- Service providers will provide service users with enough information to be able to make an informed choice
- Service providers follow the lead of service users when providing information, making decisions or involving others in their service planning and ongoing case management
- Service users define their own goals and pathways to achieving goals
- Service user's rights and voices are essential to good service delivery, and feedback is collected on an ongoing basis when interacting with participants.

Promote Dignity and Respect
The experience of homelessness has a profound effect on a person's dignity and social inclusion, and the loss of dignity can be more challenging than the loss of housing or physical possessions. Being treated with dignity improves self-worth and service providers must maintain an atmosphere of dignity,

acceptance and respect for all individuals regardless of values, cultural background, gender, age, sexual orientation, religious beliefs or abilities. Service providers will promote dignity, and will:

- Promote harm reduction and allow participants to have control over decisions, which may include activities such as substance use or sex work
- Respect the balance of independence, values, knowledge and abilities for all service users
- Communicate with service users with respect and avoid patronizing or discriminating language
- Acknowledge that individuals experiencing homelessness are competent and capable of managing and improving their own lives
- Recognize that an individual's surroundings and environments are important to their sense of dignity and belonging
- Have stated values, policies and practices that promote inclusion, dignity and respect.

Trauma-Informed

The experience of homelessness is traumatic and many people experiencing homelessness have faced traumatic events such as physical violence, child abuse or neglect, family breakdown, sexual violence, or inter-generational trauma. A trauma-informed care approach recognizes that trauma has a profound impact on the recovery and healing of individuals and services must be compassionate and understanding. Trauma-informed practices create a culture of non-violence and recognize the physical, psychological and emotional importance of creating safety and giving participants choice and control.

Homelessness service providers must deliver services that are trauma-informed, which includes:

- Leadership (management, executive and governance staff) have received either information or training on the key elements of trauma-informed care. Key elements include:
  - Recognizing trauma has wide-spread effects that can manifest in many different ways
  - Being able to identify the signs and symptoms of trauma
  - Understanding there are many methods and pathways in which people can recover and heal from the effects of trauma, most of which take time
- Trauma-informed knowledge and information is built into policies, settings, practices and procedures
- All staff delivering services are trained on the core principles of trauma-informed care and organizations commit to keeping staff educated on current and relevant trauma-informed practices
- Staff are provided with training on how to manage behavioural challenges associated with the experience of trauma, such as, reactivity, depression, mood disorders, substance use, physical health challenges, suicidal ideation, or other behavioural challenges associated with Post Traumatic Stress Disorder
- Policies and procedures reflect the nature of delivering services to individuals with trauma histories (e.g., inability to make appointments, sobriety requirements, curfews, etc.).

Service providers serving Indigenous people must also provide training and information to all staff on the effects of intergenerational trauma and the impacts of colonialism. Intergenerational trauma is trauma that has been passed down from the generation who experienced the trauma onto future generations. Residential schools and other colonialist practices have gravely impacted Indigenous communities and service providers must be able to understand how the historical events can be an underlying driver of poor physical, psychological and economic outcomes.

Culturally Appropriate

Racialized populations typically have poorer health outcomes and are at a greater risk of experiencing homelessness. Additionally, Indigenous people are gravely overrepresented among those experiencing homelessness. All services delivered should respect and acknowledge the cultural identity of Indigenous and other racialized service users. Ensuring that service providers are adequately meeting the cultural and safety needs of racialized populations, service providers should:

- Commit to removing systemic barriers that discriminate against one population within any policy or practice (e.g., any policy that results in an advantage for white people and disadvantages Black, Indigenous and People of Colour (BIPOC)).
- Have clearly stated values, policies and practices that promote cultural competence (cultural competency is the ability to understand and interact effectively with people from different cultures)
- Commit to increasing diversity among staff by updating hiring policies
- Offer and refer service users to culturally relevant and appropriate linguistical services
- Provide regular staff and leadership training on the effects of colonialism and residential schools
- Work collaboratively with Indigenous communities to develop Indigenous-led policies, services and standards to best support Indigenous people
- Engage Indigenous and racialized communities to be a part of boards, steering committees and other forms of governance

Working with Indigenous Individuals and Families

Service providers must incorporate Indigenous perspectives on colonization, reconciliation, wellness, and approaches to healing within service delivery when working with Indigenous service users. Informed approaches to addressing Indigenous homelessness must not require a disclosure of trauma as it pathologizes peoples' experiences and traditional knowledge and Indigenous values should be at the centre of all policies and activities. Any housing or services offered must focus on culture and community in a way that supports the re-connection with many aspects of Indigeneity lost through colonization.

Harm Reduction Focused

Harm reduction is a set of practice strategies intended to reduce the negative consequences associated with substance use. Service providers should establish policies aimed at meeting people who use drugs "where they are at". Service providers will:

- Recognize that substances, alcohol use and addiction are often a part of some participants' lives and will take public health-oriented response to minimize potential harms. Refrain from requiring abstinence as a condition of program eligibility
- Not place judgement on individuals who use substance, and validate the importance of choice and treating those who use substances with dignity
- Provide education and tools designed to reduce the effects of the harm (e.g., clean needles, safe crack kits, condoms, referrals and information on treatment services if requested, etc.).
- Recognize how poverty, class, racism, sex-based discrimination and other social inequities can impact a person's capacity to effectively deal with substance use related harms
- Ensure all leadership and program staff are aware of basic harm reduction principles and approaches and provide required harm reduction training (e.g., naloxone administration, suicide prevention, etc.).

Housing First Approach

Housing First is an evidence-based approach to ending homelessness that centres on moving people from homelessness to housing without any pre-conditions, thus ending their homelessness. The housing provided is permanent and attached to voluntary services and supports aimed at improving wellbeing and quality of life, and subsequently preventing further episodes of homelessness. The philosophy is rooted in the understanding that housing is a human right and housing is the foundation to achieving recovery. Housing First is a philosophy and a program model, and service providers should prioritize Housing First principles in the facets of program activities and policies. All services delivered within the homelessness service system should:

- Have eligibility criteria, policies and practices with no pre-conditions to accessing services such as sobriety or treatment compliance or other "readiness" criteria
- Services should aim to move people from homelessness to housing as soon as possible
- Allow service users to have choice in the type of housing they will received and in their desired location
- Ensure engagement in services are voluntary
- Promote services aligned with the unique needs and individual circumstances of service users, consistent with a recovery orientation.

Assertive Engagement

Supports and services delivered by homelessness providers are voluntary and reflect participant's self-determination. It is important to recognise that consistent and meaningful engagement in services can be a challenge for those impacted by homelessness and it may take time to build trust. Support staff must be persistent, assertive and consistent in their approach to engaging service users, and must try new and creative ways of building and sustaining relationships. Staff must take a 'do whatever it takes' approach to the support provided whilst balancing and respecting the needs and wishes of service users. Depending on the person this may require daily visits or monthly phone calls/letters as applicable. Staff will also be provided with adequate support to assist them in delivering assertive support, including reflective practice and/or clinical supervision.

Commitment to Coordinated Access

The Coordinated Access System is the process by which individuals and families who are experiencing homelessness or at-risk of experiencing homelessness are directed to community-level Access Points where trained workers use a common assessment tool to evaluate the individual or family's depth of need, prioritize them for housing support services and help to match them to available housing focused interventions. (Adapted from: Government of Canada, Reaching Home: Canada's Homelessness Strategy Directive). Simcoe County has developed and adopted a Coordinated Access Process Guide that will guide all homelessness Service Providers collective action. The Service Providers agree to provide those who are actively experiencing homelessness with supports and services through the Coordinated Access System. In addition, all Service Providers agree to work collaboratively to follow the policies and procedures, specific to each Service Provider's identified level of engagement and role within the Coordinated Access System. The purpose of the Simcoe County Coordinated Access Process Guide (Guide) is to support partner agencies in their involvement and participation in Coordinated Access in Simcoe County. The Guide intends to clarify and direct the processes involved in the ongoing operations of Coordinated Access in Simcoe County. The Guide is a living document that will continue to evolve as our understanding and community needs evolve. This Guide will be updated as appropriate and reviewed annually, at a minimum, under the direction of the Coordinated Access Leadership Group. The Guide is located at www.casimcoe.ca.

OPERATING STANDARDS: ALL HOUSING & HOMELESSNESS SERVICE PROVIDERS

Operating standards are procedure specific operations describing the necessary activities required to complete tasks in accordance with industry regulations, provincial laws or agency standards. The following operational standards are recommended for all housing and homelessness providers delivering services to individuals experiencing or at risk of experiencing homelessness.

Program Access

All agencies must commit to providing equal and socially inclusive services. No service provider will discriminate against a service user based on race, culture, national origin, ethnicity, religion, spirituality, sexual orientation, gender identity, health or social condition, sexual orientation or disability.

Service providers will have clearly defined policies and procedures outlining program eligibility, service restrictions and discharge criteria. Service providers must communicate these policies to ensure service users, the County, and other service providers understand the basis on which people may be admitted or denied access to services.

All service providers will abide by processes outlined in the Coordinated Access Implementation guide. They will meet with County staff responsible for Coordinated Access and other Coordinated Access committee members when requested to discuss issues around the Coordinated Access System and By-Name List.

Emergency shelters and outreach service providers will provide referrals to the By-Name List. Agencies completing referrals will:
- Attend required training on the By-Name List and Coordinated Access System
- Participate in annual refresher training
- Administer the Vulnerability Index – Service Prioritization Assessment Tool (VI-SPDAT) and other By-Name List supporting documents such as the HIFIS Consent form to participants attempting to be added to the By-Name List
- Provide monthly updates in HIFIS for those participants added to the list.

Agencies providing housing services, including transitional housing providers, Housing First service providers, and permanent supportive housing providers, will receive referrals through Coordinated Access. Agencies receiving referrals will:
- Accept and promptly act on participants referrals through Coordinated Access
- Participate in scheduled meetings related to matching and referral
- Actively participate in process that assist with participants securing and maintaining housing
- Abide by participants eligibility and referral determination decisions
- Provide accurate and ongoing program information to the County for the purpose of maintaining a housing support inventory
- Endorse and use the community priorities established by the Coordinated Access System.

Service providers must not deny someone access if they are active in substance use or non-compliant with a mental health or substance use treatment plan unless they are a harm to themselves or others. When a service provider is unable to admit, or must discharge a service users due to their inability to maintain the safety and security of themselves, other service users, staff, or the facility with mental health, behaviours,

or substance use issue, the service provider will make every effort to find an appropriate setting or complete a referral to appropriate resources or other service providers.

Appropriate referrals and follow-up should be documented for people assessed as not eligible for a program within the homelessness system. If the service user was referred from another program, and they are not eligible, they should be referred back to the original referral for follow up with the reason for ineligibility. If it was a self-referral and the person is not eligible, the person should be provided with other program referrals. These should be documented. If there are no other programs available, (e.g., inappropriate service user/program eligibility match) this should be documented including what the case manager/staff member did to facilitate the referrals.

Substance Use and Mental Health
Admission and discharge decisions to programs and services will not be based on behaviour/mental health issues and/or substance use alone, but on actions that would negatively affect the safety and security of residents, staff, volunteers, or the facility (actions may include current actions, patterns of past actions or significant likelihood of action – assessed on an individual basis).

Harm Reduction
All service providers must have a broad range of policies and procedures to deliver harm reduction programming and services. All providers must have documented practical harm reduction strategies, informed by the Harm Reduction Team at the Simcoe Muskoka District Health Unit (SMDHU), built into their programs.

Upon the request of a service user, service providers will refer service users for:
- Free testing for HIV, Hepatitis B and C and Syphilis
- Free vaccinations for Hepatitis A and B, Tetanus, Pneumococcal pneumonia and Influenza
- Naloxone distribution and training
- Wound care.

Service providers will refer service users who are seeking support with opioid withdrawal, such as methadone or suboxone treatment to clinical providers offering these services.

Incident Reporting
Service providers will have policies, procedures, and/or directives that provide guidance on how to address and manage a range of situations and emergencies, including:
- Records management and service user confidentiality
- Emergency response protocols
- Incident reporting protocols, follow-up, and response
- Service user emergency response protocols.

Reportable incidents include:
- A medical or other kind of emergency, serious illness or accident, or admission to hospital
- A dangerous situation (e.g., threats of violence; weapons, service user is a danger to self through self-mutilation; suicidal ideation or attempt; etc.)
- Suspicions and/or allegations of abuse, either within or directly outside the program premise
- Searches for missing service users
- Death

- Inappropriate use of strategies to influence behaviour by staff; volunteers, students and/or contractors
- Medication mismanagement
- Natural disasters (e.g., fire, flood, etc.)
- Incidents that would draw media attention
- Events leading to temporary closure of program
- Other events as identified by the program.

The service provider will have written policies and procedures that require reportable incidents to be documented and reviewed:

- Documentation to include:
  - A history of the event(s) or circumstances leading up to the incident
  - Behaviour of the service user that required intervention, if applicable
  - Timeline of interventions used
  - Description of actions taken by staff/volunteer, supervisor and/or others involved (e.g., police, medical personnel, etc.)
  - Follow-up actions/recommendations
- Follow-up after the incident to include:
  - Debriefing with service user(s) and others who may have been affected
  - How the service user was informed of their rights (e.g., how to initiate the appeals procedure, contact an advocate etc.)
- Timelines for reporting to the appropriate authorities (e.g., legal guardian, police, etc.).

The service provider will review all incident reports on a case by case and semi-annual (at a minimum) basis to:

- Ensure the completeness of the information included
- Identify trends (e.g., number of incidents with a particular service user, staff, particular circumstances – time of day/month/season; related issues, etc.)
- Address corrective action required (e.g., training needs identified)
- Ensure reporting requirements are being met (e.g., members of the team, Senior Management, family and /or guardian, police, etc.).

Responding to an Overdose
Service providers will have clearly documented and accessible policies and procedures on responding to an opioid overdose. All staff will receive training on how to identify and respond to an overdose. At minimum, all program leadership and support staff must respond if a service user is not breathing or non-responsive and will take immediate action.

Participant Rights and Responsibilities
Service providers will have board-approved Service User Rights and Responsibilities, including service user expectations, which will be posted in conspicuous areas where services are provided or be communicated to service users upon program entry.

At a minimum, service users have the right to:

- Expect that service provider staff will follow the standards
- Be treated in a non-judgmental and respectful way
- Participate in a fair and clear complaint and appeal process without fear of reprisal
- Provide feedback about current and potential policies and services and the way services are delivered
- Actively participate in the identification of their housing and related goals
- Receive support from service provider staff to achieve their housing/service and related goals
- Be given clear and accurate information in order to make informed decisions about the support services they receive
- Receive assistance from staff with understanding information that is presented to them and with completing forms or other paperwork
- Request and receive access to their personal and health information that is collected and stored by the service provider
- Have their personal and health information and privacy protected to the extent that legislation allows.

Service users are expected to:
- Follow the expectations of the service provider
- Treat all staff/volunteers/other service users with respect
- Respect the property of the service provider, service users, staff, volunteers, visitors and members of the neighbourhood in which the service provider is located
- Work collaboratively with service provider staff to develop a housing/service plan and to work toward achieving the goals set out in the housing/service plan.

Service users are expected not to:
- Discriminate against any individual or group of individuals
- Engage in violent, abusive or harassing behaviour
- Impose personal beliefs or standards on others.

Service User Input
Service user input will be sought in all areas of program planning, program development, policy development and program evaluation in multiple ways, including but not limited to exit interviews, discharge surveys, one-on-one interviews, service user surveys, service user focus groups and/or residents' meetings.

Complaints and Appeals
Service providers will respond professionally and appropriately to all complaints from all individuals. Service providers will inform service users of this process, post their complaint and appeals process in a conspicuous area of the residence/service location, keep a written record of formal complaints and a written record of the resolution of formal complaints.

Complaints are a valuable source of information about a program's performance and can highlight areas for improvement. Service providers will collect, analyze and evaluate all complaints and take any necessary corrective action.

Service providers will have board-approved policies and management-approved procedures regarding complaints and appeals, including how complaints can be made to the service provider and how complaints will be investigated and resolved.

Providers must offer a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to service users upon their request.

Privacy and Information Management
Participants Information and Files
Service providers will treat a service users' personal and health information and files as confidential information. Service providers will have a board-approved policy and management-approved procedures regarding the collection, storage, use, removal, disclosure and disposal of a service users' personal and health information, which will include a privacy breach protocol.

Collection of Participants Information
Service providers will inform service users of the notice of collection and sharing of information either verbally or by posting it in conspicuous areas where service user information is regularly displayed (e.g., intake/admission area, counselor or case worker office).

Use of HIFIS
Service providers will use HIFIS for data and case management, including:

- Keeping accurate and timely records of participants intake and case notes related to participants goals, interactions and case planning, including diversions, turnaways, admissions, , restrictions, and discharge destinations

- Ensure completed participants profiles with up to date information for all current participants served by the service providers, including current sources of income, one year of housing history to current date, any and all referrals, and work conducted with or on behalf of the participants as part of case management or other services.

Storage of Participants Information
Service providers will take all reasonable measures to safeguard hard-copy files containing a service user's personal or health information including, but not limited to, storing the files in a secure location and in a locked container (e.g., locked cabinet in a locked office) and limiting access to the files to authorized shelter staff who require this information to provide support services.

Service providers will take all reasonable measures to safeguard electronic files containing a service user's personal or health information and the storage medium for these files (e.g., computer, USB key), which may include, but is not limited to, password protecting the file, encrypting the file and limiting access to the files to authorized shelter staff who require this information to provide support services.

Removing confidential service user files from the service premises or electronically transmitting confidential service user information outside a secure network is discouraged.

Service providers that permit the physical removal or electronic transmission of confidential service user information must identify the exceptional circumstances when and the manner by which confidential service user-related information may be removed or transmitted to ensure the security, privacy and confidentiality of the information is maintained.

If service user information must be removed or transmitted as part of the service user's service/housing plan, the information must be secured and moved/transmitted in a manner that will limit potential security, privacy and confidentiality breaches.

Consent for Sharing of Participants Information
Service providers, its directors, officers, employees, agents, and volunteers will hold confidential and not disclose or release any information or document that identifies any individual in receipt of services without first obtaining the written consent of the individual or the individual's parent or guardian prior to the release or disclosure of such information, unless required by law.

Information and sharing agreements must include an expiry date up to a maximum of one year and be signed by the service user, witnessed and maintained in the service user file with copies to the service user.

Reporting, Monitoring and Evaluation
Service providers will provide a report for all services provided during the previous month, or other negotiated time frame, within seven business days following the first day for the preceding month.

Monthly reports shall include a detailed description of any corrective action taken to improve the achievement of the performance measures.

Service providers will submit all required records, reports and invoices for fees on forms, or in formats as requested by Simcoe County.

Service user satisfaction (including service users, families and outside agencies) must be surveyed regularly, and the results used to make service improvements.

All organizations and agencies must evaluate some aspect of their programs annually using best practices and published standards.

An annual review of standards management must be undertaken (including implementation and compliance).

Information Management
All service providers will use the Homeless Individuals and Families Information System (HIFIS) to maintain full records of all relevant information supplied by applicants and service users to support admission, as well as all information on service provision, referral, attendance and outcomes. Providers must have a system to manage information requirements (e.g., training of staff, scheduled reviews, documentation, forms, etc.). In addition, providers must have written procedures on how to manage service user files and data. Policies must include:
- How staff and service users will access records and how to access documents that are not accessible
- Staff positions responsible for accessing files or other communication mechanisms such as logs, communication books, etc.)
- How to add, correct and/or delete information currently on files
- How to respond to requests for access by former staff of service users
- How to respond to requests for records of deceased service users

- How information will be transported
- How information will be shared and reported
- Timelines for the storage of records
- Means of storage for open/closed files
- How records and data will be destroyed.

Programs must have written consent forms in plain language that discuss the protections and privacy and confidentiality of service user information. Forms must be signed or acknowledged before the commencement of services. A copy of collected consent forms must be kept in participants files. Consent forms must include the following:
- Purpose of the information being collected
- Reason for the collection of information
- Use of information
- How to access information
- Secure storage of information
- Length of time information will be stored.

Performance Measurement
The service providers and the County of Simcoe will identify expected performance for specific performance indicators (e.g. 10% greater than system average from previous year for time spent homeless, exits to permanent housing, returns to shelter, and service user satisfaction).

Performance will be monitored and evaluated by the County of Simcoe through annual site visits, which will occur at minimum once per year, documentation requests and standard reviews.

Health and Safety
Fire Safety
Shelter and Housing Providers will:
- Ensure fire emergency and evacuation procedures are explained to each service user during the intake process
- Have a Fire Safety Plan in place (approved by the appropriate Fire Department) that meets the requirements outlined in the Fire Code and ensure the plan is reviewed annually and updated as required
- Have the local Fire Department inspect the Facility at least once a year
- Ensure staff is aware of fire emergency and evacuation procedures and their role in responding to fire emergencies
- Ensure Supervisory staff is instructed in fire emergency and evacuation procedures and their role in supervising fire emergencies
- Hold (and document) at least two Fire Evacuation Drills per year or as directed by the local fire department
- Keep a written record of the testing of the fire emergency and evacuation procedures and of the changes made to improve the plans
- Control fire hazards at the Facility and ensure the required testing and inspection of fire alarm and fire suppression devices/systems takes place at the required intervals
- Ensure fire emergency and evacuation procedures (including floor plans) are posted in all sleeping and common gathering areas and common hallways
- Identify an off-site location to relocate service users to in the event the facility must be evacuated for a period of time.

Food Services
Service providers will ensure that all foods are prepared, handled, stored and transported in a safe and sanitary manner to reduce the risk of cross-contamination and prevent the spread of food-borne illness in compliance with local regulations and requirements on food preparation.

Service providers should ensure all staff who handle or prepare food and all supervisors of staff who handle or prepare food have a valid Food Handlers certificate. At a minimum:
● All employees must be trained in food hygiene and be able to handle food in a safe and sanitary manner
● Promote food safety education through ongoing training, which may include additional instruction, on-the-job training, food safety certification from a recognized program provider, and employee meetings

Service providers will ensure that service users and/or volunteers involved in food preparation are supervised by staff trained in food hygiene.

Service providers will ensure donated foods are safe and of good quality.

Food must be received in containers with tight-fitting lids or other suitable methods to protect it from contamination or adulteration.

Illness and Infection Control
Service providers will have board-approved infection control policies and management-approved procedures to prevent or reduce the risk of transmission of communicable diseases, informed by the SMDHU. Written policies and procedures for the prevention, screening and reporting of communicable disease cases and outbreaks will be developed in consultation with Ontario Communicable Disease Control. Service providers will refer to the SMDHU website to remain current in communicable diseases and outbreaks in the County of Simcoe.

Service providers will provide personal protective equipment (e.g., respirator, goggles, masks, disposable gloves, etc.), supplies and the necessary training to staff in order to effectively implement all communicable disease control policies and procedures.

Service providers will promote frequent hand-washing among staff and service users to reduce the spread of communicable diseases.

Service providers will provide alcohol-based hand sanitizer that contains at least 70% alcohol to supplement hand-washing in high contact areas (e.g., reception and dining areas) and in the event that water is not available (e.g., loss of water due to plumbing issue) and take appropriate measures to control or prevent use or misapplication of the product.

If a service user appears ill or has an illness that presents a health risk to other service users, service providers will encourage the service user to seek medical treatment and where possible facilitate referrals to community medical resources.

Service providers will recommend that all staff consult a health care professional about updating their vaccinations, including annual Influenza vaccination, and completing a Tuberculosis (TB) skin test.

Service providers will provide staff with training and information about communicable diseases and infection control including, but not limited to:

- Preventing transmission of communicable diseases within the facility through use of routine practices and additional precautions (formerly known as universal health precautions) such as hand-washing, personal hygiene practices, housekeeping practices, food safety and use of personal protective equipment
- Specific diseases such as TB, HIV, Hepatitis B and C, COVID-19, as well as common childhood diseases (for family shelters only)
- The service provider's response plan for individual cases or outbreaks of communicable disease
- Procedures for dealing with occupational exposure to blood or bodily fluids, biohazardous waste management, needle pricks and the safe handling of all sharps.

Safety and Security

Service providers will ensure that all individuals are safe and secure within a facility or designated area of service (e.g., office, outreach location, designated building). Entrances to shelters and transitional housing for survivors of domestic violence will be secured against unwanted entry. Emergency exits should be equipped with an alarm to alert staff of unauthorized entry and exits.

Service providers will have a board-approved policy and management-approved procedures for inspecting a service user's bed, room, unit and or personal belongings if such an inspection is considered necessary in order to maintain the safety and security of staff, and other service users.

In facilities with 24-hour onsite services, staff will conduct regularly scheduled and frequent rounds during all hours of operations. Rounds include but are not limited to bed checks, bathroom checks and checks for secured and unobstructed entry/exits.

For housing and shelter environments with communal living spaces, service providers will recognize the potential for loss and/or theft of valuables or belongings. To safeguard against such occurrences and the potential for conflict that may result, service providers will provide service users with a safe and secure place to store their belongings at all times.

Environmental Hazards

Service providers will have a board-approved policy and management-approved procedures regarding hazardous materials and the reporting of unsafe conditions by any individual within the facility that, at a minimum, includes labelling, storage, disposal and staff training requirements in safe handling and the use of personal protective equipment.

Service providers will have a board-approved policy and management-approved procedures in place for the safe collection, removal and disposal of solid waste, recyclable materials, organic waste, biohazardous and hazardous materials.

Medication

Service providers will have a board-approved policy and management-approved procedures regarding service user medication (narcotic and non-narcotic) including, but not limited to, its management, issuance, administration, secure storage, disposal and who is authorized by the service provider to access service user medications and provide medication-related assistance.

Service users of shelters, supportive housing, rapid-rehousing, and transition homes, will be fully responsible for securely storing, accessing and administering their medication. Some service users may require support from staff (e.g., reminders, assistance with opening containers, etc.) or require staff to help administer their medication where a physical limitation prevents the service user from self-administering their medication. Only authorized staff may provide medication-related assistance to service users.

Service providers will treat medication information as confidential health information.

Service providers that assist service users with their medications will do so in the following manner:
- Maintain a consistent method of documenting medication information containing, at a minimum:
  o Name of service user
  o Name of service user's medication
  o Date and time medication is accessed by or issued to the service user
  o Name of the staff who issued and/or helped to administer the medication
  o Service user signature confirming receipt of medication, where appropriate.

Shelter and housing providers with on-site services are not responsible for ensuring that service users adhere to the prescribed instructions for taking medications and will release stored medication to service users whenever they request it.

Service providers with concerns about the ability of a service user to self-administer medication or with use of medication and/or the safety of the medication will:
- First discuss these concerns with the service user
- If still concerned, seek service user consent to consult with the service user's health care professional (e.g., nurse, psychiatrist, and physician) or the pharmacist who dispensed the medication to the service user.

Only authorized staff and/or the service user will have access to the service user's medication.
At a minimum, all medications will be:
- Inventoried and labeled appropriately
- Stored in separate containers for each service user
- Kept in a safe and secure location (e.g., a cabinet in an office, or locker or locked drawer in a service user's room/unit) at all times other than the time that the medication is accessed or administered.

Service providers will provide secure refrigerator space in an access-restricted area dedicated to the sole storage of medications requiring refrigeration.

Service providers will not store medications in the same refrigerator that is used to store expressed breast milk or food.

Service providers will:
- Specify how long unclaimed, unused and/or expired medication will be kept before it is properly disposed
- Treat all unclaimed, unused and/or expired medications as hazardous waste and drop off these medications at a pharmacy or arrange for third party collection and disposal.

Weapons and Illegal Substances
Service providers must have a board-approved policy and management-approved procedures regarding weapons and other items deemed potentially dangerous or prohibited by the service provider that at a minimum includes their confiscation, safe handling and disposal when such items are brought inside a facility or anywhere on facility property.

Staff may ask service users about any and all items that a service user intends to bring into the facility or has on their person in the case of delivering outreach services. Staff may refuse to admit or engage with a service user if staff have reasonable grounds to believe that the service user is in possession of a weapon or other prohibited items and the service user refuses to disclose the items in question.

Service providers should seek guidance from the Police when confiscating, securing and disposing of weapons or other prohibited items.

Service providers will neither prohibit nor confiscate the following items from service users:
- Life-saving medications (e.g., Epi-pens, nitroglycerin tablets, asthma inhalers, naloxone, etc.) or medications that have been prescribed
- Hormones that belong to transgender service users
- Safer injection equipment, safer crack smoking equipment and/or safer sex products.

Service users who require monitoring or administration of medication may not be able to be accommodated at all housing or shelter programs. If someone is unable to monitor and administer their own medications, they may be accommodated if personal/attendant care is arranged in advance and the person accepts and complies with this care.

First Aid
All staff on duty must hold a valid certification in Standard First Aid and CPR. For staff in family shelters and Women's transition homes, the appropriate level of training must include Standard First Aid and CPR for children and infants.

Service providers will ensure that an approved first aid kit is available in the facility and a portable kit is taken on outings.

Service providers will ensure that there is at least one staff with a valid Standard First Aid and CPR certification on any field trip or outing. For family shelter providers, the appropriate level of training must include Standard First Aid and CPR for children and infants.

Emergency Preparedness and Business Continuity
Service providers will:

- Have in place an Emergency Preparedness Plan with procedures to manage various types of emergencies to include, at a minimum;
  - medical emergencies (including pandemics);
  - fire;
  - flood;
  - threats/ assaults;
  - hostage situation;
  - loss of essential services;

- disruption of facility services;
- extreme weather conditions;
- chemical/hazardous substance release or spill;
- Facility lockdown.
- Ensure the Emergency Preparedness Plan contains the following elements:
  - plan activation;
  - lines of authority;
  - roles and responsibilities for staff and supervisors;
  - emergency contact information for staff, City contacts, emergency suppliers and Emergency Authorities;
  - "trigger points" and procedures to call in additional staff and resources in an emergency or change staffing;
  - Functions that must be maintained to continue operations;
  - Critical job functions and positions, and a plan for alternative coverage
  - Issuing an "All Clear" upon conclusion of an emergency.
- Ensure staff is aware of emergency response procedures and their role in responding to emergencies;
- Ensure Supervisors are instructed in emergency response procedures and their role in supervising the response to emergencies;
- Ensure emergency response procedures are explained to each service user during the intake process;
- Implement and maintain an Emergency Communications Plan incorporating a system and supporting protocols to alert affected people in the event of an emergency and to manage all communications during the emergency response;
- Ensure resources, supplies and equipment vital for the emergency response are set aside and readily available at the facility;
- Hold an emergency response exercise (i.e., Drill) at least twice each year and ensure all Supervisory staff participate in at least one emergency response exercise each year;

Keep a written record of the testing of the emergency response procedures and of the changes.

OPERATING STANDARDS: EMERGENCY SHELTERS

All people have the right to access shelter, and shelter providers must provide immediate and low barrier access without pre-conditions or requirements such as payment for service, sobriety, treatment compliance or any other requirements which may prevent someone from seeking emergency support. Shelters must balance providing low barrier services with keeping other shelter guests and staff safe. Rules that restrict access should only be in place when absolutely necessary, such as the imminent risk of harm to self or others. Rules or restrictions such as curfews, wake up times, mandatory engagement, previous non-compliance with a housing plan, history of substance use, or criminal history may prevent individuals and families from seeking shelter and will impact the shelter system's effectiveness as people will fall through the cracks.

In addition to the guiding principles and operating standards for all housing and homelessness service providers, emergency shelter providers will adhere to the following specific standards. Shelter providers will at minimum:
- Have clear policies, eligibility criteria and practices aligned with Housing First principles

- Provide immediate and 24/7 access to services where service users can have their basic needs met, such as accessing food, hygiene, shelter and storage at all times
- Provide low barrier services, meaning individuals and families can access services without demonstrating sobriety or treatment compliance.

Housing Focused

All emergency shelter providers must have policies, procedures, and programs that support service users to quickly access permanent housing following the entry to the shelter system. Providers will:
- Provide service users with consistent messaging and program goals of supporting people to return to, or obtain appropriate housing
- Establish individualized housing plans within the first two weeks of intake
- Provide active housing supports which includes:
  - daily check-ins with external housing providers,
  - referrals to other service providers that can help with obtaining housing (e.g., access to rental assistance),
  - contacting landlords on service users' behalf,
  - helping to complete applications for housing

Basic Needs and Core Services

Cots and Mattresses

Shelter providers must provide service users with an item to sleep on, which can include a cot, mattress, or cushioned mat or sleeping pad. For service users with infant children, a crib must be provided as applicable. To protect the health and safety of shelter users, cots, mattresses or mats should be covered with a waterproof and impermeable barrier to prevent contamination. If impermeable barriers are limited, providers can prioritize barriers for individuals who are incontinent or those with draining or open wounds. If cots and mattresses do become contaminated, they must be cleaned and disinfected with soap and water or disinfectant as soon as possible.

Bedding

Bedding and towels must be offered to service users at no cost and at minimum, service users should be provided one set of towels and linens. The minimum bedding must include:
- One set of sheets
- Pillow case
- Pillow
- Blanket or comforter
- Crib sheets for crib users as applicable

Service providers must ensure bedding is cleaned regularly, and a cleaning schedule will be established. At minimum, bedding must be laundered on a biweekly basis for continuous guests or when the occupancy changes between shelter users. Bedding that becomes soiled must be changed and laundered as soon as possible. Service providers must be able to provide laundering facilities onsite or have a contract in place with a laundering service.

Laundering of bedding and towels can be done by the service provider or by the service user. Shelter providers must also provide access to a washer, dryer, iron and ironing boards and be provided to service users without cost. Providers must also offer a service where service users can launder their personal

items such as clothes. Laundry soap can be provided at no cost, or for a fee as long as the cost would not put someone in financial hardship or act as a barrier.

Shelter service providers must have a pest control policy in place and have clearly defined procedures that specifically address bed bugs and other pests such as rodents. Providers must document all incidents of infestations or signs of an infestation and have a communication plan to inform service users and staff on treatment plans and/or regularly scheduled treatment services. Providers must use a licensed pest control company to address and prevent pest issues.

Toiletries and Hygiene
Emergency shelter providers will provide access to bathing facilities and promote basic hygiene throughout the duration of a service user's stay. Service providers at minimum will provide:
- Soap
- Shampoo
- Toothpaste and a toothbrush
- Toilet paper
- Feminine hygiene products
- Razors
- Shaving cream
- Deodorant
- Incontinence products.

Shelter users who identify as transgendered should be offered toiletries and hygiene supplies to meet their unique needs and service providers should make every effort to accommodate additional hygiene supplies as necessary.

Clothing
Service providers will provide basic and appropriate clothing and footwear. Service providers must take reasonable steps to assess if a shelter users' clothing or footwear is inadequate for the season, extreme temperatures, or other potential environmental threats. Shelter users have the right to refuse clothing offered, however, every effort will be made to ensure clothing and footwear is available and accessible.

Food
- Food provided must be healthy and safe, and meet the dietary needs of service users
- Meals and snacks must be an adequate size
- Providers must offer variety in meal and snack options
- Food provided must meet the nutritional recommendations and guidelines of Canada's Food Guide
- Providers must avoid serving food with poor nutritional value (e.g., food high in processed sugar, fat and salt)
- Providers may consult with a registered dietitian on an annual basis, or more frequently as necessary for the purpose of menu planning, training or other nutrition-related supports or will hire qualified staff to ensure appropriate menu planning
- Post in a conspicuous place in or near the dining area of each facility a copy of the food section of the Standards, a current copy of Canada's Food Guide, a daily menu that will list potential allergens (e.g., peanuts, nuts, eggs and shellfish) in the listed menu items (where possible) and a notice stating whether the facility can or cannot guarantee allergen-free food.

Dietary Restrictions and Accommodations
- Service users with food allergies, intolerances, religious dietary restrictions or medically prescribed diets will be accommodated whenever possible
- If accommodation is not possible, providers will develop a dietary plan with the service user to meet their needs, which could include a referral to an external nutritional support program
- Service users diagnosed as undernourished or underweight will be offered additional food or a high-calories dietary supplement over and above regularly provided meals
- Service users who are pregnant or breastfeeding will:
  - Be provided with adequate storage facilities (e.g., refrigerator) for the expressed milk which is separate from other service users medications
  - Be offered additional food at meal times and healthy snacks options available at all times in between meals
  - Menu alternatives and/or safe storage for purchased food to help meet their dietary needs
  - Be offered referrals to other nutritional programs (e.g., prenatal programs) to supplement their diet as necessary.

Meals
Shelter providers will adhere to the following:
- Menu planning will be done one week in advance
- Adult and youth service users will be offered three meals and a minimum of one healthy snack each day
- Children will be offered three meals and three healthy snacks per day as applicable
- Service users will have access to food outside of scheduled meal times
- Service users will have opportunities to provide input and feedback on the quality, availability, type, nutritional value of the food
- Baby formula and proper preparation equipment and safe storage must be available for service users with infants or newborns not breastfeeding as applicable
- Appropriate food (iron fortified cereals, soft cooked, pureed, mashed foods) will be made available to service users with infants as applicable
- Vegetarian offerings must include protein-based (e.g., beans and soy-based products) at every meal and snack time and must meet the basic nutritional requirements of the Canada's Food Guide.
- Whenever possible, food preparation will reflect the cultural needs of services users
- Every attempt will be made to mark special cultural holidays or traditional occasions with special meals.

Privacy and Personal Space
Service providers will provide lockers or other secure forms of storage for service users to store their belongings (e.g., locked storage room, safekeeping program).

Sleeping Areas
Providers must ensure sleeping areas are physically separated from dining areas and other communal areas, unless alternative sleeping arrangements are approved (e.g., during periods of extreme weather). Service providers will make every effort possible to ensure service users have access to privacy in a sleeping area. This includes using privacy screens, half walls, rearranging furniture or the layout of a sleeping area to create more space. Based on COVID-19 guidance, where persons have tested positive for

COVID-19 or there is a respiratory outbreak, then a distance of at least 2 meters should be maintained between contacts. Where this in not possible, engineering controls such as physical barriers can be put in place. Dorm-style rooms should have less than four people per dorm.

Providers must maintain a lateral separation of 0.75 m. (2.5 ft) between beds and a vertical separation of 1.1 (m) (3.5 ft.) between the top of a bed frame to the lowest handing section of an overhead object (e.g., upper bunk frame, light figures, bulkhead, air duct, plumping, etc.).

Service providers will ensure that all mattresses are pest resistant and fire/moisture retardant or covered by a material designed to achieve the same qualities.

Service providers will have a mattress replacement plan which will, at a minimum, include an inspection schedule for bed bugs and common defects (e.g., stains, rips and tears).

Service providers serving families are exempt from meeting the lateral separation requirements in rooms where only one family unit/household has been assigned.

Sleeping Areas of Families
Sleeping areas will be arranged in a manner that:
- Reduces the spread of communicable diseases
- Facilitates clear walking paths and sightlines for emergency evacuations
- Does not block air vents, windows, doors, plumbing or access panels
- Does not expose a service user to existing or potential dangers (e.g., under a shelf stocked with heavy items, etc.).

Each bed for use by service users older than two years of age will have a mattress that corresponds with the size of the bed frame (e.g., a twin mattress on a twin-sized frame). The minimum mattress size is 0.76 m. x 1.82 m. x 0.89 m. (30 in. x 72 in. x 3.5 in.). Exceptions to the minimum mattress size are permitted under exceptional circumstances including extreme weather.

Cribs, cradles or bassinets, and corresponding mattresses for service users younger than two years of age, will conform to the specifications prescribed under Cribs, Cradles and Bassinets Regulations (SOR/2010-261) (made under the Canada Consumer Product Safety Act, 2010) as applicable.

Accessibility
Buildings must include wheelchair-accessible entrances, living areas, common spaces and showers. Housing and shelter providers will provide a minimum of one washroom that is barrier-free and fully accessible in each building. Shelter service providers will inform disabled service users of the availability and location of accessible washrooms.

Transgender & LGBTQ2S Service Users
Service providers will make their services accessible to transgender service users in their self-identified gender. Service providers will ask all service users for their gender identity rather than assume, and will accept the gender identity and gender expression as defined by the service user. In all their interactions, staff will use a service user's chosen name and pronoun. Shelter providers are encouraged to seek partnerships with trans-positive health and social services providers to ensure staff training and programming adequately reflects of the needs of transgendered service users.

All service providers will:
- Have a board-approved policy that details how services are provided to transgender service users in a manner that preserves their safety and dignity
- Provide a copy of the policy or a plain language version of the policy (e.g., simplified orientation brochure) to service users upon their request
- Provide health or support services to service users and will provide appropriate referrals to LGBTQ2S-positive health or social services providers.

Emergency service providers will support the choices of transgender service users to gain access to sleeping areas designated for their identified gender that will best preserve their safety and dignity. In instances where transgender service users' express concerns about their safety or dignity, shelter service providers will accommodate requests for a bed in a gender neutral/private room, if possible, or in a sleeping area that the service user believes will best preserve their safety and dignity, regardless of their gender identity.

Shelter service providers will provide a minimum of one washroom that is designated gender neutral in each building. Shelter service providers will inform transgender service users of the availability and location of gender-neutral washrooms.

Shelter service providers will take all reasonable measures to ensure that service users have privacy while showering. Shelter service providers will ensure that communal showers have shower curtains or equivalent privacy feature(s), or provide transgender service users with sole access to communal shower facilities at alternate times.

Emergency shelter providers will continue to provide toiletries and hygiene supplies based on the service user's need for the duration of the service user's shelter stay.

Shelter providers will treat hormones that belong to transgender service users as any other medication and will not consider them a prohibited substance nor confiscate them.

Additional recommended strategies include:
- Creating safety zones such as semiprivate rooms addressing harassment of transgendered residents by focusing on the inappropriate behaviour and enforcing zero tolerance policies against discrimination
- Creating policies around confidentiality that do not require transgendered individuals to disclose their status - if they do disclose, maintaining confidentiality and asking the individual how they would like the topic to be addressed if it is raised
- A sentence on intake forms that specifically indicates that people with diverse gender identity expression are welcome.

Daytime Access
Shelter service providers will offer day services 7 days per week and will:
- Have a board-approved policy and management-approved procedures for daytime access that, at a minimum, allows access to sleeping areas for service users who work overnight shifts (including sex work), are ill but not in need of medical care, or require daytime access as part of the service plan
- Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to service users upon their request.

Shelter providers that are unable to provide daytime access to sleeping areas will offer to arrange a referral to a shelter or other programs that provide daytime access to a sleeping area.

Curfews
If shelter providers have a curfew, they will inform all service users of the curfew time and the unplanned discharge that may result from missed curfew. In adult and youth emergency shelter programs, beds will not be held after curfew unless a service user's service plan requires it, or unless the service user has made prior arrangements with staff and received permission to be late in order to attend school, volunteer work, shift work (including sex work), counselling, peer group, health or medical treatment, family reunification, cultural, religious, or family obligations. If a service user is approved to return after a shelter's curfew but fails to return or contact the shelter by the agreed upon time, the service user may be discharged.

In the event that a shelter provider receives a request for a bed after curfew and can not accommodate or refer the presenting service user to another shelter, the provider will:
● Discharge service users that have not returned for curfew or made other arrangements, and release the bed for use by the presenting service user
● If the bed cannot be prepared for use at this time, intake and admit the new service user and offer an alternative sleeping arrangement.

Occupied Beds
Shelter providers will conduct regular rounds to monitor the occupancy of their shelter, at a minimum of two rounds per shift and immediately release unoccupied beds to facilitate access for other service users seeking a shelter bed.

Disabilities
Providers will take all reasonable measures to accommodate a service user with a disability and those accompanied by service animals or emotional support animals.

Providers that cannot accommodate service users with a disability or service users accompanied by a service animal or an emotional support animal will make a referral to an accessible service and offer appropriate transportation assistance.

People Accompanied by Pets
Shelter service providers will take all reasonable measures to accommodate service users accompanied by their pet.

Shelter providers that cannot accommodate service users accompanied by their pet will make a referral to another shelter if there is another shelter serving that population group and offer appropriate transportation assistance.

Eligibility
An individual or family must be experiencing homelessness to be eligible to stay in the emergency shelter. Indicators of homelessness may include one or more of the following situations:
● Has been living on the street, in a car or other such place not fit for human habitation
● Has been evicted from permanent housing

- Has left a home due to partner violence and cannot be accommodated at another domestic violence shelter
- Has left a home due to a relationship breakdown
- Had been staying with a friend or family member (e.g. couch surfing) and is no longer about to do so
- Has not paid rent or had rent paid directly to a landlord for the current month
- Has left a home that has been deemed inhabitable by appropriate authorities such as inspectors from a fire department or municipal building department
- Has exhausted all other housing options and supports, and has no resources to secure any other alternative living arrangements (e.g., hotel).

Service providers' eligibility criteria will be documented and communicated to individuals seeking shelter upon entry or on request.

Shelter Diversion
A shelter stay should be avoided wherever possible and shelter providers must make every effort possible to avoid the unnecessary entry into the emergency shelter. Shelter service providers will:
- Explore other safe and appropriate options with the service user before offering shelter
- Not create incentives to access shelter
- Engage and refer to community partners involved in homelessness prevention and early intervention whenever possible.

Intake
Intake is the screening process of identifying a person's needs to ensure program fit. Intakes must be completed within 72 hours of initial entry to the shelter system. Intake must be documented and kept in the service user's file. Part of the intake process must include:
- Seeking to understand the immediate needs, concerns, values and choices of a service user
- The collection of consent to share necessary information with other service providers as part of case planning
- Service user goals, strengths and existing support systems, both formally and informally
- Information on support and service options available at the shelter and with external partners
- Include a discussion of action plans for the achievement of goals
- An explanation of their rights and responsibilities as service users
- Processes for both planned and unplanned discharges
- Culturally sensitive and respectful approaches to engaging in discussion and collecting information
- How to grieve or appeal a decision.

Admissions
Service providers will:
- Have a board-approved policy and management-approved procedures for admission
- Board-approved and management- approved policies and procedures for denying or restricting services
- Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to service users upon their request
- Service providers will record admissions, diversions, and turnaways in HIFIS in real time

- Not base admission criteria on a service user's substance use or adherence to a treatment plan unless they are a harm to themselves or others

Emergency shelter providers will admit service users to their bedded program at any time during their hours of operation when:
- There is an available bed in their shelter
- The service user identifies as a member of the particular service user group served by the shelter
- There are no active service restrictions for the service user at the admitting shelter.

Shelter service providers may deny admission in cases where:
- There is an active service restriction for the service user at the admitting shelter
- A service user's behaviour could compromise the health and safety of the service user or other individuals such as staff/volunteers within the shelter.

Service providers will record all denials of admission in the database and refer the service user to another shelter or appropriate service and offer appropriate transportation assistance as applicable.

Orientation information will be provided to all service users upon admission or as soon as possible, no later than 24 hours after their admission. At a minimum, orientation information will include:
- Facility/program rules
- Curfew information
- Meal time information
- Nearby amenities (e.g., stores, community centre, library, drop-ins, etc.)
- Health and Safety information including key aspects of the facility's emergency plan, evacuation plan and identifying emergency exits
- Service user rights and responsibilities
- Service restriction information
- The process for making a complaint
- Advising of program requirements, such as that the service user must be actively involved in securing housing while in shelter. Failure to actively look for housing may result in discharge from the shelter.

A tour of the shelter will be offered to all admitted residents. Tours for interested residents will be arranged as soon as reasonably possible and no later than 48 hours after their admission.

There is no prescribed limit to the length of time a service user may stay in an emergency shelter. Lengths of stay will be determined on a case-by-case basis, but every effort should be made by shelter staff and partner homelessness service providers to move an individual into housing as soon as possible.

Service User Responsibilities for Housing Search
While staying at the shelter, the primary objective of the service user is to obtain safe, appropriate and affordable housing as quickly as possible. All service users are expected to do the following activities related to housing searches:
- Search for housing units that are within the household's budget
- Track all housing search activities and provide such documentation to shelter staff on a regular basis or when requested
- Apply to all units that are appropriate for the size of the household and within the household's budget

- Enter into a rental agreement provided it is appropriate for the size of the household and within the household budget
- Request and/or accept additional support from shelter staff or other agencies in order to secure a housing unit as quickly as possible.

Assessment

Emergency shelter providers must complete an initial intake followed by more in-depth assessments to determine level of need, personal strengths, eligibility for diversion, and required service interventions. Initial assessment must be completed using a structured process with an evidence-based tool. Assessment must be completed within 14 days of shelter entry. Assessment information must be entered into the **Homeless Individuals and Families Information System (HIFIS)** and be used as part of case collaboration and information sharing with other service providers to prevent duplication. For repeat shelter users, a new assessment should only be completed if their circumstances have changed.

Assessments should identify the primary, secondary and tertiary service needs and other services required beyond the capabilities of the case worker or shelter provider. Assessment should also include an element of assessing vulnerability to ensure the needs of a service user are being prioritized within the broader homelessness system.

Service Restrictions

Shelter service providers will:
- Have a board-approved policy and management-approved procedures for bedded program service restrictions, including an appeals process
- Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to service users upon their request.

Shelter service providers will make service users aware of the service restriction policy upon admission or as soon as possible, and no later than 24 hours after their admission. The service restriction policy will be posted in conspicuous areas of the shelter.

Shelter providers may only issue service restrictions from a bedded program as a last resort to address:
- Incidents involving violence, threats of violence (including threatening behaviour)
- Serious incident arising from behaviours that cause dangerous circumstances for others
- The violation of significant shelter service user expectations
- A service user's continued refusal to work with staff on their housing plan.

All service restrictions from a bedded program need to be approved by a shelter's Executive Director or designate prior to being issued. During periods of extreme weather, shelter providers will temporarily suspend all service restrictions, except in cases where it is determined by the shelter provider that the service-restricted service user poses an immediate threat or danger to another individual's health or safety, or the security of the shelter. Shelter service providers will take all reasonable steps to ensure that the service user has understood the information.

Shelter service providers will document the following information about service restrictions from a bedded program in HIFIS:
- The reason for the service restriction
- The date that the service restriction will be reviewed with the service user
- The date the service restriction will be lifted

- The name of the staff person who issued the service restriction.

Shelter service providers will, at a minimum, provide service users with the following information both verbally and in writing upon the issuance of a service restriction or as soon as possible thereafter:
- The reason for the service restriction
- The date that the service restriction will be reviewed with the service user
- The date the service restriction will be lifted
- Information about the service user's right to initiate an appeal of their service restriction.

Shelter service providers will advise service users wishing to appeal a service restriction of the shelter's internal processes for handling such appeals, and providers will make a referral to another shelter.

For service users who refuse a referral to another shelter, shelter providers will offer transportation assistance to reach a destination of the participants' choice located within the community as applicable, taking into account any service user limitations (e.g., mobility, visual impairment) and safety considerations.

Shelter providers will not prohibit service user access to other support services provided at the shelter site because of a service restriction from a bedded program unless the service restriction is agency-wide due to the severity of the service user's actions/ behaviour.

Shelter providers will refer the restricted service user to another service provider to receive the support services that they can not access due to the agency-wide service restriction.

Shelter providers will limit the use of service restrictions lasting longer than one month to only the most serious occurrences resulting from service user's actions/behaviour.

Extreme Weather
During periods of extreme weather, shelter providers will, at a minimum:
- Divert resources as needed to ensure continued delivery of core support services (e.g., bedded program, meal program)
- Temporarily suspend all service restrictions, except in cases where a shelter provider determines the service-restricted service user poses an immediate threat or danger to another individual's health or safety, or the security of the shelter
- Refer the service restricted service user to another shelter
- Relax admission eligibility requirements
- Provide or extend daytime access to service users
- Based on a service user's need, shelter service providers will help service users obtain basic clothing and footwear appropriate for the season.

Shelter providers will not exceed their maximum building occupancy as set out by the local Fire Code under any circumstances. Shelter providers may temporarily use alternative sleeping arrangements that may not meet the requirements found under the Sleeping Areas and Beds section, if all beds are occupied.

Shelter providers will transfer a service user who is assigned to an alternative sleeping arrangement to an unoccupied bed at the earliest opportunity, or offer to refer the service user to another shelter as soon as possible.

Shelter Capacity

Service providers set their own regular and expanded/emergency capacity limits in compliance with the *Fire Code* made pursuant to the *Fire Protection and Prevention Act, 1997.*

Shelter service providers will maintain contingency plans that provide clear guidelines on the actions to be taken when the regular capacity of the shelter can be safely exceeded for a temporary period of time. The contingency plan will be approved by the local Fire Department.

These contingency plans should incorporate, at a minimum, clear triggers required to activate the plan to exceed capacity, physical preparations (e.g., cots, blankets) required to receive additional service users, steps required to increase staffing/oversight, protocols to refer service users to other locations when full overflow capacity is reached, and steps to be taken in restoring normal emergency shelter operations following the activation of the plan.

Shelter service providers will help service users find alternate housing/service options when the shelter is at capacity or access is not possible, including providing linkages to other emergency shelter services, friends or family, hotels or motels and provide referrals to community supports as needed.

Support Services
Emergency shelter providers must provide supports to individuals seeking shelter. Supports provided must be flexible, seek to promote independence, and make the experience of homelessness as short and infrequent as possible. Supports will vary depending on the needs of service users, and service users will have control over which external and internal services they access. Supports will be provided as long as needed or as determined by the service user. Service providers will use assertive engagement techniques to help service users identify their strengths, goals, and coping mechanisms. Service providers are responsible for leading conversations about areas of needs and working collaboratively with service users to identify key goals and strategies to achieve those goals.

Health and Mental Health Needs and Services
Service providers assisting service users with mental health issues or who use substances should have training on substance use/mental health interventions to understand how to promote a culture of understanding and respect within the organization, understand the risks and challenges service users may experience in their efforts to stop substance use, educate service users about the connections between violence, trauma, mental health and/or substance use, and elicit hope that change is possible. Service providers will provide referrals and linkages to trauma and mental health professionals and collaborate with mental health and substance use services depending on the model of case management provided.

Service providers will support service users who seek to address their health and mental health care needs. At a minimum, service providers will:
- Assist service users with finding appropriate support services and make referrals when a service provider cannot provide the requested health and mental health services
- Make every effort to accommodate ill service users in their facility by providing daytime access.

Youth Supports
Youth homelessness service providers or service providers engaged with individuals under the age of 25 will place an emphasis on family connection and re-unification whenever appropriate. If a youth is considering family reunification, shelter and housing staff may build relationships with both the youth and their families to help youth and families identify and articulate their needs and supports. Youth may also be provided with conflict mediation and resolution, as well as individual, family, and group counselling as

part of the case planning and case management process. Supports should be provided both before and after moving in with family.

Crisis Supports
Shelter providers must recognize that people will experience crises outside of normal operating hours, and 24/7 crisis supports will be made available by telephone or in-person. This service can be outsourced to other service providers, but should be made available to all emergency shelter providers at all times. Assessment of immediate safety and other needs will occur throughout the crisis intervention process, and involves seeking information, actively listening, and interpretations to draw conclusions about the service user's situation in order to plan for assistance. A risk assessment tool may be used to understand the range of risk factors. Shelter staff must be trained on suicide intervention, non-violent crisis intervention, and how and when to leverage other emergency services (e.g., police, EMS) without causing further harm or risk to the service user.

Shelter workers must also offer safety planning supports that identifies individual risks and strategies to reduce the risks of further crisis and strategies to maintain safety.

Support of Housing Searches
Service providers will offer service users opportunities to access on-site resources that support self-directed housing searches as well as housing supports to develop and implement individualized case plans and problem solving to address barriers to housing. At a minimum, shelter providers will provide housing search services until 9am to allow for onsite supports to be initiated and/or scheduled. Shelter service providers will advise service users that they must be actively involved in securing housing while in shelter.

At the discretion of shelter staff, a contract may be developed with the service user to encourage housing searches and compliance with shelter rules or face discharge due to non-compliance.

Case Planning and Case Management
See the Case Planning and Case Management section within this document for emergency shelter standards on case planning and case management.

Shelter Discharge
See the Discharge subsection within the Case Planning and Case Management section within this document for standards on shelter discharge.

Building Maintenance
Service providers will have a documented preventive maintenance plan that specifies the manner and frequency with which inspections, preventive maintenance, emergency repairs, routine upkeep and long-term replacements of building components, systems and equipment are conducted, in order to maintain the building in a state of good repair.

Service providers will maintain complete and accurate inspection, service and maintenance records for building operations.

"The Coordinated Access System is the process by which individuals and families who are experiencing homelessness or at-risk of experiencing homelessness are directed to community-level Access Points where trained workers use a common assessment tool to evaluate the individual or family's depth of

need, prioritize them for housing support services and help to match them to available housing focused interventions. (Adapted from: Government of Canada, Reaching Home: Canada's Homelessness Strategy Directive). Simcoe County has developed and adopted a Coordinated Access Process Guide that will guide all homelessness Service Providers collective action. The Service Providers agree to provide those who are actively experiencing homelessness with supports and services through the Coordinated Access System. In addition, all Service Providers agree to work collaboratively to follow the policies and procedures, specific to each Service Provider's identified level of engagement and role within the Coordinated Access System. The purpose of the Simcoe County Coordinated Access Process Guide (Guide) is to support partner agencies in their involvement and participation in Coordinated Access in Simcoe County. The Guide intends to clarify and direct the processes involved in the ongoing operations of Coordinated Access in Simcoe County. The Guide is a living document that will continue to evolve as our understanding and community needs evolve. This Guide will be updated as appropriate and reviewed annually, at a minimum, under the direction of the Coordinated Access Leadership Group. The Guide is located at www.casimcoe.ca.

OPERATING STANDARDS: CASE PLANNING & CASE MANAGEMENT

Case Planning: All Homelessness Service Providers
Case planning and case management is the cornerstone to keeping people housed and promoting well-being and independence. All case planning activities must be person-driven and strengths-based. Case managers and support workers will seek to determine the following throughout the case planning process:
- Specialized supports for LGBTQ2S, Indigenous, senior or youth service users
- Ability and mobility issues
- Need for health and mental health supports, need for substance use and harm reduction supports
- Formal and informal support systems
- Financial, education and employment needs
- Cultural and religious preferences
- Need for personal identification documents
- Service/support currently provided by other organizations, etc.
- Issues or trigger points, and, strategies for dealing with them when they emerge

Case plans must be documented and objectives of the plan must be mutually agreed upon between staff and service users. Case workers and support staff must clearly communicate to service users the expected roles and responsibilities of each party. For example, service users should be responsible for making referrals to other service providers, while service users may be expected to clearly articulate their goals during a planning session and external service providers will be responsible for the delivery of service. It is encouraged to have service users and all involved support providers sign a structured document which lays out the mutually agreed upon goals, objectives, and timelines of goal achievement. If a referral to outside services is part of the case plan and the service user agrees and requires it, the case manager should accompany the service user for the first time to help ensure successful engagement.

Case plans should have an end date and can be adjusted over time as goals shift or dependant on available resources.

Case notes and case plan documents will be recorded and stored in a secure information database. Efforts to connect service users to services/resources will be documented.

Final case plans at discharge will describe at a minimum, key information and the status of the plan, including but not limited to:
- Goals identified in the plan
- Actions and activities the service user has completed
- Outstanding goals or actions.

Case Management: All Homelessness Service Providers
Case management in the homelessness service system must be collaborative, community-based and place the service user at the centre of the process. Case management services will vary considerably depending on the needs and circumstances of program participants. Providers must recognise that some service users will require minimal supports, while others may require supports for the rest of their lives. Regardless, the supports provided should always be focused on housing stability, independence and improved well-being.

Service Models
There can be different service models of case management provided as part of a housing or shelter program. Depending on the model, case management supports can be delivered on-site through a team-based approach, or delivered by a multidisciplinary team through an itinerant model. Regardless of the model, supports should be voluntary and aligned with the unique needs of service users, and based on the mandates of the organization and experience of case managers and support workers.

Providers will determine their case management service models by:
- Duration of services required
- Intensity of services required
- Focus of services (e.g., clinical services, social services, or a holistic bundle of both)
- Resource responsibility (who will deliver services, advocate and coordinate the services)
- Office hours
- Location of services (in home, and/or out in community)
- Staffing models (available staff resources and skills inventory of potential case management team).

By taking into account service users' individual mental health needs, physical health needs, and, if present, substance use or addiction concerns, services should be selected and tailored specific to their needs and goals as service users should not be treated as a homogenous group.

Caseloads
Caseloads have been outlined under the standards for the specific services. Time issues and the volume of cases relative to staff capacity should be continually reviewed and caseloads should be balanced accordingly to ensure the proper client-to-staff ratios can be maintained.

Service Delivery
The following section highlights key competencies of service providers delivering case management activities. Service providers must ensure processes to address the unique support needs of the populations served.

Service providers providing clinical services such as counselling in regards to mental illness (including Post Traumatic Stress Disorder), and chronic health concerns as part of case management, will ensure services are provided by qualified clinicians (either via partnerships with other agencies/services or internal to the program) who are registered and/or regulated by their specific professional body. Clinical designations include: physicians, nurse practitioners, mental health therapists (MSW, Clinical Psychologist, Psychiatrist, Mental health/Psychiatric nurses, etc.) and family and domestic violence counsellors must be qualified staff with specialized training or accreditation/education in these interventions (e.g.: Addictions Counselling Certificate, College or University degree which included this training, other specialized training).

Any partnerships or processes to provide direct services via other organizations should be documented within the program's protocols along with copies of any partnership agreements or MOUs (Memorandum of Understanding).

Coordination and Community Integration
The meaningful psychological, social and physical integration of service users with their community and informal support networks is important. Service users should be given opportunities for meaningful participation in their communities. Community integration is important in terms of preventing social isolation, which can undermine housing stability. Service providers will include the following elements into the case management services:
- Access to public transportation, grocery stores, parks and other neighborhood amenities
- Coordination among service providers to ensure service users have access to a range of accommodation, protection, health and socio-economic supports
- Inclusion of a peer support network within on-site services.

Youth Case Management
The core focus of case management for youth accessing services within a housing and homelessness system should be the positive transition to adulthood and/or family reunification when it is safe to do so. There should be an emphasis on problem-solving, skill-building, communication and goal-setting. Setbacks and mistakes should be tolerated, and case management should involve a primary staff person but also take a team-based approach that involves engagement from all staff interacting with the youth. Youth with higher needs should meet with a worker once or twice per week to work on a mutually developed, comprehensive, individualized service plan. Plans may include strategies for managing crisis, coordination of services, and outlined tasks and deadlines for completion. Youth should receive assistance in obtaining and maintaining appropriate housing and also be supported and encouraged to engage in education, employment training, and employment. They should also receive other supports to strengthen wellbeing and transition to adulthood, such as developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations.

Discharge Planning: All Homelessness Service Providers
The case management relationship may end upon successful completion of the planned goals, or conclude with the goals unfulfilled if the service user chooses not to continue with the services, or if the service is unable to meet the service user's needs. Service users may positively 'graduate' out of the service when

they have had a period of stability and have achieved the aspirations identified. "Graduated" service users will be removed from the active caseload but should be aware they can re-access supports at any time if required in order to prevent a relapse back into homelessness.

Service providers will have board-approved policies and manager-approved procedures detailing how and when a service provider will be discharged from a program in both planned and unplanned circumstances.

Planned Discharge
To prepare a service user for a planned discharge out of the program, the case manager is expected to:
- Support people to developed self-advocacy skills to maximize independence
- Collaborate and share information with other providers upon the transition out of case management
- Provide contact information for re-accessing services or support
- Address any concerns the person may have about ending the relationship prior to ending it.

Unplanned Discharge
Several steps should be in place and documented to ensure all available means were utilized to avoid unplanned discharge from a program. Criteria for unplanned discharges includes, but is not limited to:
- Habitual non-compliance with the terms of a case management agreement
- Threats to assault another service user, staff, volunteer or contractor
- Physical or sexual assault of another service user, staff, volunteer or contractor
- Endangering the health and safety of others or the building/facility.

Preparation for an unplanned discharge includes ensuring all available means were exhausted to avoid an unplanned discharge from a program. Case managers are expected to reduce the likelihood of unplanned discharges by:
- Establishing regular meetings to address issues
- Provide flexible options to adhere to program requirements (such as payment options for rent)
- Advocating with landlord/building operators on client's behalf
- Offer mediation and conflict resolution
- Support clients to move to a different housing provider/shelter if accommodations cannot be made.

These activities will be documented by the case manager and kept in the service user's file. Copies should be given to service users upon discharge.

In the event of a foreseen and unplanned discharge, the case manager must make every effort to ensure the successful transition to another program by ensuring:
- Appropriate referrals to other programs that the service user could enrol in, with service user consent. The focus of these referrals should be housing stability. If there are no other programs available, (e.g., inappropriate service user/ program eligibility match) this should be documented including what the case manager did to facilitate the referrals
- Provide information in writing and assistance to the service user regarding resources relevant to the next stage of their plan, including community services and key personal supports
- Only when no reasonable alternative is available should a return to emergency shelter be an option, for example, if a woman/family fleeing violence requires the additional security

of a women's shelter while alternate housing plans are made. This should be documented in the case file
- Acknowledgment from the receiving service provider of referral and date of screening/ intake
- The service provider receiving the referral, should consider program fit, wait list, and capacity to accept the service user. If the referral is not appropriate, the service provider should communicate to Coordinated Access with the reason for refusal
- Transfer of service user information if appropriate and with consent can include plan, referral history and case notes
- If the service user is unwilling to take the transfer it is important that they be supported in their right to choose. Once presented with appropriate options, and if they refuse all, the service provider may discharge the service user from the service
- Provision of contact information for re-engagement in the discharging program
  NOTE: if discharge occurred due to threats of violence against service provider staff, the service provider can use discretion for allowing re-entry, if the service provider decides not to accept the service user back, this should be documented including the reasons why not (e.g., staff still felt as though they were still under threat)
- Provision of program grievance and appeals procedures.

All efforts should be documented and kept in the service user file and a copy will be provided to the service user upon discharge.

For up to 12 months following discharge, and at the request of the service user, service providers will provide follow-up services or referrals to help support the service user's transition to housing, provide crisis support and/or provide eviction prevention activities.

Service providers will:
- Have board-approved policy and management-approved procedures for planned and unplanned discharges that include how service users retrieve their belongings and how unclaimed service user belongings will be stored, handled and/or disposed of.
- Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to service users upon their request.

TRAINING AND CORE COMPETENCIES

Service providers will have a policy for ongoing staff training and education as it relates to their positions.

Code of Ethics
The service provider will have a clearly outlined code of ethics/ethical conduct in place.

Staff Training
It is critical for staff to have an understanding of the populations they are serving and to demonstrate qualifications specific to their service participants and program criteria. Staff and the organizations they work for need adequate training and support, for professional development, unique needs of service user

populations, cultural competency, and to ensure standards, ethics, and codes of conduct are understood and used. Service provider staff will attend annual Simcoe County Alliance to End Homelessness (SCATEH), community and County of Simcoe sponsored training events to ensure training is current.

The following standards set out minimum training requirements for staff and board members for all homelessness service providers consistent with evidence-based leading practices. Service providers are encouraged to exceed these standards.

Service providers will comply with all mandatory training requirements of applicable legislation.

Service providers will ensure that shelter staff and board members have received or will receive training as described in this section. In addition, service user support staff should be knowledgeable about the network of services and have up-to-date information.

Staffing categories (e.g., service user support staff, dietary staff, cleaning/ maintenance staff, supervisory/management staff) may not align with a staff member's title but are based on their responsibilities or functions.

Service providers will keep training course/curriculum descriptions, manuals or any other documentation that describes the course content, the training methodology, the length/duration of the training course(s) that have been completed by their staff and board members. Staff orientation, attendance at all training, emergency drills/exercises that are conducted, and activities that ensure continuing knowledge about community services, will be documented in the employee's file.

Service providers may accept documentation from previously completed training or course work from a designated learning institution provided that they meet the requirements of the training outlined in the Standards.

Service providers will ensure that staff and board members have received or will receive refresher training or update mandatory trainings no later than every five years or the recertification period for their training (e.g., Standard First Aid), whichever is sooner.

Service providers are not limited to arranging training solely through in-class instruction, and may also access training content through other means (e.g., webinar, online modules, peer groups, etc.) provided that it is suitable to the learning style of the staff or board members being trained.

Service providers will seek training from agencies or trainers who are qualified to deliver training on the subject matter and can tailor the training content to a shelter/transition home/supportive housing, etc.-specific context, where possible.

Service providers may deliver in-house training on subjects/topics where they have the operational experience or subject matter expertise.

Supervision and Performance Appraisals
The complex demands associated with providing effective services to service users require that all staff and volunteers receive a high level of supervision.

Service providers are responsible for ensuring that staff and volunteers are adequately supervised, and evaluated regularly with the intention of continuously improving staff and volunteer performance and service user outcomes.

These standards will be reviewed annually and provided to the community every three years for consultation.