



**PALM BEACH COUNTY
HOMELESS AND HOUSING ALLIANCE
HOUSING FIRST PROGRAM
STANDARDS**



Palm Beach County Housing First Program Standards

1. Core Concepts

1.1. Participants are not expected to “graduate” through a continuum before accessing permanent housing (for example: from street to shelter; shelter to transitional housing; transitional housing to permanent housing). Service participants can move directly from their homelessness into permanent housing. Housing is not used as a reward.

1.2. Participants can actively use substances and still be housed.

1.3. Participants do not need to be compliant with a treatment program i.e. medical, mental health or substance abuse to be housed.

1.4. Participants do not need to be compliant with medications to be housed.

1.5. Participants have a choice about where they want to be housed based upon their available resources (affordability), circumstances (appropriateness) and involvement of landlords to rent to the service participant.

1.6. Participants are not coerced in any way to participate in the program, to select a particular housing unit, to participate in any other community programs, or in any other way.

1.7. Participants will be fully informed of Housing when there is an express interest in housing assistance, and they will decide—using their own free will—whether they want to participate in the intervention. Participants will be made aware of the expectations of the program prior to choosing to participate in the program and these shall include:

- home visits: daily, weekly, monthly as agreed in case plan;
- case planning and support for as long as needed; in exceptional circumstances, a Service Participant may require less than 12 months support;
- integration with other community based resources, and;

- payment of rent on time and in full, preferably through third party payment of the rent.

1.8. Participants will be empowered to have input regarding the type, duration, frequency and intensity of supports within in program expectations.

1.9. Participants have the right to refuse or revoke services at any time. The organization delivering Housing First may have their own processes in accordance with applicable legislation and practices to close the participant's file after it is determined that they have officially exited from the program (see Section 11 for details).

1.10. Participants can expect the engagement with their Housing First supports to be client-centred as opposed to system-centred or client-directed.

1.11. Participants can expect their supports to focus on greater independence over time, with particular attention to housing stability.

1.12. Participants can expect the engagement with their Housing First supports to be strength-based as opposed to deficit-based.

1.13. Participants can expect to learn new skills, as required, and Housing First supports shall endeavor to directly teach and model these new skills whenever possible, especially pertaining to housing maintenance and life and social skills.

1.14. Participants who have or who are experiencing issues with mental wellness can expect to have service delivered in accordance with a recovery orientation.

1.15. Participants can expect to have their Housing First supports assist with creating opportunities to establish or re-establish meaningful and healthy social networks.

1.16. Participants can expect the Housing First supports to be delivered through an Intensive Case Management approach that is geared towards housing and life stability.

1.17. Participants gain access to Housing First supports through a measurement of their acuity using the Service Prioritization Decision Assistance Tool (SPDAT) and an understanding of their presenting issues. Those with higher acuity and more pressing issues will be served first.

1.18. Participants' participation in Housing First is not linked to maintaining tenancy. Should a Participant leave or lose their housing, they will continue to be supported and will be assisted in achieving housing again. There are no limits on the number of times an individual can be assisted with re-housing if they remain actively engaged in case management.

1.19. Participants sign a standard tenancy agreement. The agreement does not stipulate in any way that participation in Housing First or any other type of support or program is required.

1.20. Participants have the right to privacy and control access to their unit. Housing First supports do not have the right to violate relevant legislation or enter the premises of the Participant without a signed and valid key consent.

1.21. Participants will be supported throughout the entire process of viewing and securing a unit, moving into the unit, cleaning the unit, furnishing the unit and becoming oriented to the building and neighbourhood within which they have located.

1.22. Housing First is an outcome-driven intervention focused on helping Participants stay housed over the long term.

2. Service Orientation

2.1. Housing First is delivered by trained professionals. Housing First case management supports are not provided by volunteers or untrained persons although these resources can serve as additional support.

2.2. Staff providing Housing First must have the knowledge, training and skills necessary to successfully perform Housing First tasks, uphold the core concepts, maintain program fidelity and provide the service in accordance with the program orientation.

2.3. Housing First staff practice and uphold professional boundaries in their work. There are no financial, personal and/or romantic relationships between the staff and the Participants.

2.4. Housing First staff report to a supervisor, who is responsible for establishing priorities for the staff, ensuring fidelity to the intervention and ensuring that Housing First services are provided professionally and in accordance with the principles of Housing First. (See Section 1)

2.5. Housing First staff are expected to have background knowledge of subject matters pertinent to the delivery of effective services, including—but not limited to:

- History of homelessness
- Poverty
- Health Services
- Mental Health Services
- Addictions
- Harm Reduction
- Treatment
- Housing

- Income Supports
- Corrections
- Domestic Violence
- Impacts of Abuse
- Children's Services
- Fetal Alcohol Spectrum Disorders
- Brain Injuries
- Medication Management Trauma
- Hoarding
- Ageing and Life Changes
- Verbal De-escalation

2.6. Housing First staff are expected to be able to:

- Practice Assertive Engagement
- Assist Service Participants in working through the Stages of Change
- Exercise Active Listening
- Serve as liaison and Advocate for services as appropriate
- Assist Participants in establishing goals and an individualized service plan
- Prepare appropriate documentation as needed
- Organize and chair case staffings
- Perform their duties safely, including working safely alone (subject to risk assessment)
- Perform First Aid and CPR, and maintain certification for both
- Use Universal Precautions as necessary in specific situations
- Assess risks and develop appropriate plans to help ensure continuation of service
- Complete incident reports as necessary in response to specific situations
- De-escalate and learn from conflict through effective de-briefing
- Respect privacy and confidentiality in accord with all relevant legislation
- Perform duties in a culturally competent manner

2.7. Housing First staff shall conduct their work in accordance with all relevant legislation. Where Housing First staff are members of a Professional Association or similar organizations, they are also expected to conduct their work in accordance with the standards provided for the Profession.

2.8. Housing First practice is grounded in a learning culture. As such, the practice welcomes peer and Supervisor support. It is a practice that requires staff to participate in training related to the effective delivery of service and stay current in main thoughts and practice related to the field. Data and records are used to assist with understanding the effectiveness of practice, and external reviewers are used to provide coaching and feedback on practice.

2.9. Housing First supports shall be client-centred as opposed to system-centred or client-directed. These client-centred supports should enhance the dignity and empowerment of each Participant.

2.10. Housing First supports shall be strength-based, not deficit based. Supports

should focus on assets (not deficits); wellness (not pathology or illness); talents (not deficiencies).

2.11. Housing First supports are future-oriented rather than past-oriented.

2.12. Housing First supports encourage greater autonomy over time, not dependence.

2.13. Dependent relationships between the Housing First supports and the Participant are not an outcome of the intervention.

2.14. Housing First supports express empathy and positivity in working with Participants.

2.15. Housing First supports acknowledge when there have been achievements in goals as laid out in the service plan.

2.16. Housing First supports use a harm reduction orientation and framework when engaging in discussions with Participants about activities that may be causing or exposing them to harm, including higher risk and/or potentially exploitive situations. Acceptance without judgment on the part of the Housing First staff providing supports is necessary in the practice of harm reduction.

2.17. Participants will receive supports in their homes as well as in other settings natural to the Participant. Participants are not expected to, nor are they required to, go to a Housing First office to receive case management or any other supports. In exceptional circumstances such as the Participant's safety, visits at Housing First staff offices or another suitable location may be deemed necessary but only on the approval of the supervisor.

2.18. Participants who have – or who are – experiencing issues with mental wellness can expect to have service delivered in accordance with a recovery orientation.

2.19. As part of a recovery, Housing First supports will encourage and support a journey towards recovery, including but not limited to: education; empowerment; initiative; community resources; mentorship; skills development; and, community integration.

3. Staffing Resources & Professional Development in the Delivery of Housing First

3.1. Hire the most qualified staff for the delivery of the Housing First and make investments in the professional development of staff to ensure continuous improvement.

3.2. Within the first three (3) months of employment, each frontline staff shall

receive training in basic interviewing and client engagement techniques, SPDAT certification, verbal de-escalation, non-violent crisis intervention, and universal precautions.

3.5. A master list of the training completed by each Housing First staff will be maintained and opportunities for future professional development will be provided ongoing.

4. Case Management Services

4.1. Case Management Services are a required component of Housing First supports. This shall be explained to the Participant prior to accepting Housing First services.

4.2. Case Management Services begin informally during the housing search, lease signing and move-in process, and then formally after the individual has moved into housing. The focus of attention of case management services in the early stages of the program are on Housing Stability, with a primary focus on meeting basic needs, supports to maintain housing, safety and the impact of relationships on housing.

4.3. Every effort will be made to have a “warm transfer” and eliminate the duplication of information between an outside referring organization, the participant and the staff undertaking the intake and staff assisting with the .

4.4. Participant will be assisted in completing a Crisis Plan within the first four weeks of receiving Housing First supports.

4.5. Participants who have – or who are – experiencing issues with mental wellness will be offered the opportunity to create a Wellness Recovery Action Plan or other comparable plan, with the support of their Housing First supports.

4.6. To assist in serving Participants that have issues with literacy, the case management services shall use other adult learning techniques in addition to written documentation as much as possible in service delivery.

4.7. Case Management Supports shall be outlined in writing in a case plan (also known as an Individualized Service Plan).

4.9. Case Management Supports shall document all interactions conducted through email, phone, in person, text or any other means. All documentation shall be secured through password protection or locked files.

4.10. Case Management Support documentation is subject to review by Funders.

4.11. Case Management Support shall comply with all relevant legislation.

4.12. In the event that a Participant loses their housing, they do not lose their Case Management Supports, and they will be assisted in being re-housed on a priority basis. There are no limits regarding the number of times a Participant can be re-housed, subject to their participation in case management.

4.13. Case Management Supports are outcome focused as opposed to output or activity focused.

4.14. Case Management Support documentation is subject to review by the Supervisor.

4.15. Case Management Support documentation is subject to review by fellow Housing First peers team.

4.16. Each Housing First support staff delivering Intensive Case Management can serve up to 20 active Service Participants at one time with Case Management Supports. The 20 active Service Participants will have various lengths of time in the program, approximately divided as follows: 5 in the first three months of supports; 5 in months 4-6; 5 in months 7-9; and, 5 in months 10-12. The exact division is subject to the direction of the Supervisor.

4.17. Friends and/or family may be involved to support the delivery of Case Management Supports at the request of the Participant, and subject to the absence of any legal impediments preventing contact.

4.18. Each Housing First staff shall have back-up Case Management Supports. Each back-up shall be operationally knowledgeable in the case plan of the Participant. The Supervisor may not be the ongoing back-up.

4.19. The days of the week and times of day that Case Management Supports are made available shall vary in accordance with the service needs of Participants.

4.20. In the event that the Participant is receiving case management supports from an organization in addition to the Housing First support worker, the Housing First support worker shall, whenever possible, arrange for regular communication with the other parties through case conferences or other means to ensure consistency in service delivery across community partners.

4.21. The process for referring, evaluating a participant eligible for Housing First will be identical for all participants as established by the Continuum of Care (CoC) protocols.

4.22. When the participant being referred to services but there is no space on the case load, within five (5) days the participant will be advised of the approximate wait time for acceptance into the program and will be provided with the names and contact information of other organizations within the CoC where they may want to seek service in the interim. This information needs to be documented in HMIS.

4.23. If a potential Participant being referred does not fit into the program they must be informed of within five (5) working days, or as soon as contact is made (time can vary with individuals are difficult to locate) and three (3) alternate resources will be provided. If no suitable alternate resources are available, the potential participant may speak to any member of the Lewis Center staff about other possible housing options. Efforts to facilitate referrals will be documented.

5. Case Plan

5.1. The Case Plan is a written document that outlines all steps, goals, activities, anticipated outcomes and timelines of the case management supports as well as the primary Housing First staff member.

5.2. The Case Plan can exist electronically or on paper, but must be secure at all times (either through password protection or locked filing cabinet).

5.3. All Participants will be offered a copy of their Case Plan.

5.4. The Participant is the principal creator of the Case Plan, though it may be recorded by Housing First staff. In the case plan, the Housing First staff may not include any activities, directives or requirements of the Participant that the Participant has not consented to.

5.5. The first Case Plan shall be written within two weeks of the Participant being housed and will be focused on the necessary elements of Housing Stability: Relationships; Basic Needs; Supports and Safety. Subsequent Case Plans shall be drafted as the needs and/or goals of the Participant change or become more defined, as well as when outcomes are achieved.

5.6. At a minimum, Case Plans are reviewed and updated at least once every 90 days to ensure continued relevance and to identify goals that have been achieved and goal timelines that need to be adjusted. The Participant and Housing First support worker may determine that a more frequent review is appropriate.

5.7. All Participants shall be offered the opportunity to verify the intentions of their Case Plan by signing the document or through other means.

5.8. Case Plans shall outline the intended outcomes for each activity being undertaken. Outcomes are understood as changes in skill, knowledge, behaviour, stability, sustainability, quality of life, etc.

5.9. All Participant Case Plan Progress shall be reviewed briefly a minimum of once per week by the supervisor. **(Appendix 6)**

5.10. Housing First support workers shall review all of their Case Plans in detail a minimum of once per month to ensure that they are up to date, thorough and complete as per agency requirements. Case Plans shall be subject to peer review

once every two months. Supervisors shall review a sample of Case Plans from each Housing First staff a minimum of once every three months.

5.11. A final review of the Case Plan shall occur no later than 30 days before the Participant's planned graduation from services.

6. Client Assessment & Prioritizing Client Service

6.1. At the point of expressing interest in the Housing First program, Participants shall have the Housing First program explained to them in detail including the provision of case management services, home visits, integration with other community based resources and payment of rent on time and in full. Participants shall consent to these program elements before proceeding with the intake and assessment, and make an informed choice to participate in the program.

6.2. Potential Participants must be homeless at the time of the assessment and meet all Housing First Program requirements prior to being selected for the program. Those with higher acuity and more pressing issues will be served first, unless directed otherwise by the supervisor due to exceptional circumstances.

6.3. Potential Participants shall be screened for issues and circumstances that may impact their ability to participate in the Housing First program. This will include, but is not limited to, pending trial in the short-term which may result in incarceration; and/or, pending family reunification where the location and number of family members are unknown.

6.4. Screening and assessment may occur in a range of settings, including but not limited to the Lewis Center, hospital, shelter, Soup Kitchens and at homeless encampments.

6.5. The assessment shall occur within 72 hours of an individual or family expressing interest in the Housing First program, except in exceptional circumstances that are documented by staff and with the awareness and consent of the supervisor. The assessment will identify primary, secondary, and tertiary service needs, along with any additional services not provided by the Housing First program that may be important to the Participant's success.

6.6. The Service Prioritization Decision Assistance Tool (SPDAT) will be used to determine the acuity of the individual and/or head(s) of household seeking Housing First supports, and used only after the household has met all of the other screening criteria for the program.

6.7. Every week, staff that has undertaken new assessments shall review all assessments conducted during that period, as well as those assessments conducted in the previous weekly periods where potential Participants have not been accepted for service due to acuity level. Those individuals with the highest acuity

shall be the priority for service and recommended for referral to Housing First providers, subject to case load availability of the Housing First providers. Those persons not accepted for service may be referred to alternate Housing support programs, subject to availability within those programs and eligibility for those programs.

6.8. In the event that an individual is screened out of the program using the SPDAT, they may request an updated SPDAT if their circumstances change or feel that other life events may have resulted in an increased acuity. There are no limits on the number of times that a SPDAT can be completed, however Lewis Center staff may institute a process whereby the individual has to demonstrate why and how they believe their life circumstances have changed to warrant a new assessment.

6.9. The SPDAT shall be used in accordance with the tool requirements, and only by properly trained staff that have been certified by a SPDAT Trainer through the CoC.

6.10. Once screened for a Housing First program and when the individual has high enough acuity to be recommended for Housing First supports, Lewis Center staff will refer the potential Participant to the next available Housing First program with an available bed.

6.11. The referral shall be documented by the Lewis Center staff and the Housing First staff.

6.12. The referral process to be followed (at a minimum) is as follows:

- Staff that conducted the assessment will refer participant to Housing First program sharing the SPDAT score and the rationale for the referral.
- The Housing First staff has the opportunity to ask questions or request additional information.
- The Housing First staff may not adjust scores independently of the Intake staff.
- As the potential Participant is determined to be screened into the program at the time referral, the Housing First staff may only refuse to take on the Service Participant if there is:
 - overwhelming evidence that the Participant was inaccurate or untruthful during their initial intake leading to an inappropriately higher acuity score; AND/ OR,
 - proof that the potential Participant does not meet the mandate of Housing First Program; AND/OR,
 - evidence that the potential Participant does not meet the requirements of Housing First (for example, is not homeless).
- Information is provided to the Housing First staff to continue the case management support process.

- The Housing First staff and the Participant will meet within 72 hours of the referral.

6.13. Supervisor shall conduct a weekly assessment of the availability of Housing First staff to take on additional clients subject to the size of case load and acuity on the case load of each support worker. Housing First staff will have no more than up to 20 active Participants. Housing First staff can be deemed to be eligible to take on additional Participants if they have five or more Participants in the first three months of service AND/OR the staff is actively engaged with rehousing four or more other Participants within the same month.

6.14. Prioritization and time spent with each Participant is arranged during the weekly case plan review with the supervisor.

6.15. The SPDAT and its 15 components of review are the primary assessment tool used at intake assessment and at the predetermined intervals of service delivery (at move in, 30 days, 90 days, 180 days, 270 days, 365 days as well as changes in life circumstances).

6.16. Participants will be offered copies of all SPDAT assessments that are completed at any time in the program.

6.17. A copy of all SPDAT assessments conducted during the program shall be securely stored in the Service Participant file.

6.18. Participants in the housing selection process shall be informed of the primary, secondary and tertiary needs that emerge through the SPDAT or other assessments.

6.19. Discharge processes and procedures shall be discussed with the Participant at time of intake. Criteria for planned and unplanned discharge from the program shall be described and copies will be signed and given to the Participant.

7. Role of the Supervisor

7.1. Supervisor provides direct day-to-day supervision for the Housing First staff provided to Participants served.

7.2. The Supervisor is responsible for ensuring that all agency policies and procedures are followed by Housing First staff.

7.3. The Supervisor assigns Participants to individual Housing First staff.

7.5. The Supervisor shall ensure that no Housing First staff has more than up to 20 active clients on their caseload at any one time.

7.6. The Supervisor will not have their own caseload, unless there are exceptional

circumstances. At the discretion of the Supervisor he/she may choose to become involved with any Participant in conjunction with the frontline staff where they deem it appropriate to do so.

7.7. The Supervisor shall spend at least one full day every two months “in the field” with each Housing First staff that they supervise on the frontline to see the delivery of service first hand and to determine appropriate coaching and training opportunities.

7.8. The Supervisor shall review internal data to detect trends in service delivery, and report when there are significant changes in effort or characteristics of the population being served.

7.9. The Supervisor shall ensure fidelity to the Housing First intervention at all times.

7.10. The Supervisor discusses Case Plans of Housing First staff on a weekly basis. Appointments on Supervisor’ calendar identifying staff meetings documents discussions.

7.11. The Supervisor is the prime contact for conflict resolution with community supports.

7.12. The Supervisor shall, to the best of her/his ability, ensure that there is adherence to all applicable legislation by the Housing First staff.

7.13. The Supervisor is responsible for the orientation, training and professional development of all staff in accordance with the expectations and requirements of Housing First service delivery; in accordance with contractual obligations; in accordance with the best and promising practices in the delivery of Housing First; and, in accordance with evidence-based and evidence-informed approaches to service delivery.

7.14. The Supervisor shall determine if all due diligence has been completed prior to a Participant exiting from the program.

7.15. The Supervisor shall conduct one-on-one case review with each Housing First staff once per quarter in considerable more detail than what is covered in the weekly case plan review.

7.16. The Team Leader and/or Program Coordinator is responsible for the timely submission of data and any other information requested by the Funder.

7.17. The Supervisor is responsible for ensuring that program documentation including client files are secured through locked cabinet and/or through password-protected electronic means.

7.18. The Supervisor shall ensure that all staff of the housing program has access to all program policies and procedures.

8. Documentation

8.1. All Case Plans must be documented.

8.2. All interactions with Participants including in-person, email, text, voicemail, letter, fax, phone and/or any other means of transmission shall be documented.

8.3. Documentation may be reviewed by active or inactive Participants at her/his request. Active Participants may make the request directly to their staff; inactive clients will be informed to make the request to the Supervisor. In either case, all available documentation will be made available within three business days as per agency policy.

8.4. All documentation, either electronically or hard copy, must be secure at all times. Electronic documents will be password protected, regularly backed-up and stored on computers with up-to-date anti-virus protection. Paper documents will be locked away.

8.5. Participant case note documentation shall be professionally written using facts versus assumptions or inferences.

8.6. Participant case note documentation shall be updated within 72 hours of any interaction with Service Participants.

8.7. When requested through subpoena or other appropriate legal means, documentation will be made available in accordance with all applicable legislation. Advice from legal counsel may be required or prudent prior to surrendering or making any verbal comments related to the documentation.

8.8. In the course of service delivery, there are times when documentation must be removed from the office. Staff must also be trained on the safe storage of information when in the community.

8.9. The Supervisor assumes supervisory responsibility for ensuring that documentation is complete, secure and up to date.

9. Landlord Relations

9.1. When examining housing opportunities and presenting housing choices to Participants, Housing First staff shall give consideration to the balance between the needs of the Participant, the community at large and the landlord.

9.2. The Housing Specialists shall maintain a list of all properties where service participants – past and present – have resided.

9.3. Standard tenancy agreements between the landlord and the Participant shall be used. There will be no stipulations within the language of the tenancy agreement that the Participants shall continue to participate in the Housing First program.

9.4. Prior to any lease signing, the Participant and the Housing First staff shall complete a walk-through of the unit and a Habitability Quality Standard survey will be completed and a copy of the Occupational License will be attached to document the condition of the unit.

9.5. Confidential information related from the Participants shall not be revealed to the landlord, superintendent or property management firm.

9.6. As outlined in the lease, the Housing First staff shall have completed the process for obtaining a rent check for all landlords. Housing First staff rent shall monitor that the rent has been paid on time and in full, as well as where there are any payment deficiencies.

9.7. Housing First staff are encouraged to contact the landlord where Participants reside before each home visit to ensure that there are no issues with the tenancy from the perspective of the building operators.

9.8. At least twice per year, the Housing First staff shall attempt to connect with each landlord to converse about their satisfaction with the program and any potential issues. This communication may be through individual conversation or joint meeting of landlords.

9.9. In the event that a Participant leaves their dwelling on a permanent basis, the Housing First staff will inform the landlord of the occurrence on or before the next first day of the month.

9.10. The Housing First staff shall actively be involved in mediating disagreements between the Participant and the landlord balancing the needs of the Participant with the needs of the landlord.

9.11. Housing First staff will assist Participants in completing work orders to address deficiencies and/or regular wear and tear of the apartment.

9.12. Housing First staff shall encourage Participants to report damage caused by the Participant to the landlord in a timely fashion, and assist in a mediating role to address the damages while preserving the tenancy.

9.13. Prior to a landlord agreeing to house a Participant as part of the Housing First program, a member of the Housing First program shall explain the nature of the program in detail, outline the vehicles for communication and make sure that the landlord understands what information can and cannot be shared regarding the Participant.

9.14. Unless there is an egregious, factual and documented mistake, a member of the Housing First housing staff shall remain neutral and support both the landlord and the Participant in the event of an eviction.

9.15. From time to time, certain landlords and/or properties may be considered unavailable to even approach for vacant units because of a saturation of units within a building or specific issues that are being worked upon and/ or are unresolved. The Supervisor/Housing Specialist may suspend interaction with these specific landlords and/or properties for new units in these instances.

10. Integration with Community & Community Supports

10.1. Housing First supports are intended to be time-limited. The Housing First staff shall endeavor to link the Participant to longer-term community supports based upon the individual's goals and service needs. In addition, the Housing First staff shall endeavor to link the Participant to meaningful daily activities so that the Participant experiences community integration and supportive social networks.

10.2. Housing First supports are informed by the goals established within the Case Plan. All reasonable efforts are made by the staff to connect the individual with the resources necessary to optimize success. Housing First staff link Participants to available resources rather than performing activities beyond which they are professional trained or accredited to deliver on their own. Efforts to link Participants to community supports, activities, and resources shall be documented.

10.3. Housing First staff shall be knowledgeable about the network of community services, supports, and resources and shall have up-to-date information. Activities that ensure this continuing knowledge update shall be documented regularly in the supervisory notes or training file.

10.4. Housing First staff will provide an orientation to the unit and the building on the day of move-in—in conjunction with the landlord where possible and appropriate—including doors, locks, building access, buzzer system (if applicable), mail delivery, access to the landlord, laundry services (if on site), storage (if available), fire exits and associated plans, garbage, recycling, parking (if applicable), safe use of appliances, and elevator (if one exists).

10.5. Housing First supports will provide an orientation to the surrounding neighbourhood and other community resources within the first 7 days of the Participant being housed. These shall include, as applicable:

- Public transit: location of the closest stop & schedule
- Grocery store
- Discount store or dollar store
- Food bank
- Community meal program
- Drop-in centre

- Health related services (for example: Walk-in clinic; Hospital; Dentist; Optometrist, etc.)
- Community centre
- Recreation centre
- Social services/Income supports
- Places of worship
- Employment center
- Bank/Credit Union
- Library
- Pharmacy
- Post-office
- Closest available internet access may be through library, community or recreation centre, but may also include low cost Internet Café

11. Record Keeping, Consent, Electronic Records & Data Reporting

11.1. Housing First staff shall deliver services and store information in accordance with all relevant privacy and confidentiality legislation and Funder directives pertaining to privacy.

11.2. All paper documentation collected regarding clients is stored in a locked filing cabinet within a staff office that requires keyed entry to access.

11.3. Housing First staff shall use a secure server with password protection for emails and file access. Neither personal computers nor personal email accounts may be used to relay client information under any circumstance.

11.4. Any changes to active records shall record the change without deleting the record that is being changed.

11.5. Records may only be destroyed or deleted in keeping with all relevant legislation, and shall ensure that confidential information is not retrievable after destruction.

11.6. Active Participants may request access to their record from their Housing First staff. This information shall be provided according to agency policies.

11.7. Inactive Service Participants may request access to their record from the Supervisor. Supervisor shall provide the documentation according to agency policies.

11.8. In the event of records being sought by law enforcement or members of the criminal justice system, a subpoena or comparable legal means is required by before considering the request. Subject to the opinion of legal counsel and in accordance with all relevant legislation, Housing First staff will comply with all

such requests in a timely fashion.

11.9. Information collected in the delivery of Housing First services shall only be used in ways outlined in the signed consent, and only for the duration as outlined in the consent. Consent is for a period of one year in almost all instances. Extension of service delivery beyond one year requires an updated consent form.

11.10. Informed consent by the individual or legally recognized decision maker is required in order to participate in the Housing First program provided by Housing First Program.

11.11. Consent shall include the sharing of information with HMIS and Funder, who will treat all information as confidential.

11.12. Consent shall include the purpose for collecting the information, with which information will be shared, how information will be stored, how long the information will be stored, and how the Participant can access their program information.

11.13. All consents must be signed and dated by the Participant and witnessed in writing by one or more of the Housing First staff.

11.14. Signed consents must be securely stored in the Participant's file.

11.15. Housing First staff will not divulge any confidential information shared by the Participant unless there is consent and/or as required by law.

12. Service Participant Right to Privacy & Breaches of Privacy

12.1. Every Service Participant has the right to privacy.

12.2. Any documentation or client information removed from the Housing First Program premises for the purpose of delivering support to a Participant within the community is handled according to agency policies.

12.3. Housing First staff are strongly encouraged to make notes electronically whenever possible to limit the possibility of documentation leaks through lost notebooks, forms, papers, folders, etc.

12.4. In the event of a breach of private or confidential information on the part of a Housing First worker, the following steps will be taken:

12.4.1. The Supervisor shall be notified immediately and the situation will be documented.

12.4.2. Upon the Supervisor's assessment of the situation, the Director will also be informed and upon her/his assessment, may choose to inform the

legal counsel.

12.4.3. Efforts will be made to contain the breach, including but not limited to: remotely deactivating an electronic device; terminating or suspending email accounts and/or phone numbers; reviewing protocols and implementation of secure storage; informing management of the lost documentation if the breach occurred within an establishment, (e.g., notes, folder, forms, etc.) or device; documenting all attempts to find the documentation or device in particular locations; etc.

12.4.4. The Participant whose information has been breached shall be informed by the Supervisor of the breach within a time period determined by the Supervisor.

12.4.5. In the event that the breach is resolved by restoring security of the information, Housing First staff under the direction of the Supervisor shall conduct a debrief within three business days on how the breach occurred with all of the Housing First staff and how it may be prevented again in the future.

12.4.6. In the event that the breach is not resolved, Housing First staff under the direction of the Supervisor, shall conduct a debrief within three business days with all of the Housing First staff and how it may be prevented again in the future. A review of additional strategies may be considered to make another attempt to recover the breached information.

12.4.7. When necessary and as determined by legal counsel, the Supervisor shall inform Police and/or other relevant authorities about the privacy breach.

13. Risk Assessment (Recommended but not Mandated)

13.1. Risk assessments will be completed with each new Participant within the first 14 days of service.

13.2. Risk assessments are intended to define the possible risks and initiate possible processes, technology or people interventions so as to reduce the risk.

13.3. Risk assessments will take into consideration the Participant, the geographic surroundings of the Participant, the Housing First supports and all other community supports with direct contact and program participation.

13.4. Service restrictions, barring, contracting, etc. is put into place sparingly and only as a result of harmful activity, not as a result of a risk assessment.

13.5. Risk assessments will be updated periodically throughout the support process, as deemed appropriate by the Supervisor.

13.6. All risk assessments are kept on file.

14. Working Safely Alone

14.1. Housing First staff shall receive training on how to work safely alone in the community in the delivery of Housing First services, including approaches to increase safety during home visits.

14.2. Housing First staff should inform the Supervisor where they are at when out in the community.

14.3 Each Housing First staff shall have access to a working cell phone, iPhone or other similar device when outside of the office.

15. Complaints, Grievances & Appeals

15.1. The Housing First Programs recognize that all clients have a right to file a grievance or appeal a decision while they are in the program.

15.3. All Participants shall be made aware of the complaint and grievance policy at the time of acceptance into the program. A Participant accepted into the program must sign and receive a copy of the grievance procedure, in the presence of a witness.

15.4. The complaint, grievance and appeals policies are reviewed with Participants once a year, and should service extend beyond 12 months, requires an updated signed understanding at the one year mark of the program.

15.5. Participants who wish to make an appeal have three levels of recourse: according to agency policies.

16. Building & Community Saturation

16.1. Housing First Programs shall take reasonable steps to ensure that multi-unit buildings with 6 or more units shall not have 15% or more of the units occupied with active Housing First Participants at any one time, unless there are permanent on-site supports for the majority of the day provided by a support service agency.

16.2. As possible, Housing First Programs will coordinate with other Housing First support programs to decrease the likelihood of building saturation with Housing First tenants.

16.3. From time to time and at the discretion of the Supervisor, specific neighborhoods or communities may be considered to be saturated when the volume of program participants in the area is having negative consequences. The Supervisor shall make it known when the community is no longer considered to be saturated and housing access for active Participants can begin again.

16.4. From time to time and at the discretion of the Supervisor, specific buildings may be considered saturated even when it is less than 15% of the units that are occupied by active Participants. The Supervisor shall make it known when the building is no longer considered to be saturated and housing access for active Participants can begin again.

17. Payment of Rent & Security Deposits

17.1. The Participant will be reminded that payment of rent on time and in full is an expectation of the program and necessary for ongoing housing stability. This communication will occur at the time of intake, during the warm transfer, during the housing search, during the first month of being housed and subsequent months, as necessary.

17.2. Housing First staff shall have contact with landlords, where they have Participants residing know whether rent has been paid on time and in full and be made aware of all payment deficiencies.

17.3. Direct, third party payment of rent from income supports or other source is the desired approach to rent payment. Housing First staff shall make every effort to ensure that direct third party payment is in place and shall document all efforts in this regard.

18. Anticipated Outcomes of Housing Program

18.1. A minimum of 80% of Participants shall remain housed for one year. Individuals will not be double-counted in determining this threshold—for example; an individual rehoused two or more times is counted only once in determining whether the total numbers of individuals served by the program are still housed.

18.2. It is expected that through case management supports delivered by the Housing First staff that Participants will experience improvements in their quality of life.

18.3. It is expected that the delivery of Housing First services shall reduce use of emergency, crisis and first responder services used by Participants.

19. Duty to Report

19.1. Housing First support agencies and the Funder may become knowledgeable of activities that the Participant is engaged with that are in conflict with the law. Neither Housing First support agencies nor the Funder are responsible for law enforcement and shall exercise discretion depending on the issue at hand and the risks presented by the activities. The Case Manager/Supervisor will determine when law enforcement shall be contacted.

19.2. In specific situations, there is a duty to report as per legislation and this supersedes any discretion that would have been exercised in point 24.1. Housing First staff and the Supervisor are expected to have full knowledge of the instances where duty to report will be required and shall follow through with law enforcement accordingly. Exercising discretion is not an option when there is a duty to report. Examples of duty to report include, but are not limited to, abuse or imminent risks to children and instances of domestic violence.

20. In-Patient Supports

20.1. Housing First is not a crisis service. While Housing First staff shall assist Participants in creating a crisis plan, the worker is not required to respond immediately to crisis situations.

20.2. If a Participant is admitted as a patient, the Housing First support worker may activate the instructions laid out in the crisis plan.

20.3. Assuming all necessary consents are in place, the Housing First staff shall be involved in supporting the Participant while admitted and shall share pertinent information with the health team.

20.4. Whenever possible, the Housing First staff shall be involved in the creation of the discharge plan with the health team and help operationalize treatment protocols.

20.5. The Housing First staff shall not be involved in directly administering any health supports (e.g., wound care; injections; etc.) unless they are trained to do so, and doing so is included as an expectation of his/her job description.

21. Return of Service Participants

21.1. Participants who unsuccessfully exit the program, yet want to re-engage with the program within six months of their unsuccessful exit, may be reinstated on a case load on a priority basis without requiring a new intake. This may be different than the Housing First staff that previously worked with the Participant.

21.2. Participants who unsuccessfully exited the program and return within the six months shall receive service for a length of time as determined by the Supervisor.

21.3. In the event that a Participant who successfully exited the program is seeking to re-engage in service within six months of their exit and is still housed, the Supervisor shall review the exit plan that was put in place with the Participant and exhaust all other service and support options before resuming service on the case load.

21.4. In the event that a Participant who successfully exited the program is seeking to re-engage the service, the Supervisor shall assess the request and make a determination on the appropriateness of the re-engagement.

21.5. The length of support services that a returning Participant that was considered to be a successful exit may receive is subject to the discretion of the Supervisor, so long as the Supervisor is satisfied that the length of service is going to reduce the likelihood of a future return.

21.6. Any Participant – regardless of whether they were a successful or unsuccessful exit – that has been away from the program for greater than six months may only re-engage with the program after going through the intake process again.

22. Involvement of Service Participants in Meaningful Daily Activities

22.1. Housing First staff shall present a range of meaningful daily activities for Participants to participate in and shall document all attempts to engage Participants in meaningful daily activities: including but not limited to socio-recreational, intellectual, emotional, cultural, faith-based/spiritual or other pursuits that may be of interest to the Participant.

22.2. Meaningful daily activity options shall be appropriate and affordable for Participants.

22.3. Meaningful daily activities shall be made available for various days of the week and various times of day.

22.4. Housing First staff may accompany Participants to various meaningful daily activities, at the request of the Participant.

23. Re-housing

23.1. Any active Participant shall be re-housed in the event that they lose their housing.

23.2. Prior to re-housing, the Housing First staff and—if appropriate the Supervisor— shall debrief on the previous housing experience and work to present housing options for the Participant that decrease the likelihood that the Participant will need to be re-housed again.

23.3. There are no limits on the number of times that a Participant can be re-housed.

23.4. In the event that a Housing First staff has four or more Participants to re-

house on a monthly basis, their case load shall not increase during that time.

23.5. Each time a Participant is re-housed, the Participant, Housing First staff and Supervisor shall determine if the case plan and support schedule should continue from where they were at.

24. Responsible Tenant Discussion

24.1. At the time of intake, a member of the Housing First staff ask the potential Participant what they think it means to be a responsible tenant. Where necessary, coaching will be provided to ensure the following points are covered, understood and documented:

- Payment of rent on time and in full each month
- Not disrupting the reasonable enjoyment of others in the same building or the community
- Following the terms and conditions of the lease
- Engaging appropriately with the landlord, superintendent and/or property management firm
- Care of unit
- Working with Housing First supports to ensure ongoing housing stability

25. Furniture and Basic Needs

25.1. Participants shall be assisted by the Housing First staff in accessing furniture for their apartment for the day of move-in or rehousing, or as soon thereafter as possible. The furniture that Participants have access to may be used, but the furniture must be functional and free of pests.

25.2. The Housing First staff shall assist the Participant, in accessing clothing throughout the program.

25.3. The Housing First staff shall assist and accompany the Participant, as required, in grocery shopping and/or accessing the food bank as needed.

25.4. Participants may be assisted by the Housing First staff in accessing other basic needs as required for the apartment for the day of move-in or rehousing, or as shortly thereafter as possible. Basic needs may include, but not necessarily be limited to:

- toilet paper

- light bulbs
- plate
- bowl
- mug
- utensils
- pot
- pan
- cleaning cloth
- wash cloth
- dish soap
- body soap
- shampoo
- feminine hygiene products (if applicable)
- food
- basic condiments and spices
- linens
- dish towel
- body towel
- face cloth

26. Budgeting

26.1. Housing First staff shall assist Participants in understanding budgeting the Participant's monthly income relative to their needs.

26.2. Housing First staff shall endeavor to help the Participant create a monthly budget within the first four weeks of being housed, taking into consideration both formal and informal sources of income.

26.3. Housing stability through payment of rent and utilities shall be reinforced in the budgeting process. Housing First staff shall provide evidence of this reinforcement in case notes.

26.4. Participants will be encouraged to budget for all expenses that they incur during the month, up to and including drugs, alcohol, tobacco, sex, debts, loans, etc.

27. Service Participant Death and Other Reportable Incidents

27.1. Some Participants may die during the delivery of Housing First supports. The Supervisor shall provide support to Housing First staff, as necessary, when this occurs.

27.2. Upon discovery of a deceased Participant, the Housing First staff is expected to immediately notify the Supervisor and the appropriate authorities. The Supervisor is expected to immediately proceed to the housing unit to support the Housing First staff.

27.3. The Supervisor shall notify the landlord, superintendent and/ or property management firm that the tenant is deceased.

27.4. The Supervisor shall notify the Funder, if appropriate that a Participant has died on the same day as the death is known.

27.5. In the event that the death is suspected to not be of natural causes, the Supervisor shall prepare an Incident Report the same day that the individual passed away that explains the known events and circumstances of the death. Verbal details may be relayed to appropriate persons within the Housing First Program and the Funder prior to the completion of the Incident Report, as required.

27.6. When the circumstances warrant additional debriefing, additional professional resources may be required.

27.7. The Supervisor through discussion with appropriate authorities shall determine whether the agency or the authorities are going to notify next of kin and this shall be documented. Where permitted by consent and by law, the contacts on the Crisis Plan shall be shared with the appropriate authorities to assist in this regard. Where advanced directives are known, these will be followed.

27.8. Other serious incidents that may occur during delivery of the program and require reporting may include, but are not limited to:

- Unanticipated or unauthorized absence from the program after 48 hours.
- A medical or other kind of emergency, serious illness or accident
- A dangerous situation (i.e. threats of violence, weapons, person served is a danger to self through self-mutilation, suicidal ideation or attempt, etc.)
- Suspicions and/or allegations of abuse, either within or outside the program
- Use of restrictive procedures (i.e. restraints, unlocked confinement)
- Searches by police
- Inappropriate use of strategies to influence behavior by staff; volunteers, students; contractors
- Other events as identified by the Supervisor.

27.9. At the time of acceptance into the Housing Program, Participants are made aware of the types of incidents that are likely to be reported and documented, and are further made aware that serious incidents and details of death will be shared with the Funder, with identifiable Participant information removed.

27.10. The Supervisor shall investigate and advise staff of appropriate actions, while documenting information gleaned and decisions made. The Incident Report Form will also be completed and submitted to the Funder, if appropriate within 24 hours of the incident occurring.

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APPENDIX 1

Definitions & Points of Further Clarification:

Active Listening – is a technique that is often used between the Housing First staff and Participant and requires careful attention to the spoken word of the Participant. The technique seeks to increase clarity, invite further discussion, improve service options presented and result in improved remembering and information retention. Eye contact (if in person), repetition, paraphrasing and asking questions of clarification are all parts of the technique.

Advocacy – It is a specific engagement technique with other systems and individuals to gain access to a specific activity or outcome for the Participant when no other mechanism such as an appeals mechanism, ombudsperson, etc. exists, and/or when there is no policy or procedure for the specific situation at hand.

Applicable Legislation – includes any Federal or State Regulations that constrain, direct or inform the manner with which services are provided or specific situations are required to be dealt with. Municipal laws and Regulations may also come into effect in certain circumstances.

Appointment Accompaniment – is the process by which Housing First staff transport and/or meet Participants at pre-determined appointments in the community for the Service Participant. Appointment accompaniment does not include participation of the Housing First staff in conversations of a personal and private nature such as counseling or meeting with a physician or psychiatrist unless there is specific consent by the Participant to do so.

Assertive Engagement – is best understood as the process whereby a worker uses their interpersonal skills and creativity effectively to make the environments and circumstances in which their Participants are encountered more conducive to change than they might otherwise be, for at least the duration of the engagement. In Assertive Engagement, it is accepted that service is not being provided in a perfect world, and that support workers need to change and modify approaches to meet the needs of potential Participants that they are hoping to engage with rather than the other way around. The process of Assertive Engagement is one where staff is trying to create an environment where the Participant may be more willing

to accept change. Assertive engagement is a process that frequently takes time, is known to require incremental stages to achieving an end goal and is most likely going to need to adapt and confront a number of coping strategies presented by the Participant.

Back-up Worker – is a Housing First staff that, in addition to their primary 20 cases that they are supporting, has conversational knowledge of another 20 cases where, in the event that the primary Housing First staff is unavailable because of vacation, illness or departure from the organization, so that they can maintain continuity in the case plan for a short “bridging” period of time.

Barring – denying a Participant access to services or supports for a predetermined length of time based upon a specific severe infraction, usually related to health and safety.

Breach – when personal, private and/or confidential information regarding Participants is no longer secure and may be accessed by individuals or organizations that do not have permission, consent or authority to view the information.

Building Saturation – any multi-unit residential building of 6 or more units where 15% or more of the units are occupied by active Participants and/or persons that were unsuccessful exits from the program.

Caseload – is the number of people whose cases are supported by a Housing First staff at any given moment of time. In Housing First, each staff person can support up to 20 cases at one time so long as the cases are in different stages of support. Housing First staff may only work with a maximum of five cases that are in the first three months of support at any one time. A Caseload is also considered to be unavailable for new cases in the event that the Housing First staff is actively engaged with re-housing four or more Participants during that month.

Case File – is the consolidated written record of all information pertaining to a Participant. At a minimum, the Case File includes all demographic and contact information for the Participant, the Case Plans (current and past), Case Notes, consent forms, acuity measurements, crisis plan and exit plan.

Case Management Services – is the delivery of all aspects of Intensive Case Management in the delivery of Housing First.

Case Management Supports – are all of the activities that the Housing First staff engages in with the Participant in the delivery of Intensive Case Management.

Case Note – is a written record into the Case File of every exchange with a Participant. It is factual and concise indicating the purpose of the interaction, what occurred during the interaction and the anticipated action as a result of the interaction. The Summary Style has proven effective for recording Case Notes in

the delivery of Housing First Intensive Case Management,

Case Plan – is a written record that encompasses all areas of the Participant’s life that they wish to address through the Intensive Case Management relationship. It indicates specific needs, actions towards meeting those needs, the intended outcomes of the activity, who is responsible for executing each element of the plan and the progression towards meeting those needs.

Central Intake – is a function of the Lewis Center that all potential Participants must interact with to screen for compatibility with program mandate and funding purpose, measure acuity and prioritize which potential Participants are going to be served in which order. Central Intake is independently operated from case management supports and is intended to ensure a neutral and unbiased selection of participants for the program.

Client-centered – sometimes referred to as “person-centred”, is an orientation to service delivery that considers what the individual or family wants and wraps supports around to meet those self-defined needs, as opposed to stipulating a particular direction or course of action for the individual or family. A client-centred approach uses Stages of Change approaches to help the individual or family progress from their current state to a future improved state through motivation, information sharing and empowering Participant decision-making. Client-centred services do not use coercion, nor do they prescribe a particular order of service access.

Code of Ethics - reinforces our claim to upholding professional status in reference to Independent Case Management services to individuals. (Appendix 5)

Coercion – compelling an individual by threat, authority or force to participate in activities and/or programming. Perceived necessity and/or pressure are forms of intimidation to seek compliance with behavior, and are all considered coercion.

Confidentiality – requires that any information that is shared verbally, in writing or through action between the Participant and the service provider is proprietary and secret. Disclosure of such information is only authorized through informed consent.

Conflict Resolution – is an active process whereby information, opinions and evidence are exchanged to assist in reaching an understanding about a particular issue or inter-personal situation where there is disagreement. Compromise, accommodation, persuasion and collaboration are all possible components of the negotiation, arbitration or mediation techniques that are used in the conflict resolution process. Conflict resolution does not mean necessarily getting one’s way or avoiding conflict.

Contracting – a compliance-based instrument used between a Housing First

support organization and Service to seek agreement from the Participant that they will undertake specific activities and/or participate in programming exhibiting specific behaviors to continue to receive services. These are exceptionally rare and used almost exclusively in instances of compromised health and safety.

Crisis Plan – is a document that outlines the Participant’s proposed course of action in the event that they feel a crisis is about to occur or is occurring, including which people they wish to have contacted and other actions they wish the Housing First staff to undertake. (Appendix 2)

Cultural Competency – is demonstrated awareness, respect and congruency of behaviors, attitudes and policies between the Housing First staff and Participant that come together to allow for effective service delivery in cross-cultural settings. “Culture” refers to integrated patterns of human behavior that include language, communication, actions, beliefs, values, customs and institutions relates to race, ethnicity, religion or social grouping. Practicing cultural competency will inform how services are delivered, how wellness is understood, communication styles, priority setting, how empathy is expressed, goal setting in the case planning process and approaches to teaching and modeling skills and behavior.

Data – is the factual, accurate qualitative and quantitative information collected in the course of service delivery, entered into case files and/or Efforts to Outcomes system. Certain data elements are due at pre-determined intervals. Others may be submitted upon request.

Dependent Relationships – are unhealthy relationships between the Participant and the Housing First staff, such that either the Participant relies too heavily or inappropriately on the support worker to meet their needs and actively avoids moving towards greater independence; and/or, support workers that actively engage in directly delivering supports to the Participant without expectation of self-activity or initiative on the part of the Participant. Most often there is an underlying emotional connection between the individual and the dependent behavior.

Discharge Plan – is the instructions provided to a Participant upon their release from hospital or corrections on the prescribed activities that they are to undertake, the frequency with which they are to undertake them and resources available to assist with following the plan.

Due Diligence – is a precautionary review of matters to ensure that all essential components and requirements have been met, prior to “signing off” that a process has been carried out properly and certifying that intended outputs and outcomes have been achieved.

Duty to Report – the mandatory legal obligation to report known or suspected child abuse.

Empathy – is the ability to appreciate, respect and relate to the emotional feelings of another person. The Housing First staff uses empathy to connect with the Participant in a way that will improve communication, create trust and provide sufficient support in the change process.

Eviction – an eviction is a legal process by which a property owner (or its agent) exercises their rights to have a renter vacate a property based upon specific legal grounds stipulated in legislation and/or in violation of a signed lease agreement. For an eviction to be legal and binding it must be exercised in accordance with applicable legislation. This type of process is different from a tenant voluntarily surrendering their tenancy with a disposition of their lease agreement or other types of ejection that do not follow the subscribed legal eviction process in full.

Exit Plan – is a written document during the last three months of active case management supports by the Participant, with assistance from the Housing First staff. The exit plan is a proactive document wherein the Participant considers the things that they think may go wrong and would compromise their housing or life stability. The exit plan lists resources (with specific contact details) and/or specific activities that they will undertake should this occur. A exit plan is included in the case file for each successful exit. (Appendix 3)

Fidelity – is the extent to which all elements of the Housing First program is delivered in accordance with the original, trained and tested program design.

First Responders – consist of emergency service personnel within the fire and police departments, as well as ambulance attendants.

Funder – is responsible for allocating and monitoring funding. The Funder has legal agreements with the other orders of government which requires services to provided in certain ways and for specific outputs and outcomes to be achieved and has contractual accountability for the delivery of services.

Graduation – refers to a successful program exit.

Greater Independence – the state where the Participant is connected to a range of supports to meet their needs, demonstrates sufficient daily living skills, and is able to establish their own goals and activities with a sense of purpose.

Harm Reduction – pertains to the policies, programs and approaches to service delivery that work to reduce the health, economic and social harms associated with sub-stance use and other higher risk behaviors. Harm Reduction focuses on benefits not just to the client, but to the community, broader society and other systems like policing and health care. A Harm Reduction approach emphasizes meeting the client where they are at, accepting that they are engaged in behaviors that may cause harm, and not judging them for their participation in those activities. Examples of Harm Reduction approaches may include the likes of

drinking palatable alcohol instead of non-palatable alcohol, exchanging used needles for new ones for injection drug users, using a safer crack use kit and sex workers using condoms for all sexual acts (oral, anal and vaginal).

Home Visits – require the Housing First staff to be present at the Participant’s rented dwelling. Home visits cannot be conducted over the phone, electronically or by meeting the Participant elsewhere in the community.

Homeless/ homelessness – An individual or family who lacks a fixed, regular, and adequate nighttime residence and is:

- a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in a shelter or place not meant for human habitation immediately before entering that institution;
- No subsequent residence has been identified;
- The individual or family lacks the resources or support networks needed to obtain other permanent housing;
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who do not otherwise qualify as homeless under this definition.
- Victims fleeing family violence may also be considered homeless.

Housing First Case Management – is a collaborative care structure used to support Participants. Assessments are conducted by the Housing First Case Manager (Housing First staff) to determine service options that may be suitable for the Participant, based upon the individual needs as determined by the Participant and the availability of resources. Housing First Case Management is then involved in planning, facilitating and making referrals to those services best able to meet those Participant defined needs, documenting all aspects in this regard. Priorities are established to sequence activities, and intended outcomes are pre-defined. Housing First Case Management is not treatment, nor is it therapy or counseling. It is also important to note that it is the case that is being managed, not the person. As such, intensive case management does not require, coerce or

direct a particular approach or order with which Participants must engage with services.

Housing First Staff – is an employee of the Housing First Program involved with Housing First. These individuals are involved in the delivery of support services to Participants, most often in the form of Intensive Case Management that is delivered in accordance with a written Case Plan.

Housing Search – pertains to the Housing First staff preparing housing options for the Participant to view and consider based upon information gleaned from the Participant that will help determine the affordability, appropriateness and potential availability of housing options based upon their specific needs and interests. The Housing Search empowers Participants to make an informed choice about where they want to live based upon affordability, appropriateness and availability. There are no housing placements in Housing First, just Housing Options that the Participant chooses from. There are no limits regarding the number of units a Participant may want to view, even if doing so prolongs their homelessness. Participants have the right to accept or reject any of the units that they view. The Housing Search process is documented and each viewing is intended to better inform future options based upon the Participants needs and preferences.

Incident Report – is the documentation of an incident involving a Participant, Housing First staff or other party engaged with the Participant or Housing First staff where there was harm or injury related to service provision and/or supports. The report is completed after the situation is stabilized and includes all relevant details and information regarding the event including, but not limited to: date, time, names of people involved, names of witnesses, harm or injury, steps taken, response to steps, names or badge numbers of attendants or first responders, with whom the information was shared and when, and the result(s) of the incident. Incident reports must be shared with the Supervisor and Funder, and follow all relevant legislation.

Interim Housing – is housing that can be accessed on a temporary basis (usually no more than 90 days) that a Housing First staff can make available to a Participant while they look for housing or as a Participant is being re-housed. Interim Housing has no rights of tenancy.

Lease Signing – is the activity where the Participant enters into a legal agreement with a landlord for a specific housing unit by signing their name to the agreement. The agreement shall stipulate all the terms and conditions of the lease and its length. The Housing First staff shall be present and supportive during the lease signing.

Master Lease – when the Housing First program enters into a lease agreement with a landlord and in turn subleases the unit to a Participant.

Meaningful Daily Activities – are those activities normally outside of case planning activities that are intended to decrease social isolation, increase community integration and provide greater sense of purpose to one’s life. Meaningful daily activities address boredom, help (re)create social networks, seek participation across socio-economic status, improve health and wellness, assist with recovery, foster greater independence and help people reconnect with faith, culture and other communities of interest. Ideally meaningful daily activities occupy most days of the week and a range of times of day.

Motivational Interviewing – is a collaborative, evocative conversation between the Housing First staff and Participant about change. The intent of the approach is to explore and resolve ambivalence and facilitate change. While Motivational Interviewing may note discrepancies and seek to resolve conflicting attitudes or incongruent behaviors, it is not coercive. Motivational interviewing respects that it is the Participants right to accept and make change, and the Housing First staff’s job to create a conversation where change can seem possible but is not imposed.

Move in Process – encompasses all of the activities associated with a Participant moving to a unit after a lease signing. This will include, but is not limited to, arranging for belongings to be transported, organizing a meeting time with the superintendent, landlord or building representative, ensuring the Service Participant secures keys, booking an elevator or service door entrance (if required), ensuring that the Participant has furniture and basic needs, picking up and accompanying the Participant to the move-in, helping to clean and prepare the unit for move-in and providing an orientation to the building and surrounding neighbourhood.

Orientation – the process by which a Participant is actively support by the Housing First staff in gaining and applying knowledge regarding the building and neighbourhood within which they are now residing. It is a focused, deliberate and intensive activity that requires “hands on” learning – it is experiential.

Outcomes – are what happen as a result of the service. Of particular interest is long-term housing stability, changes in skills and behaviour, increased knowledge and awareness.

Permanent Housing – housing, which is normally a rental unit, with a standard tenancy agreement (the same type of tenancy agreement someone who isn’t part of the Housing First program would be able to enter into). There is no transitional period. Permanent housing can take many different forms, from rental units in the private market to permanent supportive housing. The lease cannot stipulate a prescribed length of stay (other than a standard lease length), nor can it prescribe participation in particular mandatory programming.

Positivity – is an approach to conversation and exchange where the Housing First staff emphasizes positive emotions such as hope, joy, pride, interest, gratitude and

serenity when working with Participants. More than just having a positive attitude, positivity focuses attention on helping the Participant recognize and appreciate positive emotions.

Privacy – is the state of being free of intrusion or disturbance in one’s own life.

Professional Boundaries – are the delineation in the relationship between the Housing First staff and the Participant, and exist to protect both the staff and the Participant. Professional boundaries are crossed anytime there is damage caused to the Participant by the support worker as a result of a violation of trust, victimization and/or exploitation. This type of conduct includes sexual and non-sexual misconduct, involvement in the personal life of the support worker, and/or any type of financial gain or improperly expected reciprocity. The Housing First staff must explain professional boundaries to the Participant to ensure understanding and respect.

Professional Services – a service delivered by individuals that have the education, training and/or experience to make them conversant and qualified to deliver services in accordance with the requirements of a specific intervention. In almost all instances, the individuals performing the professional service receive remuneration commensurate with other professionals performing similar work. In a professional service, people are expected to not cause harm due to negligence or ignorance related to the service that they are providing, exercise professional boundaries and have a skill set that is specialized related to the tasks required. In the delivery of a professional service, it is possible to monitor fidelity to the intervention and note compliance and shortcomings in practice. A professional service is one that stays current in main currents of thought and practice, and relies on the use of evidence-based and evidence-informed practices in service delivery.

Program Exits – are those instances where a Participant is no longer actively receiving case management supports through the Housing First program. In successful exits, the Participant most often will have received between 12-18 months of case management supports, has demonstrated integration with other community programs to meet ongoing needs, has achieved ongoing residential stability, has an exit plan in place, and the Supervisor have reason to believe that due diligence has been conducted in preparing for the exit, thereby increasing the likelihood of ongoing housing and life stability. Successful exits are monitored in accordance with post-exit requirements to understand if residential stability continues. In unsuccessful exits, the Participant does not complete 12-18 months case management supports and experiences housing and/or life instability. Unsuccessful exits include, but are not limited to, incarceration, relocating to another city or town, discontinuing the case management relationship, a return to homelessness without any desire to re-enter the program and long-term hospitalization. In instances where a Participant passes away it is considered a neutral exit.

Referrals- pertain to the formal linkages to a range of services that Participants may need/want access to in the course of receiving supports. These can range from socio-recreational activities to health care. Often, the formal linkages are the process, who is responsible, contact details for key personnel, how the service is operationalized, how the service delivery will be monitored and when and how the process will be evaluated and updated in the future. Services are referred to assist in improving Participant functioning physically, cognitively, emotionally, recreationally and behaviorally. It is expected that the Participant will benefit from the emotional support, material support, instrumental support and/or social network that results from the referral.

Re-housing – encompasses all of the activities that a Participant and Housing First staff are involved with to assist the Participant relocate to a different housing unit. Re-housing may occur as a result of positive reasons (e.g., is employed and has more income for a larger unit; reunited with children; etc.) or for negative reasons (e.g., evicted). Re-housing is considered a priority activity. There are no limits placed on the number of times a Participant can be re-housed. There shall be a debriefing after every negative reasons resulting in re-housing to try to avoid replication of issues. Participants are not punished for needing to be re-housed, nor is there a discontinuation of any case management activities during the re-housing process. Furthermore, Participants are not coerced to accept a different unit in the re-housing process – choice in housing remains intact.

Recovery – is an orientation to service delivery for persons who have experienced compromised mental wellness that focuses on supporting the personal journey towards well-ness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the effects of mental illness. Recovery is not synonymous with cure. Recovery means that growing and moving on from the past can instill hope for the future, and as part of the journey an individual can increase their self-awareness and self-confidence, gain a better understanding of their condition, its symptoms and triggers, and develop strategies to cope or adapt to the illness. Education, empowerment, self-determinism, skill development, support and mentorship, and community integration are all aspects of the recovery orientation.

Refuse or Revoke Services – a Participant has the right to voluntarily end their participation in the Housing First program. Processes and mechanisms may be put in place by the Housing First program to formally conclude the process and close the case file. A Participant that refuses further services or revokes services is considered to be an unsuccessful exit. At the time due diligence has been satisfied and service delivery is discontinued, the former Participant surrenders any and all financial supports they were receiving through the program.

Rent Check – based on the lease, each Housing First staff person receives information from each landlord that rent for each of the Participants they are supporting was paid on time and in full. These are reported to the Supervisor.

During the monitoring phase for Participants who have successfully exited from the program, the rent check process must continue.

Risk Assessment – is a process that seeks to identify the potential harms to the Participant, community and/ or Housing First staff, evaluates the likelihood of the risk occurring and its impact, identifies the people, processes and/or technology that will be used to decrease the likelihood and impact of the risk, and monitors the implementation for future improvements. The Risk Assessment is documented. Risk Assessments demonstrate a keen understanding of the potential issues and are used to alter practice for increased safety. A sample Risk Assessment is included in the Appendix 4.

Risk-Benefit Analysis – is used in the referral and advocacy process such that all of the potential risks are articulated and considered relative to all of the potential benefits. These risks and benefits are considered in three dimensions: first relative to the individual Participant; second relative to the Housing First Program; third relative to the broader Housing First program in the community. In almost all instances where risks outweigh benefits, the activity is not undertaken.

Participants – are individuals or families who are receiving services as part of the Housing First program. Alternate terms that may be used include: client; service user; program user; program participant; member; etc.

Service Prioritization Decision Assistance Tool (SPDAT) - is an instrument created by OrgCode Consulting, Inc. that examines 15 components and the acuity of each to help determine if an individual or head of household is a candidate for Housing First. The tool is then used to assist with priority setting and effective case management delivery. The SPDAT is a tool – not a decision-maker, nor does it present absolutes. Staff must be properly trained and certified to use the SPDAT.

Service Restrictions – a compliance based instrument to restrict the time, location or type of services that a Participant may receive as a result of a serious health or safety infraction.

Social Networks – are people and organizations that the Participant is connected with that provide them with fulfillment socially, spiritually, emotionally, intellectually and/or recreationally. Social Networks may include friends and/or family members, but this is not a requirement for a Social Network where acquaintances with common interests or experiences can suffice.

Stages of Change – is a model for understanding and working with Participants. The Stages of Change are pre-contemplation, contemplation, preparation, action, maintenance and, relapse.

Strength-based – is an approach to service delivery that focuses on the strengths that a Participant has rather than focusing attention on deficits. Using the natural

and learned strengths that a Participant has, the intent is to leverage these strengths to help the Participant work effectively on other areas of their life.

Substances – include alcohol and other drugs, with the exception of medications prescribed by a doctor to the person, using the medication for the purpose it was intended in the dosage it was intended.

Teaching and Modeling Skills – is hands-on work conducted by the Housing First staff to demonstrate and teach various skills. This work may include, but is not limited to, laundry, grocery shopping, cooking, cleaning, social behaviors in particular settings, etc.

Supervisor – is an employee of an organization funded to provide Housing First services that provides supervisory and clinical direction to the Housing First support workers and ensures fidelity to the Housing First intervention. Each Supervisor can support up to 5 Housing First support workers at one time.

Third Party Payment of Rent – is rent paid directly by someone other than the Service Participant – such as income supports, employment income, pension income – directly to the landlord.

Treatment Protocols – are written orders from a health professional on what needs to occur by way of follow-up for health, mental health or treatment services that the Participant received so as to continue the healing and/or stabilizing process.

Unit Walk-Through – an activity conducted prior to lease signing by the Housing First staff and Participant – perhaps with the landlord present- where the condition of every item within the apartment dwelling is documented. The Unit Walk-Through is included in the Participant’s case file.

Work Order – a formal request by a tenant to the landlord, superintendent or property manager to repair or replace an item in a rented unit that has reached the end of its life expectancy.

Universal Precautions – requires the use of non-porous materials such as gloves to ensure there is no direct contact with bodily fluids. Puncture resistant containers for the use of sharps such as needles may also be considered a universal precaution.

APPENDIX 2

Crisis Plan

The crisis plan is developed between the Housing First Case Manager and the participant early in the Housing First Case Management relationship. It is best done at a time when the participant is not in crisis.

The participant and the Housing First Case Manager each retain a copy of the crisis plan. For the participant, it is their ready access to key phone numbers and information in the event that a crisis is imminent or occurring. For the Housing First Case Manager, the crisis plan becomes part of the participant's case file, readily available for the Housing First Case Manager or other team members to access if they learn that the participant is in crisis or a crisis seems imminent.

The crisis plan is in the participant's own words. It is their preferred course of action in the event that a crisis is occurring or is imminent. It is informed by their past experiences of relating to stress and dealing with crises.

Crisis Plan - Sample

Date

In an emergency CALL 911

My worker is

and he/she can be contacted at xxx-xxx-xxxx. If I do not get a hold of them, I can contact xxx-xxx-xxxx.

Other places I may call when in crisis are: (examples depending on community resources may include services such as a crisis line, withdrawal management, rape crisis centre, friendship line, etc.)

Name:

Address:

Emergency / Medical Contacts:

1. Telephone:

2. Telephone:

3. Telephone:

Date of Birth:

Health Card Number/Version:

Understanding and managing a crisis:

I define a crisis as...

The things that cause me stress, anxiety, pain or hurt to go into crisis are...

Signs to look for that I am about to go into crisis or am in crisis are...

If you notice I am doing and/ or saying give me space.

The things I have done to deal with a crisis that is about to happen, or when I am in crisis are...

If I am in crisis it is best if these people are contacted...

If I am about to be in crisis or I am in crisis, these are the special arrangements or things I need to have taken care of for me...

In the event of a crisis I would like my crisis plan shared with my support network, as deemed appropriate by my worker.

Yes____ No____

Participant Signature:

Date:

Housing First Case Manager

Date:

APPENDIX 3

Exit Plan

Name:

Date of Birth:

Address:

Health Card Number/Version:

Emergency / Medical
Contacts:

1. Telephone:

2. Telephone:

3. Telephone:

I will continue to pay my rent by making sure I do the following things:

I will make sure that I don't get kicked out of my apartment by:

I am ready to live with greater independence and without Housing First supports because:

The areas in my life that I am still working on are:

I am going to work on these areas by

Signs that my housing is becoming unstable are:

If my housing is becoming unstable I will:

Signs my housing is unstable are:

If my housing is unstable I will:

I am confident that I have the skills to:

Clean my apartment

Go grocery shopping

Pay my rent

Speak with my landlord

Do laundry

Budget

Pay my other bills

Be a responsible tenant

Set goals for myself & take action

Problem solve with a level-head

Keep my emotions in check when frustrated/angry

Follow my crisis plan when necessary

Make appointments & keep them

Follow doctor's instructions

Follow psychiatrists instructions

Take my medicine

Refill my medicine

Have fun without creating problems

Fill my days with things that make me happy

Invite guests over and know when to ask them to leave

Seek out help when I need it

Keep my apartment

Comments:

I consider the following people to be part of my support network, and recognize that my Housing First support worker will no longer be part of my support network:

Name: Phone:

Name: Phone:

Name: Phone:

Name: Phone:

Should I ever receive an eviction notice or be told by my landlord that I need to leave, I will:

I would like my exit plan shared with my support network and other social service organizations, as deemed appropriate by my worker.

Yes ____ No ____

Participant Signature:

Date:

Intensive Case Manager Signature:

Date:

APPENDIX 4

Risk Assessment

Managing risk is a response to a specific assessment. A risk has to be defined and characterized before steps can be taken to minimize the risk.

While workers may assist individuals in helping them reduce risks, it is the individual that is responsible for their own actions. Staff does not have the power to control their clients. But they can shed light on areas where behaviors may be problematic, and do so in a respectful and engaging way that is of assistance to the client.

The focus is on the behaviour. Not the individual. A risk assessment is **not** a process of determining if someone is a “good” or “bad” person. It is about helping to create a series of steps that can be taken to reduce the likelihood of harm to self or others for the client.

The risk assessment encompasses the potential risks to clients, workers and the community. The community can encompass a shared living environment, others in the same program or even the general public.

It is recommended that all workers that engage with this client group are adequately trained in safely working alone, impacts of mental illness, impacts of brain injury, impacts of substance use and have knowledge of trauma.

After assessing risk, the goal is to create a risk minimization plan. Minimizing risk occurs through technology, processes or people. For example, technology can include the likes of electronic medical alerts that advise when a person has fallen or cameras at entrances and exits of buildings. Processes can include the likes of going for a walk when feeling particular emotions or confronted with specific situations or a guest policy that minimizes congestion in common areas. People can include the likes of certain clients always being visited by more than one worker at a time. There is nothing “cookie cutter” about the ways in which the technology, processes or people are used. They are specific to each situation and each person and each specific risk.

Dimension 1—Observed & Known Behaviour

	YES	NO
Does the individual demonstrate self-neglect? (e.g., inability to meet one’s needs of daily living; practice good hygiene; etc.)		
Does the individual demonstrate anti-social behaviours?		
Does the individual threaten violence or engage in other aggressive		

behaviour (e.g., posturing, challenging, demonstrate toughness by punching or kicking inanimate objects, etc.)		
Is the individual violent (e.g., engage in physical altercations which may include domestic violence, use weapons, etc.)		
Has the individual made racist, homophobic, sexist and/or other discriminatory comments towards particular groups or individuals?		
Does the individual self-harm?		
Does the individual bully others?		
Has the individual attempted suicide at any point in the last three years or expressed suicidal thoughts within the past 12 months?		
Does the individual harass other sexually or demonstrate sexual aggression up to and including rape?		
Does the individual abuse children?		
Does the individual manipulate others – through physical or verbal means - for their own personal gain?		
Is the individual abused by others?		
Is the individual harassed by others?		
Is the individual manipulated by others?		
Is the individual bullied by others?		
Does the individual exhibit attention seeking behaviour?		
Has the individual changed their routine in the past month?		
Does the individual have difficulty expressing emotion verbally, especially when angry or upset?		
Does the individual respond normally to stimuli experienced in day to day life? (e.g., happiness at good life moments; laughter when there is a joke; sadness when something bad happens in life; pain when hurt)		
Do others have a negative reaction to the individual's behaviour?		
Does the individual frequently fall?		

Does the individual start fires?		
Does the individual destroy property?		
Is the individual at risk of eviction?		

Dimension 2—Behavioral Influences

	YES	NO
Are any “yeses” above related to use of substances including alcohol?		
Are any “yeses” above related to compromised mental wellness?		
Are any “yeses” above related to compromised physical wellness?		
Is the individual aware of what triggers certain “yes” behaviours?		
Does the individual have strategies and coping skills to decrease the “yes” behaviours?		
Does the individual demonstrate remorse if their behaviour impacts others or hurts them- selves?		
Does the individual accept responsibility for his/her behaviour?		
Is the individual aware of certain environments that effect his/her behaviour? (e.g., noise; around people using drugs; confined spaces; hot room; institutional settings; group gatherings; etc.)		

Dimension 3—Conflict with the Law

	YES	NO
Has the individual ever been incarcerated for a violent offence?		
Has the individual ever been incarcerated for a sexual offence?		
Has the individual ever been incarcerated for kidnapping or confinement of an individual?		
Are there any legal restrictions in place on where the individual may (or may not) live? (may include conditions of release or parole, restraining orders, etc.)		

Have any of the offences or restrictions occurred within the past 10 years?		
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Dimension 4—Interaction with Health, Mental Health, Behavioural & Addiction Resources

	YES	NO
Does the individual have any medical condition that impacts their impulse control or cognitive functioning and reasoning? (e.g., Fetal Alcohol Spectrum Disorder; brain injury; organic brain disorders)		
Has the individual been involuntarily admitted to a mental health facility within the past three years?		
Has the individual voluntarily admitted themselves to a mental health facility in the last year?		
Has the individual ever been ordered to attend anger management classes?		
Has the individual ever been ordered to a service to address their substance use?		
Does the individual have a Community Treatment Order?		

Dimension 5—Alcohol & Substance Use

	YES	NO
Does the individual use alcohol or substances while having a co-occurring physical health issue?		
Does the individual use alcohol or substances while having a co-occurring mental health issue?		
Does the individual use substances intravenously?		
Does the individual use safe and sterile products for their consumption?		

Does the individual safely dispose of their bottles, needles, etc. after consumption?		
Does the individual most frequently use alone?		
Has the individual had one or more overdose in the past 12 months?		

Dimension 6—Situational Response

	YES	NO
Does the individual have a consistent negative response to men?		
Does the individual have a consistent negative response to women?		
Does the individual have a consistent negative response to younger workers (approximately under the age of 30)?		
Does the individual have a consistent negative response to older workers (approximately 55 years of age and older)?		
Does the individual have a consistent negative response to people of a specific race or ethnicity?		
Does the individual have a consistent negative response to people engaging with them one on one?		
Does the individual have a consistent negative response to people when meeting with two or more workers at a time?		
Does the individual have a consistent negative response when in a particular environment (e.g., at a doctor's office; in their apartment; on the bus)?		
Does the individual have a consistent negative response to behavioural issues being discussed?		

Dimension 7—Populations at Risk

	YES	NO
Is the individual a risk to themselves?		
Is the individual a risk to other people that they live with or near?		
Is the individual a risk to visitors of the other people they live with or near?		
Is the individual a risk to other clients that are involved with the program?		
Is the individual a risk to staff?		
Is the individual a risk to property?		
Is the individual a risk to the general public?		

Risk Minimization Plan

The worker and the client should work together to develop a risk minimization plan for those elements of the risk assessment where there was a “yes”.

The risk minimization plan is an iterative process – it is unlikely to be created in one sitting. It is often through a series of conversations that the risk minimization plan becomes fully developed. The development of the plan can lead to contemplation of changes in the individual’s life and may have elements that become integrated into the individual service plan.

For each area where there is a perceived risk:

- try to define what exactly the risk is
- try to determine exactly when the risk is most likely going to result in harmful action
- try to figure out what process, technology or people can be put into place to minimize the risk
- focus on changing the behaviour – not the person
- use a strength-based approach to highlight how the individual can be successful in altering their behaviour

Risk Minimization Work Plan

What Exactly is the Risk?	Who is at Risk?	In which situations is the Risk most likely going to result in negative action?	What process, technology or people need to be put into place to reduce the Risk?

APPREXIX 5

CODE OF ETHICAL CONDUCT FOR CASE MANAGERS (As per National Association of Case Management Code of Ethics)

I. Moral and Legal Standards:

Case Managers shall behave in a legal, ethical and moral manner in the conduct of their profession, maintaining the integrity of the Code and avoiding any behavior which would cause harm to others.

A. The Case Manager shall not exploit relationships with clients for personal advantage.

B. The Case Manager shall not engage in sexual activities with clients.

C. The Case Manager shall not involve clients in any illegal activities nor promote the use of potential substance which could be abused.

D. The Case Manager shall terminate services to clients and professional relationships with them when such services and relationships are no longer required or serve the client's needs or interests.

Certification indicates that the case manager possesses the education, skills, moral character, licensing and experience required to render appropriate services based on sound principles of practice.

E. The Case Manager shall not withdraw services precipitously, but must carefully consider all factors in the situation and take care to minimize possible adverse effects.

F. The Case Manager who anticipates termination, interruption or reduction of services to clients shall notify them promptly and seek the transfer, referral or continuation of services in relation to their needs and preferences. The Case Manager shall also advise clients of their rights and responsibilities regarding the transfer, referral or reduction of services.

G. The Case Manager shall respect the integrity and protect the health and welfare of people and groups with whom they work. The Case Manager's primary responsibility is to they must endeavor at all times to place that interest above their own.

H. The Case Manager shall not physically, mentally, emotionally, spiritually or in any other manner abuse, neglect or exploit their clients.

I. The Case Manager shall not accept anything of value for making a referral.

J. The Case Manager shall not alter documents and other information provided

from other sources, nor knowingly utilize documents containing untrue information , including backdated documents.

II. Underlying Values

Belief that case management is a means for improving client health, wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation.

Recognition of the dignity, worth and rights of all people.

Understanding and commitment to quality outcomes for clients, appropriate use of resources, and the empowerment of clients in a manner that is supportive and objective.

Belief in the underlying premise that when the individual(s) reaches the optimum level of wellness and functional capability, everyone benefits: the individual(s) served, their support systems, the health care delivery systems and the various reimbursement systems.

Recognition that case management is guided by the principles of autonomy, beneficence, nonmaleficence, and justice.

CORE VALUES AND ETHICAL RESPONSIBILITIES

Employees in all areas of all agencies bear the ethical responsibilities identified under each of the six (6) values. These responsibilities apply to employee interactions with clients, co-workers, community stakeholders including, but not limited to: external service providers, other professionals, volunteers and members of the public. The responsibilities are those identified by Housing First Program employees and are intended to help agency employees apply the Code. They also serve to articulate organizational values to other professionals and members of the public. Employees help each other implement the Code, and they ensure that students and volunteers are acquainted with the Code.

A. Right to housing and supports

Case managers in ‘housing first’ believe that everyone has the right to housing and individualized supports to live in their community of choice.

Ethical Responsibilities:

Case managers engage in practices that support and empower the physical, emotional, psychological, cultural and spiritual choices of the people who receive services as well as the people employed to provide services.

1. Case managers consistently apply a harm reduction approach which is inclusive

and client driven.

2. Case managers consistently strive to educate those receiving services to live independently as inclusive members of their community. This includes the assessment of individuals' needs and referrals to appropriate community resources.
3. Case managers consistently revise case plans in order to best meet the needs of the individuals being served.

B. Respect

Case managers believe that all people deserve to be treated with respect.

Ethical Responsibilities:

Case managers acknowledge, without judgment, the right of clients to make choices and decisions about their life within the parameters of agency mandates, policies and the law.

1. Case managers engage in direct, honest and empathic communication that acknowledges the worth and dignity of the other person.
2. Case managers recognize the intrinsic value of the other person whether client, co-worker or stakeholder, by seeking their input into decisions that impact their life.
3. Case managers follow through with commitments and expectations to the best of their abilities.
4. Case managers are inclusive in their practice and recognize the value of individual differences and unique skills everyone brings including, but not limited to: culture, religion, ethnicity, race, language, ancestry, ability, family status, education, vocation, personality, mental or physical, gender, sexual identity, political and social views.

C. Professionalism

Case managers are advocates for their agency and committed to engaging in professional practices that add value and credibility.

Ethical Responsibilities:

1. Case Managers lead by example.
2. Case Managers accurately present and apply their professional qualifications, experiences and knowledge.

3. Case managers recognize that objectivity; professional judgment and client needs may be compromised by the existence of dual relationships with clients, (romantic, sexual or other) and take steps to maintain appropriate boundaries by avoiding or terminating such relationships.
4. Case managers will not engage in behaviour with clients that result in any perceived or actual personal or financial gain.
5. Case managers believe that appropriate workplace dress, language and behaviour are important to role model for clients, fellow employees, and other stake- holders.
6. Case managers carry out their employment responsibilities in a way that builds respect and credibility within their agency, the sector serving homeless people, and the community at large.
7. Case managers treat clients and all other persons with whom they interact with courtesy, compassion, respect, honesty and fairness.
8. Case Managers hold themselves accountable for their actions and take initiative to ask questions and seek clarification about any issues that impact their working experience.

D. Competence

Case managers are committed to quality service and pursue excellence in a commitment to optimize their professional competence, as embodied in the qualities of knowledge, ability, experience and judgment.

Ethical Responsibilities:

1. Case managers recognize the boundaries of their competence and only provide services for which they are qualified by training or experience.
2. Case managers recognize when and if their personal issues are interfering with their ability to provide their particular service within the agency. Under these conditions employees take appropriate steps and seek assistance and support internal and/or external to the agency.
3. Case managers take responsibility for sharing and developing their expertise.
4. Case managers engage in self-care and strive to achieve work-life balance.

E. Confidentiality *Case managers recognize the importance of privacy and confidentiality and safeguard personal information obtained in the context of a professional relationship.*

Ethical Responsibilities:

1. Case managers recognize the right of people to have control over the collection, use, access and disclosure of personal information.
2. When discussing personal information, case managers take reasonable measures to prevent confidential information from being overheard.
3. Case managers collect, use and disclose personal information on a need-to-know basis with the highest degree of anonymity possible in the circumstances and in accordance with relevant federal and provincial laws.
4. When case managers are required to disclose personal information for a particular purpose, they disclose only the amount of information necessary for that purpose and inform only those necessary. They attempt to do so in ways that minimize any potential harm while meeting professional and legal requirements.
5. Case managers advocate for clients to receive access to their records through the appropriate channels and in a timely process when such access is requested.
6. Case managers respect policies and laws that protect and preserve people's privacy including agency information and security safeguards in information technology.
7. Case managers intervene if others inappropriately access or disclose personal information.

F. Collaboration

Case managers are collaborative in their approach to the provision of services.

1. Case managers seek input from all pertinent and available resources in the best interest and achievement of the client's goals.
2. Case managers appropriately share information with external resources as required and in accordance with the principles of confidentiality enumerated within this Code.
3. Case managers provide concrete and emotional support to each other to foster the teamwork and cooperation necessary to best meet the needs of clients and each other as colleagues.
4. Case managers respond in a timely manner to information and requests from clients, as well as internal and external stakeholders.
5. Case managers invite open and honest feedback from clients, co-workers and supervisors.

See Attached