STANDARDS OF PRACTICE

Case Management for Ending Homelessness

ACCREDITATION PROCESS & STANDARDS MANUAL

2020 EDITION

Calgary Homeless FOUNDATION

Canadian Accreditation Council | Conseil d'accréditation canadien

STANDARDS OF PRACTICE

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CASE MANAGEMENT FOR ENDING HOMELESSNESS

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PREAMBLE

The key goals of Calgary's Homeless-Serving System of Care (CHSSC) are to coordinate, strengthen and integrate the systems needed to end homelessness in Calgary. At its core, CHSSC serves those experiencing or vulnerable to homelessness with a person-centered lens: meeting persons in need of services where they are at and offering them real choices when it comes to services and housing that is right for them. Case Management Standards have been developed to outline a standard quality of care among different organizations providing Housing First services to Calgarians experiencing homelessness.

The first objective of CHSSC agencies, programs, and funding is to assist individuals experiencing homelessness to gain and maintain permanent housing with appropriate supports (Housing First). A combination of case management and housing with supports has been found to be the most successful approach to achieving these goals and ending homelessness (National Alliance to End Homelessness, 1999; Nelson, Aubry, & Lafrance, 2007; Tull, 2006).

Providing case management supports over a period of time results in the reduction in the length of time homelessness is experienced and the reoccurrence of homelessness (Flowers-Dorth, 2008). In one study, those with complex needs showed a 100% increase in the number of days they remained successfully housed when they had access to case managed supports and appropriate housing (Clark & Rich, 2003). In another study in Fayette County in the US, only 3% of people accessing case managed supports returned to homelessness following completion of service (Veghts, 1990).

Case management refers to a collaborative and planned approach to ensure the individual experiencing homelessness receives timely access to the appropriate supports and services they need to move forward with their lives. Originating in the mental health and addictions sector, the strategies and tools of case management can be used more broadly to support anyone who has experienced homelessness to overcome challenges. It is a comprehensive and strategic form of service provision whereby a case worker assesses the needs of the client (and potentially their family) and, where appropriate, arranges, coordinates, and advocates for delivery and access to a range of programs and services designed to meet the individual's needs (Gaetz, S. 2014).

The purpose of Housing First is to reduce barriers so that people are supported to retain their housing and prevent future experiences of homelessness. The purpose of this document is to provide a set of common standards of practice for case management, provided by CHF funded agencies to ensure that there is coordinated service delivery for individuals accessing services.

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PROCESS MANUAL

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THE STANDARDS PROCESS

The Calgary Homeless Foundation (CHF) engaged in an 18-month process to develop an initial set of standards. Interviews were conducted with the local community members, national and international experts and people with lived or living experience of homelessness. The process also included a review of the relevant literature (including case management standards from other disciplines), to determine best and promising practices in case management, specifically in a homelessness context. Although programs funded by CHF are contractually obligated to adhere to these standards, other case management programs working with people experiencing homelessness are also encouraged to adopt the standards of practice—as they represent a comprehensive process to determine best practices, as well as the opportunity to ensure consistent and standardized processes across the system-of care.

In 2011 CHF initiated a review process with funded case management programs to ensure the appropriateness and practical relevance of these standards. In 2011-2012, CHF worked with key stakeholders to determine a process for ongoing review and adaptation of these standards as part of its system planning work. The 2011/12 initial phase of implementation has been used to enhance standards with learnings and strengthen these for continued relevance. In 2014, these standards were revised to meet current knowledge and best practice, including community consultation with funded case management programs. Throughout 2019 these standards were reviewed and revised again to reflect Calgary's Homeless Serving System of Care (CHSSC) then published in 2020. These standards are regularly reviewed and revised to stay current to best practices. The 2020 Edition includes feedback and suggestions from individuals with lived/living experience of homelessness.

DEFINING CASE MANAGEMENT

Case management for ending homelessness is a collaborative, community-based intervention that places the individual at the centre of a holistic model of support necessary to secure housing and provide supports to sustain it while building independence. For case management to be successful in this context, it must be focused on the right matching of services. It must:

- *Be person-centred*
- *Be adaptive*
- *Be individualized*
- *Be culturally appropriate*
- *Be flexible*

- *Be holistic*
- *Be multi-disciplinary*
- *Be focused on establishing networks and relationships*
- *Include advocacy that leads to self-advocacy*
- *Include coordination and engagement*

—Research Report Dimensions of Promising Practices for Case Managed Supports in Ending Homelessness Calgary Homeless Foundation, 2011

Case Management is defined by the National Case Management Network of Canada (2009) as:

> *"collaborative, client-driven process for the provision of quality health and support services through the effective and efficient use of resources. Case management supports the client's achievement of safe, realistic, and reasonable goals with complex health, social, and fiscal environment."*

For case management to be successful in this context, it must consist of the following key principles.

KEY PRINCIPLES*

1. ***Cultural competence***

   Case managers need to provide services that work with individuals' beliefs, values, and practices. Case managers should be competent to the differing needs of different people and gain the cultural knowledge necessary to become culturally conscious and effective in supporting individuals.
   —From the National Case Management Network (2009)

   Morse (1998) adapts the aforementioned principles in case management for the specific goal of ending homelessness:

   - Person-centred and -focused, based on what the individual wants
   - Respect for individual autonomy
   - Trust and strong relationships are a must

2. ***Active engagement to ensure successful completion***

   Case Managers' primary responsibility is to ensure successful transitions from experiencing homelessness into a permanent experience of being housed. Actively identifying a person's strengths and capacities in the context of community life

* Key Principles from National Case Management Network of Canada 2009 adapted by CHF

rather than relying on systems or service providers; this includes utilizing informal community supports, peer support and mentoring. Prior to any discharge, the case manager must complete a formal due diligence protocol to ensure that all efforts have been utilized to engage, stabilize, and support the individual.

3. ***Support for people's rights***

   Case managers work to strengthen the voice of the person in accounting for their history, evaluating present conditions, and defining desirable changes in their life

4. ***Specific, purposeful treatment***

   Case managers need to work with each person individually toward delivering person-centered services that result in measurable quality of life outcomes valued by service participants with specific care plans based on that individual. When working towards the individual's goals, the case manager should provide individuals and families with choice for supports and providers, which are flexible to meet changing needs.

5. ***Collaboration with others***

   Service provision is not the job of one individual, but of a community. Case managers must work to align system structures and processes to respect individual choice, respond to cultural diversity, foster community connection, promote flexibility, portability and accessibility. The case manager works to broker relationships with different service providers as appropriate for the individuals so that the person accessing services will have a group of people working together to support them and communicate effectively as a team.

6. ***Ethical and accountable work***

   Case managers need to provide effective, organized, and individualized care to meet the needs of the people they work with. They need to promote self-care and independence and keep up to date with changes in the goals or needs of the person. Case managers need to use care resources ethically and within the financial means allotted.

These key principles should be implemented within case management. According to Gaetz (2014), for case management to be successful in ending homelessness, it should also take the following key dimensions into account:

- Collaboration and cooperation – a true team approach, involving several people with different backgrounds, skills and areas of expertise;
- Right matching of services – person-centred and based on the complexity of need;

- Contextual case management – Interventions must appropriately take account of age, ability, culture, gender and sexual orientation. In addition, an understanding of broader structural factors and personal history (of violence, sexual abuse or assault, for instance) must underline strategies and mode of engagement;
- The right kind of engagement – Building a strong relationship on respectful encounters, openness, listening skills, non-judgmental attitudes and advocacy;
- Coordinated and well-managed system – Integrating the intervention into the broader system of care; and
- Evaluation for success – The ongoing and consistent assessment of case managed supports.

THE STANDARDS

The standards of practice for case management are based on the principles mentioned above, and are separated into four categories:

- Staffing
- Case Management Activities
- Privacy and Information Management
- Service Delivery

PRIVACY AND INFORMATION MANAGEMENT

The collection of information and the use of that information by programs must be in alignment with federal and provincial legislation and regulations and professional guidelines around privacy.

REVIEW PROCESS

CAC has a long history of supporting programs and organizations as they move towards service excellence. It is the belief of CAC that accreditation should support the internal development of programs by building capacity through the application of the accreditation process. In order to ensure that standards have been fully implemented into practice, the review process measures programs on multiple levels. Objective measurements are performed in the review of policies, procedures, documents, and files, along with the on-site observations made by the Review Team. Subjective evaluations are performed during the interviews of staff and clients, which assess how each individual perceives their role and the current practices used in the service delivery model.

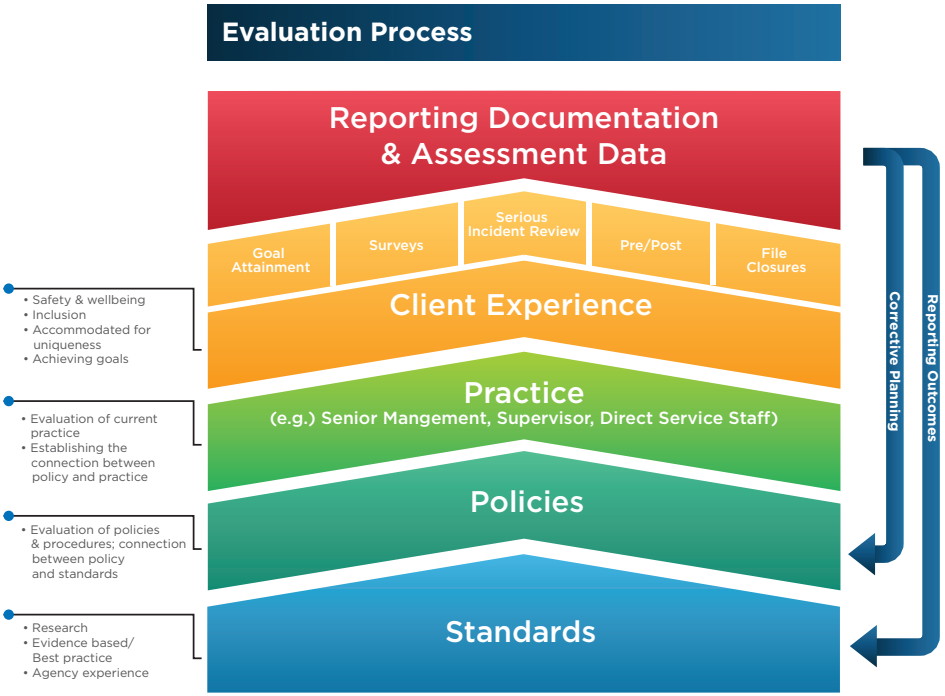
CLIENT INVOLVEMENT

As the client is the focus of service delivery, it is important that their experiences be evaluated. Adjustments are made during the review process in order to accommodate clients who may have emotional, cognitive, or physical impairments. In general, when interviewing clients, conversations will focus on four main areas:

- **Safety and Well-Being**: Reviewers will engage with clients in conversations to determine whether the client feels safe in the environment, both with staff and with the services that are being delivered. Reviewers will also evaluate the sense of well-being the client feels at this particular point in their life.
- **Inclusion**: Reviewers will evaluate what level of control the client has in making decisions about their life.
- **Accommodation for Uniqueness**: Reviewers will evaluate examples provided by the client in regard to how the program accommodates them and responds to their specific situation and choices.
- **Achieving Goals**: Reviewers will evaluate whether clients feel they are moving toward achieving personal goals or if they feel stuck with no defined direction. Reviewers will also evaluate examples provided by the client and examine documentation to determine the level to which the program supports, guides, advocates or facilitates opportunities for the achievement of their goals.

All information from the interviews of clients will be compared to the documentation in the files, and the program's records and policies. This is to ensure that the best interest of all clients is being considered and supported through the delivery of services.

EVALUATION PROCESS



ACCREDITATION SUPPORT COORDINATOR

All program undergoing accreditation are entitled to the services of an Accreditation Support Coordinator during the process as well as during the intervening years. This individual is assigned to the program upon completion of the Application for Accreditation and is a resource to guide staff through the Accreditation Process.

During the Self-Study period, the Accreditation Support Coordinator will provide an initial visit which is designed to orient the program to the review process, standards, and implementation. They will work with key personnel to provide information, knowledge, and interpretation of the standards to support the efforts of the program. After the initial visit, the program is welcome to contact the Accreditation Support Coordinator for additional support during the Self-Study period, between the Pre-Site Meeting and On-Site Review and during the intervening years.

Along with the initial support, the Accreditation Support Coordinator can also provide the following:

- Access to sample policies, forms, and tools
- Networking opportunities with individuals in other programs who are willing to share their resources and expertise
- Information regarding additional training that may be required by the program

Additional responsibilities of the Accreditation Support Coordinator are:

- Ensuring consistency regarding the interpretation of the intent and the meaning of specific standards
- Ensuring consistency of the decision-making during the reviews
- Organizing the team and supporting the program in developing the On-Site schedule
- Recording the findings of the Pre-Site Meeting and providing the information to the program
- Recording the findings of the On-Site team in the report
- Providing the On-Site Report to the program at the end of the review
- Providing the Program Response template for the program when necessary and support the program to have this completed and returned to CAC within 30 days
- Gathering feedback through the satisfaction survey; this includes agency leadership and staff who participate in interviews as well as peer reviewers

During the Accreditation On-Site Review the Accreditation Support Coordinator will take on the leadership role with the peer reviewers. Along with completing the tasks above, they will also be responsible for the following during the Pre-site and On-site Review:

- Chairing the Pre-Site Meeting, the Introduction Meeting of the On-Site Review, and the Exit Interview
- Delegating duties and responsibilities to team members
- Facilitating discussion towards consensus in team decision-making and making the final decision when consensus is not achieved
- Sharing preliminary findings throughout the process and keeping the program liaison informed of the progress
- Speaking on behalf of the team to the program
- Resolving any issues that may arise between staff or clients and team members

REVIEWERS

Reviewers are volunteers who work or have direct experience in the relevant field and have completed the Reviewer Training. They are familiar with the CAC process and the CHF standards. Reviewers' main responsibilities during a review are:

- Having a comprehensive understanding of the standards
- Reviewing, understanding, and rating the program's self-study
- Participating in the Pre-Site Meeting to share information and clarify areas of uncertainty
- Conducting the duties assigned to them during the On-Site Review, including the review of documentation and the interviewing of staff and clients
- Providing their findings for the completion of the On-Site Report

PROCESS TO VETO AND CONFLICT OF INTEREST

While it is the role of CAC to select the members of the Review Team, the program undergoing the review has the right to veto particular team members due to perceived or real conflicts of interest. To prevent conflict of interest or bias during the review, volunteers are prohibited from accepting a paid contract or employment from a program they have reviewed until the conclusion of the accreditation process. It is also prohibited for a program under review to offer employment to any team member until the conclusion of the accreditation process.

ACCREDITATION PROCESS

APPLICATION

The application process is standardized for new, reaccrediting and equivalency programs. The process begins with the completion of the Application, either downloaded from the CAC website **www.canadianaccreditation.ca/accreditation-process/apply**, the CHF website **www.calgaryhomeless.com/agencies/accreditation** or provided by a CAC staff member. Once the Application has been completed, programs then sign and submit it to CAC.

The Application remains in effect for 2 years from the date of receipt by CAC, and the programs must fully complete the process, including accreditation decision, by the expiry date. In order to accommodate these timelines, most accreditations are set to take place within 12 months of the application being submitted. Once the application is accepted by CAC, a Timeline Workplan is created to provide the key dates that both CAC and the program must abide by. This document is mailed 5 days after the Application is processed and is reviewed by the program. If the program needs to request changes to the dates proposed, they have 30 days from the creation date to contact CAC without incurring an extension. After 30 days, programs must complete a Request for Extension if changes to the Timeline Workplan are required.

Programs may choose to withdraw from the accreditation process at any time prior to the submission of the On-Site Report to the Accreditation Panel. The status of the program prior to the withdrawal will remain in effect and the program may restart the process at any time.

SELF-STUDY

The time between application and the Pre-Site Meeting is referred to as the Self-Study period. During this time, programs will become familiar with the standards and assess their internal compliance with them. This may mean the need to create new policies or procedures, orient staff and clients to any changes made, update processes already in place or other activities identified by the program. CAC will provide programs with copies of the standards (either in hard copy or electronic format).

Programs will also be provided with the following documents:

- **Self-Study Guide** – A form that lists all required documents for the Pre-Site Materials package. This document must be completed by the program and be provided to the Review Team as it will be used to track ratings and comments
- **File Review Checklists** – Checklists used by the Review Team on-site to verify that all required documents are present in staff and client files
- **On-Site Observations Checklist** – Checklist used by the Review Team on-site to verify compliance to standards that deal with the physical space of the program
- **Interview Questions** – All questions that will be asked of staff and clients during the interview portion of the On-Site Review

These documents, along with the standards, provide a roadmap for programs to use to bring themselves into compliance with the standards. All programs will also be assigned an Accreditation Support Coordinator, available to help with the process and standards.

During this time, programs may find that they are not prepared to undergo their accreditation when it has been scheduled. CAC allows programs to request extensions of their dates up to 4 months prior to the onsite, as long as the requested dates are still within the contracted timeframe and the Request For Extension has been submitted. It is at the discretion of CAC and the CHF to approve all extensions and assign new dates.

PRE-SITE MATERIALS PACKAGE AND PRE-SITE MEETING

CAC conducts a Pre-Site Review of the program's policies, procedures and documents before the Review Team conducts the On-Site Review. This allows programs to understand the strengths and areas of improvement in their documents, and gives them an opportunity to correct any issues before the team compiles the final report.

CAC staff will create the Review Team during the Self-Study period and email the program with instructions regarding the Pre-Site Materials Package. The information will include:

- Names and addresses of all members of the Review Team
  - Note: Refer to Process to Veto and Conflict of Interest
- Confirmation of the date that the materials must be delivered to the team members
- A sample copy of the On-Site Review schedule
- Confirmation of the time, date, and location for the Pre-Site Meeting and On-Site Review

One month before the Pre-Site Meeting, programs are responsible for providing all team members with a copy of the Pre-Site Materials Package, which includes the Self-Study Guide, policies, procedures, staff list, and all other requested documentation from the Guide. These materials must be presented in an organized fashion for the Review Team. If the materials are disorganized or not properly identified, the program will be required to reorganize the package and resend it to all members of the team. This may lead to a postponement of the Pre-Site Meeting. Programs may choose to provide their information in either a hard copy or electronic format, though they will be responsible for providing the Review Team with a specific format if requested. The Pre-Site Materials Package must be delivered or emailed directly to each member of the Review Team by the date indicated on the Timeline Workplan.

The Pre-Site Meeting is held approximately one month after the Pre-Site Materials Package submission and may occur by phone or in person. This meeting allows the Review Team to collectively review the findings of the Pre-Site Materials Package and assign ratings. A program representative attends the Pre-Site Meeting to respond to questions posed by the team, but this representative is not there to debate the findings.

The available ratings for the materials provided are Compliant, Partially Compliant, Non-Compliant, and Not Applicable. All ratings of Partially Compliant and Non-Compliant will be accompanied by commentary describing why the rating was assigned. Standards that are found to be Not Applicable will be discussed with the team. Any ratings of Partially Compliant or Non-Compliant during the Pre-Site Meeting will be rated as either Compliant or Non-Compliant during the On-site Review.

These findings will be provided to the program as a report, allowing the program to make any corrections that are necessary before the On-Site Review is conducted. Any findings of Partially Compliant or Non-Compliant will be reviewed during the On-site Review.

ON-SITE REVIEW

The On-Site Review typically spans 1-2 days and involves interviews with staff and clients, file reviews, review of on-site documents, and observation of the practice in the program. It is the responsibility of the program to obtain consent for staff and clients who will be participating in the interview and file review process prior to the team's arrival on-site.

The Accreditation Support Coordinator works with the program to develop a schedule prior to the Review Team's arrival on-site. The program will be contacted with the staff

chosen to be interviewed and will be provided with the opportunity to select the clients according to the appropriate sample size. It is the responsibility of the program to ensure that all staff and clients being interviewed have signed the appropriate consent forms. The Review Team does understand that some individuals may refuse to provide consent (usually less than 5%) but if the sample size is not large enough, the team will be unable to conduct the review and may result in a finding of non-compliance.

The schedule will be reviewed with the program to ensure that the timelines are realistic and that it addresses all areas required for the On-Site Review. The team will strive to work within the schedule and will remain flexible to ensure that interviewees are not kept waiting.

Once on-site, the team will require a private space to meet, separate spaces to conduct interviews, and access to telephones, as well as a designated staff person who is available to explain how files are ordered, respond to questions, coordinate interviews, locate file documents, and direct the team to any missing pieces of documentation. The Review Team will begin by meeting with senior management, staff, and others invited by the program. The purpose of this meeting is to introduce the Review Team to the program, open the lines of communication and ensure everyone is informed of the details of the program as well as the accreditation process. Once the meeting has concluded, the Review Team will begin the process of conducting interviews, on-site observations, and reviewing files.

While conducting the review, the team will also be evaluating the Patterns of Practice present in the program.

Observation of Patterns of Practice	
Historical Practice	Practice with evidence to show established pattern of consistent practice since the last review date.
Established Practice	Practice with evidence to show a pattern of consistent practice for at least 6 months.
Current Practice	Practice with evidence to show a pattern of consistent practice for less than 6 months.
Demonstrated Practice	Practice with inconsistent evidence to support full implementation of practice. Able to demonstrate practice but not able to provide evidence to show consistent practice.
Incongruent Practice	Practice observed or recorded is not aligned with policies.
No Practice	Practice not observed or recorded in the delivery of service.

These elements are taken into consideration for the completion of the On-Site Report. Each member of the team individually records their findings from interviews, file reviews, and on-site observations.

EXIT MEETING, ON-SITE REPORT, AND PROGRAM RESPONSE

During the course of the On-Site Review, the Accreditation Support Coordinator will accumulate the findings of the team and develop the On-Site Report. The standards compliance rating therein will have one of three outcomes:

- **Compliant** – Policy and practice are congruent with the intent of the standards, and no Program Response is required to be forwarded to the Accreditation Panel
- **Non-Compliant** – Some aspect of the policy or practice has been found to be incongruent with the intent of the standards, and a response will be required to be forwarded to the Accreditation Panel
- **Not Applicable** – The standard is not applicable to the program and will be discussed with the Review Team during the Pre-Site Meeting. CAC reserves the right to refuse a request to have a standard considered Not Applicable

Any findings that would lead to a rating of Non-Compliant are brought to the Review Team for discussion. The role of the team is to determine the patterns of practice within the program, differentiating between practice and occasional deviations. If the Review

Team has determined that particular findings are Non-Compliant, the program will be given the opportunity to produce evidence that would move the findings to Compliant. If the program is not able to provide the required evidence, the finding will have to be addressed in the Program Response.

At the end of the On-Site Review, the Review Team, led by the Accreditation Support Coordinator, will present the On-Site Report. Particular attention will be paid to the Excellence In Practice observed by the team, Practices To Be Addressed, and findings that have been determined to be Non-Compliant to the standards. The program will be given the opportunity to ask any questions they may have before the Review Team leaves the site.

Along with the On-Site Report, the Accreditation Support Coordinator will provide the program with a Program Response document, which provides them with the ability to present short- and long-term plans to move the program into compliance with the standards. The Program Response must be returned to CAC within 30 days. If the program response is not provided within 30 days, the on-site report will go before the Accreditation Panel with a summary of attempts by the Accreditation Support Coordinator to support the agency in completing and returning the response document.

ACCREDITATION PANEL

Once all documents have been submitted, the On-Site Report and Program Response will be presented to the Accreditation Panel anonymously, along with any previous Program Response when applicable, if the program is seeking reaccreditation. The Accreditation Panel will review the findings, plan of the program and the previous findings (if applicable) and make one of the following decisions:

- **3 Year Accreditation** – Granted to programs that have demonstrated a high level of compliance to the standards and have addressed any areas requiring attention. If the program has previously been accredited by CAC, the program will also demonstrate established practice during the intervening years of the accreditation cycle
- **Deferral of Accreditation** – One deferral may be granted by the Accreditation Panel if the program has not provided enough evidence to grant accreditation. The Accreditation Panel provides the program 4 months to correct any findings of Non-Compliant and have a portion of the Review Team return to either conduct a review of the Non-Compliant findings or the entire program
- **Denial of Accreditation** – A program may be denied accreditation if there are outstanding issues or the issues identified are of such a nature that the Accreditation Panel is not assured that the program can operate within the parameters of compliance to the standards on a consistent basis

All Non-Compliant findings in the On-site Report and Program Response will be reviewed to assess the impact on the program. The Non-Compliant findings that are rated most heavily are:

- Safety, specifically in two areas
  - Imminent risk to staff, clients and the community
  - Potential risk to staff, clients and the community
- Rights, specifically in the violation of rights of clients
- Consistency, specifically in regard to lack of historical evidence of practice or a lack of processes in place to ensure consistent service

Non-Compliant findings that reflect minor inadvertent oversights or minor misunderstandings will still be taken into consideration during the decision making process and may not be weighted as heavily as the standards above.

If the consensus of the Accreditation Panel is to grant a deferral, the program will undergo a Follow-Up Review within the designated timelines. The Accreditation Support Coordinator will contact the program to explain the decision of the Accreditation Panel, what must be re-reviewed and what the process will be. At the end of the Follow-Up Review, a Follow-Up Report will be created, similar to the On-Site report. This report, along with a Program Response (if required) will be presented to the Accreditation Panel for a final decision.

Once the decision has been made, CAC will inform the program and provide a plaque and certificate of accreditation. CHF will be informed throughout the process and provided with all reports and decisions. The date of the accreditation will be the date of the completion of the On-Site Review. A list of all accredited programs are posted on the CAC website at www.canandianaccreditation.ca

EQUIVALENCY ACCREDITATION

Programs currently accredited by a recognized accreditation body may request to undergo a modified accreditation process known as Equivalency of Accreditation.

This process begins by indicating on the Application that the program is requesting to be recognized as an equivalent accredited program. With the application the program will also provide a current accreditation certificate from the recognized accreditation body. The application will then be processed by CAC and the equivalency comparison document, reflective of their main accrediting body, will be sent to the program within

5 business days of receiving the application. The accreditation process will then follow this timeline:

- Accreditation Support Coordinator will schedule a time to contact the program regarding the equivalency comparison document to help with any questions they may have.
- Programs will have 90 days from their initial phone call with the Accreditation Support Coordinator to provide any pre-site materials as outlined in the equivalency comparison document. These can be provided in either electronic form or hard copy.
- When the Accreditation Support Coordinator receives the pre-site paperwork from the program, they, along with 1 peer reviewer, will review the materials and set-up a 1-2-hour phone call to discuss any questions that might arise from the pre-site documents.
- Once the pre-site phone call has been completed, the Accreditation Support Coordinator will schedule a modified on-site to review the standards that are not addressed by the recognized accrediting body, as identified in the equivalency comparison document.
- The Accreditation Support Coordinator and 1 peer reviewer will conduct a modified on-site to review staff and client files along with any materials that were found to be partially or fully non-compliant during the pre-site.
- At the end of the on-site, the Accreditation Support Coordinator and the peer reviewer will meet with program staff to conduct the exit interview and present the on-site report.
- The Accreditation Support Coordinator will provide the program with the Program Response Document, if required, to be completed and returned to CAC within 30 days from the on-site
- The Accreditation Support Coordinator will present the Accreditation Panel with the on-site report and any program response collected.

When the Accreditation Panel meets and determines status of accreditation, the program will be notified by CAC within 5 business days of the decision being made. If accreditation is not granted, the program has the option to follow the appeals process.

GRIEVANCE OF PROCESS

BASIS FOR A GRIEVANCE

During any part of the Accreditation Process, organizations have the right to initiate a Grievance of Process if there are concerns regarding:

- A review team member's approach, attitude or presentation
- A review team member's perceived objectivity
- The program requires more support from the Accreditation Support Coordinator
- The standards are not being interpreted consistently by the review team
- The impartiality or fairness of the process

Organizations are expected to make every effort to resolve conflicts with the team prior to the conclusion of the On-Site Review through discussions with the Accreditation Support Coordinator. If the conflict is with the Accreditation Support Coordinator, the organization's representative is instead encouraged to contact CAC's CEO to find a solution. If the grievance is with the CEO of CAC, the Board Chair of CAC will be responsible for furthering the grievance process. CHF will be informed of any grievance of process within 5 business days of the grievance being filed. If required, the accreditation timeline will be adjusted until the grievance is resolved.

ACCESSING THE GRIEVANCE OF PROCESS

A Grievance of Process consists of a written outline of the problem to be submitted to CAC's CEO (deliverable to CAC's main address) within 10 business days of the completion of the On-Site Review. The CEO has 5 business days from receipt of the concerns to respond to the organization. CHF will be informed within 5 business days of CAC receiving notification of a grievance.

The CEO may find that:

- The organization's concerns are substantiated and order a new review with a new review team, with costs assumed by CAC
- The organization's concerns are not substantiated and the accreditation review will proceed to the Accreditation Panel

Within 5 business days of receiving the CEO's decision, if an organization believes that their concerns were not dealt with fairly, they may submit, in writing, a request for an appeal hearing with an outline of the concerns to be addressed. The only basis upon

which a Grievance of Process will be heard are listed in the above section, Basis for a Grievance. The letter requesting an appeal is deliverable to CAC's main address and will be forwarded to the Chairperson of the Appeal Committee (the committee that deals with Grievance of Process and Appeal of Decision requests).

To initiate a Grievance of Process, please refer to Appendix A for a complete review of the procedure.

APPEAL

APPEAL OF DECISION

CAC provides programs with information about the Reviewers' findings during the On-site Review, Exit Interview, and in the Program Response document. Any inaccuracies are corrected before the report is presented to the Accreditation Panel, ensuring the Panel is given a fair and unbiased representation of the program. With these processes in place, accreditation decisions should be based on facts and reflect the state of the program. However, if a program believes that the decision does not fairly represent the program based on the reports presented, they have the right to appeal the decision. The Appeal of Decision must be initiated within 30 calendar days of notification of the decision of the Accreditation Panel. CHF will be informed within 5 business days of CAC receiving notification of an appeal.

The criteria for requesting an Appeal of Decision are:

- The Accreditation Panel did not follow the established procedures
- The Accreditation Panel's conclusions are not valid based on the Program's Response

To initiate an Appeal of Decision, please refer to Appendix B for a complete review of the procedure.

MAINTENANCE OF ACCREDITATION STATUS

ANNUAL DOCUMENTATION

In order to maintain accreditation during intervening years, programs are required to submit the following to CAC annually:

- **Annual Plan For Compliance** – Every year, CAC lists the changes that have occurred in the Process Manual and/or Standards, and gives programs an opportunity to submit a plan to come into compliance with those changes (including amendments and new versions)
- **Annual Declaration of Compliance** – Provides an opportunity for programs to update their information as well as declare that they are operating in compliance to the most recent set of standards

The above items will be provided once per year during the spring and will have all required timelines clearly stated. Failure to submit any of the above may result in suspension or revocation of accreditation status.

EXPANSION, TRANSFERABILITY, INTERIM, SUSPENSION & REVOCATION

PROGRAM EXPANSION

Programs currently accredited with CAC are permitted to expand those programs up to 24% of the originally reviewed services. Once expansion reaches or exceeds 25%, written notification is required to inform CAC of the type and nature of the expansion. CAC reserves the right to determine the capacity of the program to support the expansion. If it is determined that the program does not have the capacity, the program will be required to undergo a full review.

TRANSFERABILITY

CAC accreditation status is not transferable:

- From one program type to another
- From one owner to another

Accreditation status may be transferable from one location to another as long as the program has notified and discussed the change of location with CAC and the program is being operated by the same management and staff. CAC will confirm any program

moves or transfers of location with CHF. CAC reserves the right to determine the significance of the move. If the move is determined to cause a shift in practice or will affect the clients, the program will be required to undergo a full review.

INTERIM ACCREDITATION

Interim accreditation status provides opportunity for organizations to expand their base of services and programs without having to undergo a complete accreditation review. Organizations with newly created programs of a similar scope, type, and nature to a program that is already accredited within an organization may request that the new program undergo an interim accreditation.

To request to have the program granted this status the organization must demonstrate the following:

- The organization operates a program which has current accreditation status with CAC under CHF standards that is similar in scope, type and nature to the program requesting to be recognized
- The new program was not in operation prior to the date of the last On-Site Review
- The new program can demonstrate that it operates under the same management structure, policy base and practices that has previously been reviewed and accredited by CAC
- The new program must be accredited at the next accreditation cycle or as determined by the Accreditation Panel

CAC reserves the right to determine capacity (the number and type of programs to be recognized under Interim Accreditation Status).

To achieve this recognition the organization will commit to the following process:

1. The organization completes an Interim Accreditation application for the new program
2. Accreditation Support Coordinator and 1 Peer Reviewer will conduct a modified on-site evaluation:
    a. Policy review required only for new or modified standards
    b. Sample size will be 50% of a full accreditation review but will not include any staff or client interviews
    c. To confirm same management structure, policy base and practices that has previously been reviewed and accredited by CAC

3. An Interim On-Site Report of the findings is compiled and submitted with no identifiable information to the Accreditation Panel for review
4. Organization will complete a response to the report within 30 days to be submitted to the Accreditation Panel, if required
5. A decision will be made by the Accreditation Panel whether the program qualifies for interim accreditation status

If a program does not qualify the program must apply and undergo the complete accreditation process within 16 months of start-up.

If the organization disagrees with the decision, they can submit their concerns in writing within 14 days from the date of the written notification. The CEO will forward the documents to the Appeal Committee for further review (refer to Appeal of Accreditation Panel Decisions).

SUSPENSION AND REVOCATION OF ACCREDITATION

It is the responsibility of the program to abide by the following requirements to ensure that their accreditation status is not suspended or revoked:

- Accreditation status, which is granted for a period of 3 years, must not lapse
- The Application and Agreement must not expire prior to the Accreditation Panel's decision
- The Annual Declaration of Compliance and Annual Plan For Compliance must be received by CAC by the indicated due date
- Programs under review must not offer employment to a member of the Review Team prior to the conclusion of the accreditation process
- Programs must notify CAC within 30 days of the following events:
  - Change of senior management within the program
  - Program closure or reopening
  - Findings of negligence by the courts or in a judicial inquiry
  - Allegations made against program staff that have been found to be substantiated

Failure to follow any the above requirements may result in the suspension or revocation of accreditation status at the discretion of CAC. Extenuating circumstances may be considered but it is the responsibility of the program to present those arguments. If a program's accreditation status is suspended or revoked, CAC will notify the program in writing, including the reason for the decision, and how the CAC appeals process may be accessed, if the program chooses to do so.

PROCESS TO RESPOND TO COMPLAINTS AND ALLEGATIONS

All complaints and allegations made about a program are taken seriously by CAC. Complaints or allegations from persons who are willing to identify themselves will be considered and counsel will be given as to how to proceed. CAC will inform CHF of the complaint or allegation within 1 business day of receiving notification of the complaint or allegation. If the complaint or allegation is not within the scope of CAC, the complainant will be directed to the appropriate authority. Complaints or allegations within the scope of CHF's standards will be considered and processed according to the process outlined in Appendix C

Anonymous complaints, both verbal and in writing, will not be considered and will be destroyed without further action.

STANDARDS OF PRACTICE

2020 Edition

Calgary Homeless FOUNDATION

Canadian Accreditation Council | Conseil d'accréditation canadien

Table of Contents

1 STAFFING

1.1 STAFFING AND RECRUITMENT

1.1.1 INDIGENOUS STAFF

Indigenous peoples are often overly represented in accessing programs and services. Historically and currently the number of Indigenous people providing services has been underrepresented.

Programs within Calgary's Homeless Serving System of Care (CHSSC) will have policies and procedures in place meant to target qualified Indigenous applicants. Programs will clearly define recruitment strategies used to increase number of qualified Indigenous applicants and may be built in partnership with Indigenous communities. All programs within the CHSSC are considered to be Indigenous-serving programs and staffing diversity should be reflective of this.

INDICATORS

- ❑ Narrative submitted to address:
  - Internal policies to target, recruit and hire Indigenous staff (e.g. placement of postings, practicum agreements, etc.)
- ❑ Senior Management interview
- ❑ On-site observation of recruitment materials

1.2 TRAINING AND CORE COMPETENCIES

1.2.1 ORIENTATION

The program provides all staff with an orientation, which is affirmed as understood, within 10 working days/shifts of working with clients. Orientation will minimally include:

1. Aboriginal, Youth and Alberta's Plans to End Homelessness
2. Homeless Charter of Rights
3. Practice model utilised within the program
4. Program's code of ethics/ethical conduct
5. Introduction to the individuals being served within the CHSSC
6. Introduction/overview to strategies and techniques used to engage with clients
7. Case Management for Ending Homelessness Standards of Practice
8. Program's policy and procedure manual
9. FOIP Training
10. GOA privacy acts training

INDICATORS

- ❑ Orientation checklist submitted
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file

1.2.2 WORKING ALONE SAFELY

The program has policy and procedure that ensures working alone safely legislation (provincial and federal) is implemented. Staff are oriented to working alone safely processes within 10 working days/shifts of working with clients. Staff will not work alone until working alone orientation has been completed.

INDICATORS

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file

1.2.3 SAFE WORK SITE PRACTICES

The program has policy and procedure that ensures safe work practices are implemented. This includes:

1. Assessing work site and identifying potential hazards
2. Preparing a written and dated hazard assessment
3. Review hazard assessments periodically and when changes occur to the task, equipment, or work environment
4. Take measures to eliminate or control identified hazards
5. Involve staff in the hazard assessment and control process
6. Make sure staff are informed of the hazards and the methods used to eliminate or control the hazards – e.g. First Aid kits, Naloxone, etc.

**humanservices.alberta.ca, OHS Act Section 2*

INDICATORS

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ On-site observation

1.2.4 CRISIS INTERVENTION/DE-ESCALATION

Staff are trained in crisis intervention/de-escalation techniques (e.g. NVCI, TCI, CPI, PACE, etc.) by a qualified trainer within 6 months of hire. Certification is renewed minimally every three years.

INDICATORS

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file

1.2.5 SUICIDE INTERVENTION TRAINING

Staff are trained in suicide intervention by a qualified trainer within 6 months of hire. Certification is renewed minimally every 3 years.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file

1.2.6 FIRST AID AND CPR TRAINING

The program identifies the level of First Aid training required (Emergency, Standard, etc).

Staff are trained by a qualified trainer within 6 months of hire. Certification is renewed minimally every 3 years unless otherwise identified by the training provider (e.g. renewal of CPR yearly).

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file
- ❑ Narrative defining why program identified Emergency VS Standard as sufficient

1.2.7 DISEASE PREVENTION AND UNIVERSAL PRECAUTIONS

Staff are trained in basic disease education and prevention techniques within 6 months of hire. Training is renewed minimally every 3 years.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file

1.2.8 INDIGENOUS AWARENESS TEACHINGS*

Staff will receive a minimum of 6 hours of Indigenous Awareness Teachings within 9 months of hire. This learning may be individualised to accommodate program needs and staff's previous experience, current knowledge and/or involvement within the Indigenous community.

Learning may include a combination of:

- Attendance at cultural/educational events
- Learning from historical interpretive centres
- Attending lectures/workshops
- Experiential learning
- Meeting with an elder or other knowledge-keeper
- Having guest speakers address staff functions

Staff new to the field or who are not aware of Indigenous history have training that addresses some or all of the following issues:

- History of Indigenous people
- Definitions of who is Indigenous
- Effects of colonization and government policies (residential schools, 60's Scoop, Jordan's Principle)
- Current issues and realities of Indigenous peoples on and off reserve
- Impact of the Indian Act
- Systemic racism and its impact on individuals and communities
- Effects of intergenerational trauma
- Truth and Reconciliation Commission (TRC) of Canada 94 Calls to Action
- United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP)

Documentation on an annual basis of a minimum of 6 hours of on-going learning.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

1.2.9 DIVERSITY/CROSS CULTURAL TRAINING*

Diversity training is based on the population the program has served within the past year. This training should also recognise the diversity of staff and attempt to remove barriers through orientation and educational opportunities. The training can be completed over a period of time or with an in-service training session.

Awareness, understanding and acceptance of diversity and the cultural norms of the clients are an essential part of working effectively with individuals who identify with a particular group (LGBTQ2S+, ethnic groups, religious groups, deaf community, etc).

Staff receives 6 hours of training/orientation in cultural sensitivity/diversity within 9 months of hire and documentation on an annual basis of a minimum of 4 hours of on-going learning.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

1.2.10 SPECIALIZED TRAINING*

The program defines if specialized training is required of all staff:

1. The specialized training requirements of staff (e.g. domestic violence, addictions, etc)
2. The timelines for training completion and renewal

INDICATORS:

- ❑ Policy and procedure
- ❑ Narrative as to what specialized training is required by the program
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ Supervisor/direct service staff file

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

2 CASE MANAGEMENT ACTIVITIES

2.1 REFERRAL AND PLACEMENT

Coordinated Access and Assessment (CAA) improves coordination among agencies while reducing redundancies in services as information and data becomes centralized and standardized. CAA works to improve the client experience within the CHSSC through improved access and support for system navigation. Furthermore, a more robust triage process allows for more effective and accurate program placements. It ensures the most vulnerable people in our community are referred to housing programs equipped to meet their needs. CAA operates based on a triage model, targeting and prioritizing individuals based on chronicity, individual needs, and vulnerability factors.

FOR PROGRAMS WHO ACCEPT REFERRALS THROUGH COORDINATED ACCESS AND ASSESSMENT (CAA)

2.1.1 NOTIFICATION OF HOUSING PLACEMENT MATCH

When a program accepts a client from the CAA triage list, the program will, within 2 business days, attempt to contact the client to notify them a placement has been made.

Within 7 days a minimum of two attempts will be made to contact the client, each time using the means of contact provided by the client. All efforts made to notify the client will be documented in the HMIS client notes.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client file

FOR PROGRAMS WHO DO NOT ACCEPT REFERRALS THROUGH COORDINATED ACCESS AND ASSESSMENT (CAA)

2.1.2 REFERRALS

Within 5 working days of receiving a referral, the program responds to the referred person to acknowledge whether or not the referral meets the program's eligibility criteria and provides information regarding anticipated wait times.

This information must be documented.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ On-site observation

2.2 INTAKE

2.2.1 CONSENT TO RECEIVE SERVICES

Clients are provided with clearly defined program expectations at the time of intake, which include:

1. What services the program delivers
2. What the program's expectations are of the client, including home visits and safety checks
3. Which portion (if any) of the program is optional
4. Discharge processes (both planned and unplanned)

Expectations are written in a manner that is easily understandable by the client. Staff are to review these expectations verbally and a written copy offered to the client. Consent is to be provided voluntarily and can be revoked at any time. A signed and dated copy of the consent is kept on the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.2.2 CLIENT ENGAGEMENT

A key focus of case management is client engagement that occurs both in the community and in the home and varies as the level of stability of the client changes. Clients should be made aware that home visits are a part of case management and should initially occur minimally once per week during initial relationship building.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.2.3 CLIENT RIGHTS

Clients are informed of their rights at the time of intake, which include:

1. Being treated with dignity and respect
2. Choice in housing location
3. Involvement with the program
4. Involvement in service planning
5. Establishing/setting long term goals
6. Confidentiality
7. Grievance procedures (including CHF)
8. Information sharing
9. Advocacy
10. Cultural connection
11. Spiritual connection
12. Options to connect/reconnect with any natural supports (including but not limited to family)

Rights are written in a manner that is easily understandable by the client. Staff are to review these rights verbally and a written copy offered to the client. Rights are accessible (e.g. posted, handbook, etc.) and known by the clients and staff.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.2.4.A SAFETY CHECKS – SCATTERED SITE SUPPORTIVE HOUSING

The program has written policy and procedure that minimally addresses:

1. If the program does safety checks
2. That safety checks are only conducted in accordance with the program policy
3. Under what circumstances a safety check is conducted
4. A process for re-informing the clients of their rights
5. A process for re-informing client of the grievance process
6. Documentation must be completed for all safety checks regardless of outcome
    a. Documentation is minimally a case note but may be an incident report depending on the outcome of the safety check

INDICATORS:

- ❑ Policy and procedures
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ Client interview and files
- ❑ On-site review of Incident Reports

2.2.4.B SAFETY CHECKS – PLACE-BASED SUPPORTIVE HOUSING

The program has written policy and procedures that minimally addresses the following:

1. If the program conducts safety checks as part of individual service plans – planned safety check
    a. The process for requesting planned safety checks should be clearly outlined in a manner that is easy to understand for the client
2. When an unplanned safety check would be conducted
3. That unplanned safety checks are only conducted in accordance with the program policy
4. A process for re-informing the client of their rights
5. A process for re-informing the client of the grievance process
6. Documentation must be completed for all safety checks regardless of outcome
    a. Documentation is minimally a case note but may be an incident report depending on the outcome of the safety check

INDICATORS:

- ❑ Policy and procedures
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ Client interview and files
- ❑ On-site review of Incident Reports

2.3 CONSENTS

2.3.1 RE-INFORMED OF RIGHTS*

The program can demonstrate that clients are re-informed of their rights.

Client rights are:

1. Accessible to clients (e.g. Handbook, brochure, posted, etc.)
2. Reviewed and documented as part of (or within the same timeframe) as the update of the service plan
3. Reviewed following any incident that may have impacted the rights of the client (searches, disclosures, etc.)

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client File
- ❑ On-site observation of posted/accessible rights

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

2.3.2 CLIENT GRIEVANCES

The program has a written client grievance policy that minimally addresses:

1. The process for filing a grievance regarding the program or program staff which includes relevant contact information for the appropriate staff to reach out to
2. The process of the program to follow up with client grievances including a timeline for follow up that is no longer than 10 business days
3. The process for the client to respond to program follow-up
4. The process for the client to escalate the grievance through the program and to CHF when necessary
5. The program provides a clear response to the grievance, whether resolved or not
6. The program will have a process for re-informing clients of the grievance process especially after a critical incident.

INDICATORS:

- ❑ Policy and Procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.3.3 SEARCHES*

If the program conducts searches, the program has written policy and procedures for conducting searches that addresses:

1. Whether searches are allowed within the program
2. The parameters of the type of search allowed (room search, bag search, personal search, in plain sight search, etc)
3. The circumstances which result in a search:
    a. Only to ensure the safety of clients and others involved
    b. When necessary to recover missing or stolen property
    c. Only after consultation with the client and program manager
    d. Every effort is made to respect the dignity of the client and to avoid undue or unnecessary force or embarrassment
4. Programs which conduct searches will identify this in:
    a. The program information provided to the client or
    b. The individual service plan

5. Limits placed around the search:
    a. Every effort is made to respect the dignity of the client and to avoid undue or unnecessary force or embarrassment
    b. Strip searches may only be conducted by the police
    c. Physically touching the person being searched (eg. Patting-down or frisking) is prohibited
    d. Clients may be asked to empty their pockets and open their mouths
    e. The use of a detection system (eg. Wands)
6. A process to deal with:
    a. Unauthorized searches (eg. Random searches by staff)
    b. The inadvertent finding of items (eg. During the cleaning of a bedroom, etc)
7. An incident report is completed for all searches that are not part of regular programming
8. Documentation that demonstrates the client was made aware of:
    a. The reason for the search
    b. The findings of the search
    c. Their right to initiate a grievance

INDICATORS:

- ❑ Policy and procedures
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ On-site review of Incident Reports

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

2.3.4 DATA COLLECTION

The program has a written consent form that discusses the protection of privacy and confidentiality of client information and must include:

1. Purpose of the information being collected
2. Reason for collection of information
3. Use of information
4. Access to information
5. Secure storage of information
6. Length of time information will be stored

Consent is written in a manner that is easily understandable by the client. Staff are to review this consent verbally and a written copy offered to the client. Consent is to be provided voluntarily and can be revoked at any time. A signed and dated copy of the consent is kept on the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.3.5 RELEASE OF INFORMATION*

The program has written policy and procedures that address the obtaining, sharing and/or release of confidential information. This must include:

1. Sharing with the client the purpose of release/accessing the information
2. Obtaining the informed, written consent of the client
3. Documenting
    a. To whom the information will be released
    b. From whom the information will be accessed
    c. The purpose of sharing the information
    d. The timelines, including dates, the release is valid (not to exceed one year)

Consent is written in a manner that is easily understandable by the client. Staff are to review this consent verbally and a written copy offered to the client. Consent is to be provided voluntarily and can be revoked at any time. A signed and dated copy of the consent is kept on the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

2.4 SUPPORTS

2.4.1.A CRISIS SUPPORT – SCATTERED SITE SUPPORTIVE HOUSING

Clients are advised at the time of intake of how to access 24 hour, 7 day per week crisis supports. Crisis supports can be provided either by telephone or in person. If the program does not offer 24 hour crisis support, a list of crisis resources will be provided to the client.

Clients are to be given a copy of these resources and a signed and dated copy is kept on the client file.

2.4.1.B CRISIS SUPPORT – PLACE-BASED SUPPORTIVE HOUSING

Clients are advised at the time of intake and move in of how and where to access crisis supports, including off-site supports, that are 24-hour, 7 day per week. Crisis supports can be provided either by telephone or in person. Clients are to be given a copy of resources and a signed and dated copy is kept on the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.5 ASSESSMENT

2.5.1 ASSESSMENT TOOLS

Following the intake of a client, programs will use an evidence-based assessment tool to inform service planning goals and priorities. Programs can determine which assessment tool they wish to use to assist in service delivery planning.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct staff interview
- ❑ Client File
- ❑ Narrative – programs to define the validity of their chosen assessment tool

2.5.2 INITIAL ASSESSMENT

An initial assessment will be completed within 30 days of move in. A copy of the completed assessment is kept on the client file. The client is offered a copy of the assessment upon completion.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.5.3 ONGOING ASSESSMENT

An assessment will be completed every 90 days following the initial assessment, up to and including 30 days prior to discharge. If a client is involved in a program for longer than 2 years, assessment may occur every six months. Copies of the completed assessment are kept on the client file. The client is offered a copy of the assessment upon completion.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.5.4 FINAL ASSESSMENT

If an assessment has not been completed within 30 days prior to discharge a final assessment will be completed within 10 days. If a final assessment is unable to be completed (e.g. unforeseen, unplanned discharge), documentation of the reason why is maintained on the client file. A copy of the completed final assessment is kept on the client file. The client is offered a copy of the final assessment.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.6 PLANNING

2.6.1 CLIENT-CENTRED SERVICE PLANNING

Service planning goals will be informed through the assessment tool but determined by the client. Service plans should include other individuals as determined by the client.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.6.2 SERVICE PLAN COMPONENTS*

The program will ensure that there is one integrated and complete service plan for each client, which includes the following components:

1. The goals to be achieved
2. Strengths of the client that support the goals
3. The tasks/activities/strategies required to meet the identified goals
4. The measures of success used to determine the progress made towards goal achievement
5. Timelines for review
6. Signature of staff, client and any additional parties involved in service planning/delivery

Clients are to be offered a copy of the Service Plan and a signed and dated copy is kept on the client file.

Alternately, if services are optional, attempts to engage clients in service planning are documented in circumstances where client does not want to participate.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

2.6.3 INITIAL SERVICE PLAN – TIMELINES

The initial service plan will be completed within 45 days of intake. A signed and dated copy is kept on the client file and a copy is offered to the client.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.6.4 SERVICE PLAN REVIEW

The service plan is reviewed with clients minimally every 3 months to ensure its continued relevance and to identify goals achieved and/or goals and timelines to be adjusted.

If a client is in a program for a period greater than 2 years, review may occur every 6 months which allows for long term planning.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.6.5 FINAL SERVICE PLAN REVIEW

A final review of the service plan occurs 30 days before the planned discharge date.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.7 CLIENT REFERRALS

2.7.1 SUPPORT TO ACCESS REFERRALS

If referral to outside services is part of the service plan, staff will offer to accompany the client to the needed service minimally the first time to help ensure successful engagement, as staffing allows.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.8 INCIDENT REPORTING

2.8.1 SERIOUS INCIDENTS*

The program has written policy defining what is considered a serious incident.

Serious incidents include but are not limited to:

1. Unanticipated or unauthorized absence from the program (if under 16)
2. Suicide Attempt/Self Harm
3. A medical or other kind of emergency, serious illness or accident requiring further medical or justice intervention (e.g. EMS, CPS)
4. A dangerous situation (e.g. threats of violence, weapons, etc)
5. Risk to Public Safety (e.g. criminal charges related to violent/dangerous offences such as armed robbery, Form 10, etc.)
6. Suspicions and/or allegations of abuse, either within or outside the program
7. Use of restrictive procedures (e.g. restraints, unlocked confinement)
8. Searches which are not part of regular programming
9. Death
10. Inappropriate use of strategies to influence client behaviour
11. Other events as identified by the program or funder

INDICATORS:

- ❑ Policy and Procedure
- ❑ Serious incident form submitted

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

2.8.2 CRITICAL INCIDENTS

Specific serious incidents are considered to be critical incidents and must be reported to CHF within 24-hours of the incident occurring. The following are considered to be critical incidents:

1. Suspicions and/or allegations of abuse, either within or outside the program
2. Use of restrictive procedures (e.g. restraints, unlocked confinement)
3. Searches which are not part of regular programming
4. Death
5. Inappropriate use of strategies to influence client behaviour
6. Evictions that are the result of violence and/or the result of a dangerous situation (e.g. DV, fire, etc.)
7. Any incident that may garner media attention

INDICATORS:

- ❑ Critical incident form submitted
- ❑ Senior Staff /Staff interview
- ❑ Client file/ On-site observation

2.8.3 DOCUMENTATION REQUIRED – SERIOUS & CRITICAL INCIDENTS*

The program has written policy and procedures that require serious and critical incidents to be documented and reviewed. Documentation is required to be completed prior to the end of the work shift.

1. Documentation to include:
    a. Who is reporting the incident
    b. A history of the events or circumstances leading up to the incident
    c. Behaviour of the client that required intervention, if applicable
    d. Timeline of the intervention used, if applicable
    e. Description of actions taken by staff and/or others involved (e.g. police, medical personnel, etc.)
    f. Follow-up actions and recommendations
    g. Funder has been informed as applicable/required
2. Follow-up after the incident to include:
    a. Debriefing with the client and others who might have been affected
    b. Client was informed of their rights (e.g. to initiate a grievance, contact an advocate, etc)
3. Senior program personnel have signed the Serious or Critical Incident Report
4. The appropriate authorities have been informed within 24 hours of the incident occurring (e.g. police, funder, legal guardian)

INDICATOR:

- ❑ Policy and procedure
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ Client file

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

2.8.4 REVIEW OF INCIDENT REPORTS*

The program reviews all Incident Reports on a case by case basis and semi-annually (minimally) on a program basis to:

1. Ensure the completeness of the information included
2. Identify trends (e.g. number of incidents with a particular client, staff, particular circumstances – time of day/month/season, related issues, etc.)
3. All incidents are reviewed, by the team or supervisor, on a case by case and program basis (e.g. identifying trends in frequency, effectiveness of intervention, corrective action required, follow up, etc.)
4. Address corrective action required (e.g. training needs identified, etc.)
5. Ensure reporting requirements are being met (e.g. members of the service team, senior management, guardian, funder, police, etc.)

INDICATORS:

- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ On-site observation of practice and follow up

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

2.9 DISCHARGE PROCESSES

2.9.1 PLANNED DISCHARGE

Before a planned discharge from the program, staff will ensure that:

1. Client is ready to disengage from the program
2. A review of the service plan occurs with the client to ensure goals have been met
3. A final assessment is completed, utilizing the same evidence-based tool as at intake
4. Client is informed of how to re-access housing-first services in the future, if they choose to

INDICATORS

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.9.2 FORESEEN, UNPLANNED DISCHARGE

Before a foreseen, unplanned discharge from the program, staff will ensure all efforts have been made to address behavioural issues and rental arrears through mediation, conflict resolution, landlord/building operator negotiations, and options for housing transfer.

All efforts will be documented and the client will be offered a copy. A copy is kept in the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

2.9.3 FORESEEN, UNPLANNED DISCHARGE – TRANSFER EFFORTS

In the event of foreseen, unplanned discharge, the staff will ensure all efforts have been made to facilitate transfer to another case management program. This includes:

- Following the Transfer Process outlined in the CAA Terms of Reference
- Transfer program contact information
- Acknowledgement of receipt of referral from receiving agency
- Proposed date of screening/intake
- Transfer of client information (with consent)
- Contact information for re-engagement in the discharging program

For non CAA programs, a minimum of 3 appropriate referrals should be made which one may include CAA. Only when no alternative is available should emergency shelter referral be an option. If a client is unwilling to be transferred it is important that they be supported in their right to choose. Once presented with 3 appropriate options, and they refuse all, the program may discharge the client.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview

2.9.4 UNFORESEEN, UNPLANNED DISCHARGE – DISCHARGE SUMMARY

In the case of unforeseen, unplanned discharge, that is immediate and cannot be predicted (client leaves without prior discussion with the case manager, violence toward a staff member/other client, etc.), staff must complete a discharge summary that contains information related to efforts to resolve issues and keep clients engaged.

This will be documented in the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client file

2.9.5 RE-INFORMING OF GRIEVANCE PROCESS

Clients should be re-informed of the grievance process at the time of discharge. CHF grievance process requires the client to first complete the program grievance process prior to initiating a formal grievance with CHF.

Clients are to be offered a copy and a signed and dated copy is kept on the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client file

2.9.6 RE-ACCESSING SERVICES

At discharge, the client is advised how to formally re-access housing first services in the future using the CAA process. This standard does not apply to clients who access the program for strengthening sessions/support. Programs that don't accept referrals through CAA will advise clients of how to access services in the future.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client file

3 PRIVACY AND INFORMATION MANAGEMENT

3.1 DATA MANAGEMENT

3.1.1 INFORMATION MANAGEMENT SYSTEM*

The program has a system to manage information requirements (training of staff, scheduled reviews, documentation, forms, etc) and has written procedures to ensure the completeness of its files and data. This should address:

1. Staff files
2. Client files
3. Outcome and quality improvement monitoring

INDICATORS:

- ❑ Procedure
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ On-site observation

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

3.1.2 ACCESS TO FILES/DATA (STAFF)*

The program has written policies and procedures which define the processes by which it restricts and monitors access to the files/data of staff. These policies include:

1. How staff may access their own records and addresses those documents (if any) that would not be accessible
2. Positions within the program who may access files
3. Addressing the process to:
    a. Add, correct and/or delete information currently on the file
    b. Respond to requests for access by former staff

INDICATORS:

- ❑ Policy and procedure
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

3.1.3 ACCESS TO FILES/DATA (CLIENTS)*

The program has written policies and procedures which define the processes by which it restricts and monitors access to the files/data of clients. These policies include:

1. How clients may access their own records and addresses those documents (if any) that would not be accessible
2. Positions within the program who may access files or other communication mechanisms (i.e. log books, communication books, etc.)
3. Addressing the process to:
    a. Add, correct and/or delete information currently on the file
    b. Respond to requests for access by former clients
    c. Respond to requests for the records of deceased clients

INDICATORS:

- ❑ Policy and procedure
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ Client interview

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

3.1.4 MAINTENANCE OF DATA*

The program has written policy and procedures which address files and/or data for current and past staff and clients.

Procedures are congruent with legal and funder's requirements and the program's confidentiality policy. Procedures must address:

1. Transporting of information
2. Sharing and reporting of information
3. Timelines for the storage of records
4. Means of storage for open/closed files
5. Destruction of records or data

INDICATORS:

- ❑ Policy and procedure
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

3.1.5 PROTECTION OF CONFIDENTIAL INFORMATION*

The program has written procedures to protect its electronic and physical information, files and data from unauthorized access, theft, and destruction by fire, water, loss, corruption, power failure and/or other damage. Procedures will include:

1. Locked storage for paper files containing personal information
2. All computers have up-to-date anti-virus protection
3. Secure protocols, including the use of passwords and firewalls, which govern the electronic collection and transfer of sensitive data
4. Regular backup of all electronic records, which is preferably stored off-site

INDICATORS:

- ❑ Policy and procedure
- ❑ On-site observation

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

3.1.6 ELECTRONIC TECHNOLOGIES*

The program has written policies and procedures that address the use and security of electronic and wireless technologies as it pertains to information regarding clients (i.e. cellular phones, personal digital assistants [PDA], email, computers, portable methods of electronic storage, internet, digital imaging, recording devices, pagers, iPads, etc.). This includes the use of social media sites.

INDICATORS:

- ❑ Policy and procedure
- ❑ Senior management interview
- ❑ Supervisor/direct service staff interview
- ❑ On-site observation

**CAC Standard used with permission from the Canadian Accreditation Council of Human Services*

4 SERVICE DELIVERY

4.1 CLIENT SERVICE DELIVERY

4.1.1 PRIMARY CASE MANAGER

A team based collaborative approach with a primary case manager is essential. The primary case manager will:

1. Be identified on the client file
2. Be responsible for service team co-ordination
3. Be responsible for arranging case conferences and reviews

Documentation of these activities is on the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct services staff interview
- ❑ Client interview
- ❑ Client file

4.1.2 DIRECT CLINICAL SERVICES - QUALIFICATIONS

Agencies providing case management services that include direct clinical services such as counselling in regards to mental health and chronic health concerns will ensure that these services are provided by qualified clinicians (either via partnerships with other agencies/services or internal to the program) who are registered and/or regulated by their specific professional body. Clinical designations include: physicians, nurse practitioners, mental health therapists (RSW, Clinical Psychologist, Psychiatrist, Mental Health/Psychiatric Nurses, etc.)

INDICATORS:

- ❑ Policy and procedure
- ❑ Senior management interview
- ❑ Clinician file

4.1.3 DIRECT SERVICE PROVISION – PARTNERSHIPS

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

INDICATORS:

- ❑ Policy and procedure
- ❑ Senior management interview
- ❑ On-site observation

4.1.4 MOVE IN/MOVING SUPPORT – BASIC AND NECESSITIES

Comprehensive, cost-effective move-in/moving support is planned for by the case management service or via appropriate referral. The case manager should work with clients to ensure that they have all of the basic furniture and necessities in place upon move-in or relocation (rehousing) or have a plan in place to ensure acquisition begins at the time of move in and is completed within 5 business days. Minimum necessities include:

1. Bed (bedbug protection as necessary)
2. Utility set up
3. Basic cookware and dishes
4. Telephone/cell phone
5. One week's worth of groceries and toiletries
6. Initial Cleaning Supplies

If this cannot be accommodated, documentation of the efforts made and reasons why not will be kept in the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

4.1.5 RELOCATION/REHOUSING

Prior to relocation and/or rehousing, the case manager will support the client in accessing moving services to ensure loss is minimized. This should be documented in the client file.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct service staff interview
- ❑ Client interview
- ❑ Client file

APPENDIX A: GRIEVANCE OF PROCESS

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GRIEVANCE OF PROCESS

WHAT CAN BE GRIEVED

From the time of application up to the end of an On-Site Review, the program has the right to initiate a Grievance of Process if there are concerns regarding:

- A review team member's approach, attitude or presentation
- A review team member's perceived objectivity
- The program needs more support from the Accreditation Support Coordinator
- The standards are not being interpreted consistently by the review team
- The impartiality or fairness of the process

It is expected that programs make every effort to resolve the conflict with the team prior to the conclusion of the On-site Review by discussing the concerns with the Accreditation Support Coordinator. If a program's conflict is with the Accreditation Support Coordinator, the program representative may contact the CEO to find a solution to the issue. If the concern is with the CEO of CAC, the grievance should then be sent to the CAC Board Chair.

ACCESSING THE GRIEVANCE PROCESS

The Grievance of Process can be accessed throughout the accreditation process once an application has been submitted. A grievance of process can only be accessed until 14 calendar days after the completion of the On-Site Review or within 7 days of the receipt of the notification letter from the Accreditation Panel. The program must outline their concerns in writing and forward them to the CEO, deliverable to CAC's address. At this point the CEO has 5 business days from receipt of the concerns to respond to the organization. The CEO has the option to:

- Agree with the program that the review was not handled appropriately and order a new review with a new Review Team
- Find that the program's concern was not substantiated and have the process proceed to the Accreditation Panel

Following the decision of the CEO, if a program believes that their concern was not fairly dealt with, the program may continue the process at the second point of access. Within 5 business days of receipt of the letter of notification, the program must submit,

in writing, a request for a grievance hearing and outline the concerns to be addressed. The only basis upon which a Grievance of Process will be heard are listed in the above section, 'What Can Be Grieved'. The letter requesting a grievance will be forwarded to the Chairperson of the Grievance Committee, deliverable to CAC's address.

GRIEVANCE COMMITTEE

If the Grievance Committee convenes, they will request the following documentation to be presented to them at least 7 days prior to the scheduled hearing:

- The program's request for a grievance, which includes the reasons for grievance
- The letter from the CEO to the program, outlining the reasons for the CEO's prior decision
- The On-site Report and Program Response
- A brief written chronology of events compiled by the Accreditation Support Coordinator

In addition to the written documentation, the Grievance Committee may request the following individuals to be present during the scheduled meeting:

- CAC's CEO to provide a briefing regarding the previous decision
- The program's senior management to present the reasons for the grievance
- The Accreditation Support Coordinator to provide an overview of the chronology

The Grievance Committee will see each of these people individually and ask any questions they have in regards to the grievance. After consideration of the written and verbal submissions, the Grievance Committee has the option of deciding to:

- Uphold the decision of the CEO
- Request a re-review of the program by a different review team, to be completed within 2 months of the Appeal Committee's decision, with costs assumed by CAC

The Grievance Committee will notify, in writing, the program's senior management, CAC's CEO of the decision within 10 business days of the Grievance Committee's hearing. It is the responsibility of the CAC CEO to provide notification to the Accreditation Support Coordinator and CHF of the outcome.

APPENDIX B: APPEAL OF DECISION

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APPEAL OF DECISION

WHAT CAN BE APPEALED

Upon receipt of the letter of notification of the decision of the Accreditation Panel, the program has the right to initiate an Appeal of Decision if the program believes that:

- The Accreditation Panel did not follow the established procedures
- The Accreditation Panel's conclusions are not valid based on the Program's Response

ACCESSING THE APPEAL PROCESS

The program has 20 business days in which to submit a request for an Appeal of Decision. The program must outline their concerns in writing and forward them to the Chairperson of the Appeal Committee, deliverable to CAC's address. If an appeal is requested, the program's accreditation status immediately preceding the appealed decision will remain in effect until the appeal process is completed.

The appeal will be based on the information and documentation presented to the Accreditation Panel. The program will have the opportunity to explain or clarify the information or materials that have been submitted to the Accreditation Panel. The Appeal Committee will not consider new submissions of materials or documentation.

APPEAL COMMITTEE

The Appeal Committee has 20 business days from the receipt of the letter requesting an appeal to respond to the program with its decision on the validity of the appeal.

- If the committee finds the program has no basis for an appeal, the program will be informed of the decision and the Accreditation Panel's decision will remain in effect
- If the program has presented grounds for an appeal, a hearing date will be set during the 20 business day window

If the Appeal Committee convenes, they will request the following documentation to be presented to them at least 7 days prior to the scheduled hearing:

- The program's request for an appeal, which includes the reasons for appeal
- The letter from the Accreditation Panel to the program, outlining the reasons for the decision

- The On-site Report and Program Response, as presented to the Accreditation Panel
- A brief written chronology of events compiled by the Accreditation Support Coordinator

In addition to the written documentation, the Appeal Committee may request the following individuals to be present during the scheduled meeting:

- The Chairperson of the Accreditation Panel to provide a briefing regarding the previous decision (this may be provided in a briefing prior to the hearing, at the discretion of the Appeal Committee)
- The program's senior management to present the reasons for the appeal
- The Accreditation Support Coordinator or CAC's CEO (as indicated by the Appeal Committee) to provide an overview of the chronology

The Appeal Committee will see each of these people individually and ask any questions they have in regards to the appeal. After consideration of the written and verbal submissions, the Appeal Committee has the option of deciding to:

- Uphold the decision of the Accreditation Panel
- Grant a different accreditation status to the program, up to a maximum of 3 years
- Request a re-review of the program by a different review team, to be completed within 2 months of the Appeal Committee's decision, with costs assumed by CAC

The Appeal Committee will notify, in writing, the program's senior management, CAC's CEO of the decision within 10 business days of the Appeal Committee's hearing. It is the responsibility of the CAC CEO to provide notification to the Accreditation Support Coordinator and the peer review team of the outcome.

APPENDIX C: PROCESS TO RESPOND TO COMPLAINTS

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PROCESS TO RESPOND TO COMPLAINTS

TYPES OF COMPLAINTS AND ALLEGATIONS

All complaints and allegations presented are taken extremely seriously, though not all complaints and allegations are within the scope of CAC. If the complaint or allegation is not found to be within the scope of CAC, the complainant may be directed to the appropriate:

- Professional college if the complaint is related to the professional practice of an individual
- Provincial or federal body if the complaint is related to the contravention of provincial or federal legislation, standards, or policies
- Legal or quasi-judicial body, such as the Human Rights Board, Worker's Compensation Board, or to legal proceedings

Complaints and allegations within the scope of CAC will be processed according to the Complaints Process outlined below. CHF will be notified of any complaints within 1 business day of CAC receiving notification of the complaint or allegation.

ACCESSING THE COMPLAINTS PROCESS

To request a review of a complaint or allegation within the scope of CAC, the written complaint should be addressed to the CEO and Chairperson of the Accreditation Panel, deliverable to CAC's address. If the complainant requires assistance writing or presenting the information, the CEO may provide direction or suggest a non-involved advocate to provide required assistance. Anonymous complaints, either verbal or in writing, will not be considered and will be destroyed without further action. The written documentation will be acknowledged within 5 business days. Every effort will be made to keep the identity of the complainant confidential, however all information and documentation related to the situation may be shared with the organization at the discretion of CAC.

CEO AND ACCREDITATION PANEL

The CEO and Chairperson of the Accreditation Panel have 20 business days from the receipt of the letter of complaint to respond with their decision in regards to whether the complaint is within the scope of CAC.

- If the CEO and Chairperson find that the complaint or allegation is not within the scope of CAC, the complainant will be informed of the decision and will be directed to the appropriate authority, as outlined above
- If the complaint or allegation is within the scope of CAC, a hearing date will be set during the 20 business day window

If the CEO and Chairperson convene the full Accreditation Panel for a hearing, they will request the following documentation to be presented at least 7 days prior to the scheduled hearing:

- The written and signed complaint that was forwarded to the office
- A written response to the complaint or allegation provided by the Accreditation Support Coordinator

In addition to the written documentation, the CEO and Accreditation Panel may request the following individuals to be present during the scheduled meeting:

- A representative of the organization to provide a briefing in regards to the complaint or allegation
- The complainant to provide the reasons for the complaint
- The Accreditation Support Coordinator to provide an overview of the chronology

The Accreditation Panel will see each of these people individually and ask questions they may have in regards to the complaint.

- Uphold the current accreditation status with no action required
- Uphold the current accreditation status with further information to be provided as specified by the Accreditation Panel
- Request a partial re-review of the program within 2 months of the Accreditation Panel's decision, suspending the current accreditation status
- Request a full re-review of the program within 2 months of the Accreditation Panel's decision, suspending the current accreditation status
- Revoke the accreditation status of the program currently accredited

The Accreditation Panel will notify, in writing, the program's director, CAC's CEO, CHF and the complainant of the decision within 10 business days of the Accreditation Panel's hearing. If any accreditation status has been revoked, the program will be responsible for returning the CAC plaque and certificate that contains reference to the revoked program.

IF AN ON-SITE REVIEW IS REQUESTED

If the Accreditation Panel requests a partial or full re-review of the program, the program will be informed of the decisions, the timelines, and the team to be conducting the On-site Review. If the program fails to cooperate with the Review Team, the events will be reported to the Accreditation Panel, resulting in the immediate revocation of accreditation status.

While on-site, if the Review Team finds immediate concerns about the safety of the clients, staff or community, the Review Team will be responsible for reporting their concerns to:

- The program's director
- CAC's CEO
- The appropriate ministries, funders or other appropriate bodies

This must be reported to the above within 24 hours. It is the responsibility of the CEO to provide this information to the Accreditation Panel.

If no immediate concerns are discovered on-site, the Review Team will complete the report and provide a Program Response, if needed, for the program to complete within 10 business days. This document will provide the program with an opportunity to respond to any Non Compliant findings.

The report and response will then be forwarded to the Accreditation Panel for review. The Accreditation Panel then has the option to decide:

- All issues have been addressed and the accreditation status in question remains in effect until the expiry date
- The issues have not been addressed and the accreditation status in question will be revoked

The Accreditation Panel will notify, in writing, the program's director, CAC's CEO and CHF of the decision within 5 business days of the decision. If any accreditation status has been revoked, the program will be responsible for returning the CAC plaque and certificate that contains reference to the revoked program.

The program has the right to appeal the decision of the Accreditation Panel after the requested On-site Review. If the program chooses to appeal, the Appeal of Decision process would be followed.

BOARD OF DIRECTORS INVOLVEMENT

In situations where the implications of the complaint or allegation have a direct impact on CAC, the Board of Directors has the right to review and process the complaint instead of the Accreditation Panel. Upon review of the written documentation of the complaint or allegation, the CEO may choose to inform the Board of Directors of the possible implication to CAC. If the Board of Directors believes that there could be a significant impact to CAC, they will inform the Chairperson of the Accreditation Panel, CEO and complainant of their choice to process the complaint.

If the Board of Directors does choose to oversee the process, the complaints framework will continue as outlined above with the exception that the Accreditation Panel will not have a part in it.

APPENDIX D: READING THE STANDARDS

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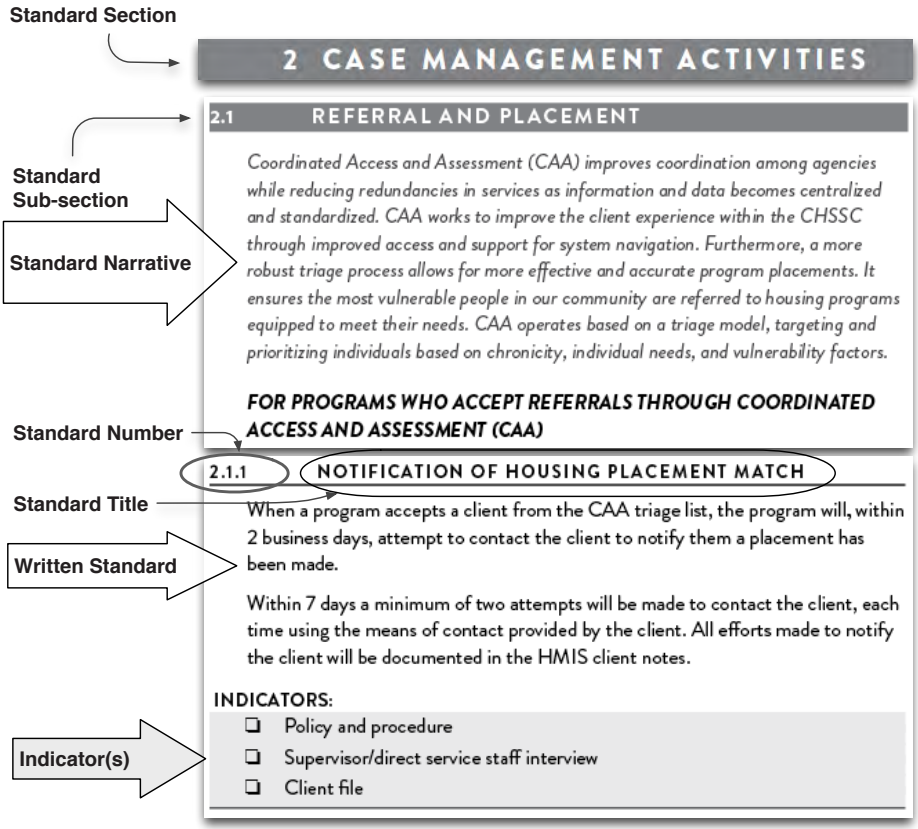
READING THE STANDARDS

HOW STANDARDS ARE WRITTEN

Standards can vary in length and may be comprised of a single statement or a number of components. Standards with lists of requirements are preceded by either:

- Numbers and Letters – These indicate that all parts of the list are required to achieve compliance. If the program is found to be not compliant on one or more parts of the list, the program is found to be not compliant to the standard as a whole
- Bullet Points – These indicate examples of ways to achieve compliance to the standards. Bullet points are found in the written standard and will indicate "some or all".



At the end of each standard there is an indicator section describing the evidence that the Review Team is required to access in order for a program to be found compliant to the standards. The indicators that could be associated with a standard are:

- Policy – The program policy that addresses the aspects of the standard. Policies are the written basis for operation and provide guidelines for decision-making
- Procedure – The directions for daily operations as conducted in the framework of the policy, which include detailed steps that outline the process to accomplish specific tasks
- Narrative – A descriptive statement outlining how the standard is being met in the program. Narratives are short, less than half a page in length and may be presented in point form
- Document Review – An indication of the specific documents to be reviewed as part of the Presite Materials Package or the On-site Review.
- Interview – An indication of the individuals who have been requested to be interviewed in regards to their practice (for staff) or experiences (for clients). It is expected that practice and experience are congruent with program policy and procedure
- File Review – The files of staff and clients reviewed on-site to assess compliance to the standards. Only the records and documents identified in the standards are required to be seen by the Review Team
- On-site Observations – The items that the Review Team observes and practices assessed on-site

APPENDIX E: SAMPLE SIZE

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SAMPLE SIZE

SAMPLE SIZE FOR INTERVIEWS AND FILE REVIEWS

The following are the required number of interviews and file reviews to be completed during the review.

The Review Team may increase the number of interviews or file reviews if the team believes that additional data and representation would be beneficial to the process. It is advantageous to the program to have a larger sample size (i.e. 1 of 10 staff not knowing something is less of an issue than 1 of 2 staff not knowing).

The sample sizes are based on the total number of staff and clients within the program being reviewed. Sample sizes for closed client file reviews will be half the sample size of open client file reviews.

Number Within Program Staff/Clients	Sample Size
3 or less	all
4 – 10	50% or up to 4
10 – 25	50% or up to 8
25 – 50	10
50 – 75	12
75 – 100	14
100 – 150	16
150 – 200	18
Over 200	20

APPENDIX F: STANDARDS COMPARISON 2014 TO 2020

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STANDARDS COMPARISON 2014 TO 2020

SECTION	2014 EDITION	2020 EDITION	ADJUSTMENT NOTES	PAGE
ACCREDITATION				
Accreditation Process			PREAMBLE – this has been updated	1
Accreditation Process			DEFINING CASE MANAGEMENT- This has been updated	5
Accreditation Process			KEY PRINCIPLES – this has been updated	6
Accreditation Process			EVALUATION PROCESS - updated	10
Accreditation Process			ACCREDITATION SUPPORT COORDINATOR – role has been expanded and team lead removed	10
Accreditation Process			SELF-STUDY- minor updates to wording	13
Accreditation Process			ON-SITE REVIEW- timeline changed; updates to wording around consents	15
Accreditation Process			GRIEVANCE – new process has been added	21
Accreditation Process			APPEALS - There is only appeal of decision, appeal of process is now a grievance of process	23
Accreditation Process			INTERIM ACCREDITATION- New type of accreditation has been added.	26
Case Management Standards			Table of contents has been re-organized to better follow the client journey	31
Case Management Standard			4.1- has been renamed “Client Service Delivery”	67
Case Management Standards	1.1.1	N/A	RECRUITMENT REFLECTIVE OF CLIENTS – has been removed from the 2020 revision	
Case Management Standards	1.1.2	1.1.1	INDIGENOUS STAFF – this has been updated with minor changes. Update to indicators to add “internal policies to target, recruit, and hire Indigenous staff (i.e. placement of postings, practicum agreements, etc.)	33
Case Management Standards	1.2.1	1.2.1	ORIENTATION – removed “permanent” from verbiage. Now reads “The program provides all staff with an orientation…”	34
Case Management Standards	1.2.1	1.2.1	ORIENTATION – updated with additional requirements around orientation	34
Case Management Standards	1.2.2	1.2.2	WORKING ALONE SAFELY – this has been updated to state that staff will not work alone until trained on safe working alone practices	34

SECTION	2014 EDITION	2020 EDITION	ADJUSTMENT NOTES	PAGE
Case Management Standards	1.2.3	1.2.3	SAFE WORKSITE PRACTICES – updated with minor changes	35
Case Management Standards	1.2.6	1.2.6	FIRST AID AND CPR TRAINING – this has been updated to include "emergency" first aid training with a new indicator to allow for program to choose which level of first aid training is required and the rationale for it	36
Case Management Standards	1.2.8	1.2.8	INDIGENOUS AWARENESS TEACHINGS – minor update from 4 hours of ongoing training to 6 hours of ongoing training	37
Case Management Standards	1.2.10	1.2.10	SPECIALIZED TRAINING – minor update to include "program defines if specialized training is required"	38
Case Management Standards	1.2.10	1.2.10	SPECIALIZED TRAINING – new indicator to include Narrative of required specialized training	38
Case Management Standards	2.1	2.1	REFERRAL AND PLACEMENT – updated preamble	39
Case Management Standards	2.1.1	2.1.1	NOTIFICATION OF HOUSING PLACEMENT – Full re-write for clarity and simplicity	39
Case Management Standards	N/A	2.2	INTAKE – new subsection added to 2020 revision of standards.	41
Case Management Standards	2.2.1	2.2.1	CONSENTS TO RECEIVE SERVICES – minor update to language in point 2 and adding in home visits and safety checks	41
Case Management Standards	N/A	2.2.2	CLIENT ENGAGEMENT – new standard in 2020 revision	41
Case Management Standards	2.2.2	2.2.3	CLIENT RIGHTS – updated to include "choice of housing location", "spiritual connection", and "options to connect/ reconnect with natural supports (including but not limited to family). Removed that rights must be posted and changed this to accessible	42
Case Management Standards	N/A	2.2.4.A	SAFETY CHECKS SCATTERED SITE SUPPORTIVE HOUSING- new standard added in 2020 revision.	43
Case Management Standards	N/A	2.2.4.B	SAFETY CHECKS PLACE-BASED SUPPORTIVE HOUSING – new standard added in 2020 revision	44
Case Management Standards	2.2.3	2.3.1	RE-INFORMING OF RIGHTS – minor update to move "posted" to in brackets	45
Case Management Standards	N/A	2.3.2	CLIENT GRIEVANCE PROCESS – new standard added to 2020 revision	46
Case Management Standards	2.2.4	2.3.3	SEARCHES – Minor update to language to state "If the program conducts searches". Update to indicators to include "client interview". If searches are part of programming clients should be aware	46

SECTION	2014 EDITION	2020 EDITION	ADJUSTMENT NOTES	PAGE
Case Management Standards	2.3.1	2.4.1.A	CRISIS SUPPORT- updated to differentiate between scattered site and place-based	50
Case Management Standards	N/A	2.4.1.B	CRISIS SUPPORT- new standard for Place-Based Supportive Housing	50
Case Management Standards	2.4.1	2.5.1	ASSESSMENT TOOLS- updated standard, new indicator to include narrative to define validity of assessment tool, new definition added to glossary	51
Case Management Standards	2.4.4	2.5.4	FINAL ASSESSMENT – updated for clarity; should be 30 days prior to discharge	52
Case Management Standards	2.5.1	2.6.1	CLIENT CENTRED SERVICE PLANNING – minor update to language to provide clarity	53
Case Management Standards	2.5.2	2.6.2	SERVICE PLAN COMPONENTS – update to bullet 6 to include all parties involved in service planning	53
Case Management Standards	2.6.1	2.7.1	SUPPORT TO ACCESS REFERRALS – minor update to “as staffing allows”	55
Case Management Standards	2.7.1	2.8.1	SERIOUS INCIDENTS – minor update to when serious incident reports need to be filled out	56
Case Management Standards	N/A	2.8.2	CRITICAL INCIDENTS – new standard added to clearly define what CHF expects to be reported	57
Case Management Standards	2.7.2	2.8.3	DOCUMENTATION REQUIRED – SERIOUS & CRITICAL INCIDENTS – updated to include timeline for completion of documentation and include both serious and critical incidents	58
Case Management Standards	2.7.3	2.8.4	REVIEW OF INCIDENT REPORTS – renamed from Review of Serious Incident Reports to be inclusive of both serious and critical incidents	59
Case Management Standards	2.8.4	2.9.3	FORESEEN, UNPLANNED DISCHARGE – TRANSFER EFFORTS- Added bullet point “Following the transfer process outlined in the CAA terms of reference”	61
Case Management Standards	2.8.7	2.9.6	RE-ACCESSING SERVICES – re-written for clarity	62
Case Management Standards	N/A	4.1	Sub-header has changed to “Client Service Delivery”	67
Case Management Standards	4.1.1	N/A	CASELOAD DETERMINATION – this standard has been removed from the 2020 revision	
Case Management Standards	4.1.2	4.1.1	PRIMARY CASE MANAGER – minor update to wording	67
Case Management Standards	4.1.5	4.1.4	MOVE-IN/MOVING SUPPORT – BASIC AND NECESSITIES – minor update to language, added bullet 2 and 6 – utility set up and initial cleaning supplies	68

SECTION	2014 EDITION	2020 EDITION	*ADJUSTMENT NOTES*	*PAGE*
Case Management Standards	2.8.1	N/A	EXTENDED SUPPORTS this has been removed from the 2020 revisions	

GLOSSARY

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Aboriginal – "Aboriginal Peoples of Canada" includes First Nations, Inuit, and Metis peoples of Canada who may or may not reside within their cultural community *(Canadian Constitution)*.

Aboriginal Plan to End Homelessness – Document created by the Aboriginal Standing Committee on Housing and Homelessness which applies an Indigenous worldview on ending homelessness.
http://calgaryhomeless.com/content/uploads/Aboriginal-Plan-2012.pdf

Abuse – Any pattern of behaviour, deliberate or otherwise, causing harm (physical, emotional, sexual or psychological) to another person. Abuse can occur in the home (e.g., domestic violence, spousal rape), in the community (e.g., hate crimes), in an institution (e.g., senior abuse), and anywhere else (e.g., sexual harassment, bullying). Specific examples of abusive behaviour are:

- Physical actions that are intended to inflict violence or pain on another
- Emotional or psychological coercion used to manipulate another
- Inappropriate sexual contact (e.g., sexual contact between a person served and a staff member, contact between persons served when consent is not freely given by both persons served or when one is incapable of consenting by reason of mental impairment, etc.)
- Failure to meet physical (e.g., food, medical attention, etc.) or emotional needs
- Bullying - repeated physical attacks, threats, humiliation, extortion of money and possessions, or exclusion perpetrated by individuals or a group
- Administration of medication for an inappropriate purpose
- Exploitation, taking advantage of others (e.g., using their money or belongings, persuading them to be involved in illegal actions or actions not in their best interest, etc.)

Access – Permission or the right to enter, get near, or make use of something or have contact with someone. *(Merriam-Webster Dictionary)*

Accessible – An environment free of obstacles to people with and without disabilities. Accessibility can include physical improvements to space and assistive technology such as wider hallways to accommodate wheelchairs, rails for people prone to falls, and large print for people with low visibility.

Accommodations –

1. A space (private or shared) made available for an occupant to reside in for a short-term or long-term duration.
2. Provisions made for personnel or persons served to facilitate their work or program environment.

Advocacy – The promotion and safeguarding of a person served's rights by interceding on their behalf and assisting them to intercede on their own behalf.

Agency – Is a group of people that performs some specific task, or that helps others in some way. Also refers to the organization/program that delivers those services.

Alberta's Plan to End Homelessness – A plan created by the Government of Alberta to end homelessness in Alberta by 2019. For further information please reference **http://www.humanservices.alberta.ca/documents/PlanForAB_Secretariat_final.pdf**

All Positions – All positions that will be reviewed during the course of the accreditation, including the CEO or ED, management personnel, supervisors, direct service personnel, and volunteers.

Alone (or Working Alone) – A person is "alone" at work when:

- They are on their own
- They cannot be seen or heard by another person
- They cannot expect a visit from another worker *(Canadian Centre for Occupational Health and Safety)*

Assessment – See evidence based assessment tool.

Audit – An in-depth review of a system (not referring to a financial audit).

Authorization – The power to make decisions, or the delegation of power to a certain person or body to act on behalf of another person or body.

Authorization of Documents – Authorization may be demonstrated by the signature of a person with authority to approve policies and plans or the recorded decision of a governing body.

Awareness – Taking note of a person's behavior and the state of mind either through a formal assessment or incidental observation.

Behaviour Management – The attempt to alter a person served's behaviour through influence and other means. When engaging in behaviour management it is best to utilize positive methods, such as, a strength-based approach. A strength-based philosophy holds the core belief that all individuals have strengths and resources. The focus of the practice is on a person's skills, interests and support systems. Its simple premise is to identify what is going well, to do more of it, and to build on it The following interventions may not be utilized as a mechanism to alter behaviour:

- Corporal (physical) punishment
- Humiliation
- Degrading punishment
- Group punishment for one individual's behavior
- Medication as punishment
- Intentionally harmful or abusive practices
- Locked confinement (with the exception of Intensive Treatment Programs, Secure Programs, and Protective Safe Houses)
- Sleep deprivation
- Withholding meals
- Withholding spiritual observances
- Withholding visits with family, guardians, advocate or lawyer

Beliefs – Concepts that one holds to be true.

By-Laws – The official rules and regulations, drawn up at the time of incorporation, governing the internal affairs of an organization.

Board – Refers to a board of directors, board of trustees, board of managers or board of governors. These are the elected or appointed members who jointly oversee the activities of an organization or company.

Bring Forward System – The method used to identify the data, activities, and events required to ensure that an internal tracking system is maintained and updates are performed within predefined timelines.

Budget – An estimate of the expected income and expenses for the upcoming fiscal year.

Business days – A day when most businesses are open; a weekday that is not a holiday.

Calgary's Homeless Serving System of Care (CHSSC) – The network of agencies working together to ensure those at risk of or experiencing homelessness have timely access to the right housing with the right supports. *Reference: CHF 2019*

Case Management – "collaborative, client-driven process for the provision of quality health and support services through the effective and efficient use of resources. Case management supports the client's achievement of safe, realistic, and reasonable goals with complex health, social, and fiscal environment." *National Case Management Network of Canada 2009*

Certification – The assertion by an external body that someone is qualified for a specific type of work after the provision of evidence of certain traits or skills.

Chief Executive Officer (CEO) – The highest-ranking executive or administrator responsible for the overall management of an organization.

Child Welfare – The catch-all term used to refer to child protection services and the organizations that provide them.

Chronicity – The length of time that an individual has experienced homelessness.

Client Action Committee – The Client Action Committee are a diverse group of individuals with a lived or living experience of homelessness that act as an advisory committee to the Calgary Homeless Foundation. They are also active in the Calgary community promoting education and awareness on issues related to homelessness to help reduce stigma.

Clinician – A professional trained and registered with a professional body (e.g., College of Social Workers, College of Psychologists etc.) and maintains current licensed practitioner status with that professional body. They specialize in the psychological, emotional or psychosocial treatment of persons served, as distinct from those specializing in administration, research or academic work.

Communicable – An infectious disease transmissible (as from person to person) by direct contact with an affected individual or the individual's discharges or by indirect means (as by a vector). *[Merriam-Webster]*

Community – A group of people who share a common link to the services that an organization provides. Communities can be formed among professional associations, users of services, or those who are impacted by the services (e.g., shared property, use of community services, etc.). It is also understood that organizations providing services to persons served are not islands unto themselves. The work of the organization is provided within the context of the community and needs to reflect community involvement.

Conditions of Service – A set of limitations dictating how a service can be used or accessed by persons served.

Confidentiality – refers to a duty of an individual to refrain from sharing confidential information with others, except with the express consent of the other party.

Conflict Resolution – The conflict resolution process is engaged when there are conflicts between individuals or within a group of individuals. Conflict resolution is a formal process that seeks to find resolution to a dispute.

Conflict of Interest – A situation in which an individual has a current or potential interest that may influence or appear to influence how they conduct business or make decisions.

Congregate Living – A facility which combines private living quarters with centralized dining services, shared living spaces and access to recreational activities.

Consultant – A person who provides specialized or technical advice or services to a program for specific purposes on a contractual or fee-for-service basis.

Containment – The act of preventing the spread of something.

Contractor – A professional or non-professional person hired on a contractual or fee-for-service basis to provide a specific service (e.g., drivers, respite providers, supported independent living providers, and Aboriginal or Cultural resource person).

Coordinated Access and Assessment (CAA) – a standardized intake process into Calgary's Homeless-Serving System of Care.

CPI – Crisis Prevention and Intervention.

Crisis Intervention – Emergency services provided to a person who is in a state of crisis and requires more support and supervision than is available under other circumstances.

Critical Incident – An incident that occurs that must be reported to CHF within 24-hours of the incident occurring as outlined in Standard 2.8.2.

Cultural sensitivity – Is a set of skills that enables us to learn about and understand people who are different from ourselves, thereby becoming better able to serve them within their own communities.

Day – One calendar day unless otherwise specified.

Daytime – Refers to the program's usual awake times for persons served.

De-escalation – The act of decreasing or diminishing violent behaviours in extent, volume or scope without using physical intervention.

Decontamination – The removal of dirty or dangerous substances from a person, thing, place, etc.

Demographic Information – Statistical information about persons served within a program, such as age, gender, race, etc.

Direct Service Personnel – Individuals who have regular, direct contact with the persons served within an organization.

Disaster – Any event that:

- Causes significant suffering or loss
- Results in significant damage or destruction, requiring evacuation
- Renders a facility uninhabitable, either temporarily or permanently

Disaster/Emergency Plan – Systematic procedures that clearly detail what needs to be done, how, when, and by whom before and after the time an anticipated disastrous event occurs. The part dealing with the first and immediate response to the event is called emergency plan.

Discrimination – An act or decision that treats a person or a group of people negatively for reasons such as race, age or disability. The following 13 grounds are protected under the Canadian Human Rights Act:

- Race
- National or ethnic origin
- Colour
- Religion
- Age
- Sex
- Sexual orientation
- Gender Identity or Expression
- Marital status
- Family status
- Genetic Characteristics
- Disability
- A conviction for which a pardon has been granted or a record suspended

Donation – Anything that is given to help a person or an organization. Donations may be in the form of food, clothes, money, etc. and may or may not qualify for a tax receipt.

Duty to Accommodate – The Canadian Human Rights Act requires employers and unions, where applicable, to accommodate the needs of employees and job applicants to the point of undue hardship. Failure to accommodate short of undue hardship can have the effect of discrimination.

Duty of Care – The obligation to act conscientiously when acting toward others. If the actions of a person are not made with care, attention, caution, and prudence, their actions are considered negligent.

Duty to Warn – The obligation to provide advanced notice to others interacting with persons served who are known to have behavioural, emotional, or psychological problems which have the potential to cause harm to themselves or to those interacting with them.

Educational Program – Courses requiring the participation of persons served for a specified number of hours to gain knowledge and skills.

Emergency Evacuation – A planned, written set of actions for removing all occupants from a building or area undergoing an emergency situation such as fire or inclement weather.

Ethical – The quality of being in accordance with the rules or standards for proper conduct or practice, especially with regards to the standards of a profession.

Ethnic groups – A social group or category of the population that, in a larger society, is set apart and bound together by common ties of race, language, nationality, or culture. **https://www.britannica.com/topic/ethnic-group**

Ethical Conflict – A situation in which a course of action that is usually considered ethical is hindered by a context which creates a conflict. For example, persons served have the right to information about them; however, if they are under the age of consent, a parent or guardian may choose to prevent personnel from disclosing that information to the person served. In this case, the release of information to the minor would be an ethical conflict.

Ethical Fundraising – Fundraising in accordance with the ethical fundraising practices of the applicable jurisdiction (e.g., Charitable Fundraising Act, Ethical Fundraising and Financial Accountability Code, Imagine Canada, etc.).

Evaluation – A process that involves assessing the strengths and weaknesses of an individual, program, policy, personnel, or organization to improve effectiveness and promote efficiency.

Evidence-Based Assessment Tool – An assessment tool that has the following qualities:

1. Tested, valid, and appropriate
2. Reliable (provide consistent results)
3. Person-centered (focused on resolving the person's needs, instead of filling project vacancies)
4. User-friendly for both the person being assessed and the assessor
5. Strengths-based (focused on the person's barriers to and strengths for obtaining sustainable housing)
6. Housing First–oriented (focused on rapidly housing participants without preconditions)
7. Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm); and
8. Transparent in the relationship between the questions being asked and the potential options for housing and support services.

Reference**: https://caeh.ca/wp-content/uploads/BACKGROUNDER-Information-on-common-assessment-tools.pdf**

Executive Director (ED) – An executive director is the senior operating officer or manager of an organization or corporation. Executive director titles (EDs) are frequently reserved for the heads of non-profit organizations, and their duties are similar to a chief executive officer's (CEO) duties of a for-profit company.

Experiential Learning – Is the process of learning through experience, and is more specifically defined as "learning through reflection on doing"

Family Representative – A member of the family who may or may not be the person served's guardian but who, as defined by the person served, plays a significant role in the care and well-being of the person served.

File – The formal record of contact with a person served or personnel which many include both paper and electronic components.

First Nations Principles of Ownership, Control, Access, and Possession (OCAP) – The right of First Nations to control the data collection processes in their communities.

Formalized – To give proper or official form to something.

Freedom of Information and Protection of Privacy (FOIP) Training – Self-managed training for all employees of public bodies to increase basic awareness of the FOIP Act.
https://www.servicealberta.ca/foip/online_training/focusprivacy/html/frames.htm

Frontline Staff – Employees who are in direct contact with persons served on a regular basis, including shift supervisors.

Full Time Equivalent (FTE) – A paid personnel position that may be made up from a number of part-time, casual or relief positions.

Government of Alberta (GOA) Privacy Training Acts – Online training meant to deepen understanding of FOIP, Health Information Act (HIA), and the Children First Act.
http://www.humanservices.alberta.ca/elearning/informationsharing/index.html

Goal – A statement of desired performance or behavior which is specific, qualitatively and quantitatively measurable, and attainable.

Governance – The procedures associated with decision making, performance and control of organizations, including providing structures to give overall direction to the organization and satisfying the expectations of accountability to those outside of the organization.

Governing Body – The group of people, whether elected or appointed, in a non-profit organization who have the legal authority and responsibility to set policy and oversee the operation of an organization.

Grievance – A real or perceived cause for complaint brought to the attention of the organization by a person served, personnel, volunteer, student or any other person having contact with the organization or program.

Guardian – A person who has the legal responsibility for providing care and management to a person who is incapable of administering his or her own affairs due to age or other circumstances such as physical, mental or emotional impairment. See also Legal Representative.

Guardianship – A legal relationship created by a court between a guardian and their ward, either a minor child or an incapacitated adult.

Harassment – Any unwanted physical or verbal conduct, whether as a single incident or as several incidents over a period of time, that offends or humiliates *(Canadian Human Rights Commission)*. Harassment may include:

- Threats, intimidation, or verbal abuse
- Unwelcome remarks or jokes about race, gender identity or expression, sexuality, religion, disability, age
- Displaying sexist, racist or other offensive pictures or posters
- Sexually suggestive remarks or gestures
- Inappropriate physical contact such as touching, patting, pinching or punching
- Physical assault including sexual assault

Health or Adaptive Equipment – Apparatus that is used to help anyone with a disability or physical injury lead a more independent and productive life. These devices may include inhalers, wheelchairs, hearing aids, sleep apnea equipment, etc.

Healthy Living – A lifelong process of optimizing opportunities for improving and preserving health, physical, social, and mental wellness, independence, quality of life, and enhancing successful life-course transitions.

Home Visit – A home visit is when the case worker meets with the program participant in the program participant's home. Home visits are used to build rapport, are objective based (support service planning) and may help to indicate if there is anything that might signal that the program participant may need additional support to maintain housing stability (e.g. food insecurity, risks within the home, hoarding, etc.)

Homeless Charter of Rights – outlines the rights of people experiencing homelessness in accessing services, public spaces and accommodation. It aims to prevent discrimination and rights violations related to the condition of homelessness. To see the Charter please visit:
https://www.homelesshub.ca/resource/homeless-charter-rights

Honorarium – A payment made to recognize, without having any liability or legal obligation, a person for their services in a volunteer capacity or for services for which fees are not traditionally required.

Human Services – Programs which assist people in meeting their needs to be adequately housed, clothed, and fed, as well as their needs for social, developmental, educational, recreational, and religious opportunities for the maintenance and enhancement of physical, psychological, social, and spiritual well-being.

In Plain Sight Search – A search done that does not involve moving items or opening drawers, cupboards, etc. It is only a search of what can be viewed without making any physical contact to items in the room/area.

Inadvertent – An outcome, negative or positive, achieved accidentally and not through deliberate planning.

Incident Report –A situation or circumstance that is mandated to be documented and reported to appropriate authorities, both within and outside of the program. Refer to Critical or Serious Incident

Individual Accommodation – Any residence of a person served for which they are entirely responsible.

Indian Act – The Indian Act is the principal statute through which the federal government administers Indian status, local First Nations governments and the management of reserve land and communal monies. - *The Canadian Encyclopedia*

Individuals being served within the CHSSC – An overview of individuals in Calgary who could potentially access services through the housing first programs. For further information please use the following links:
http://calgaryhomeless.com/content/uploads/SSPF_V116_2017-03-15.pdf
http://calgaryhomeless.com/content/uploads/FSPF_V116_2017-03-15.pdf

Informed Consent – A legal condition where a person can be said to have given consent based upon an appreciation and understanding of the facts and implications of an action. The person needs to be in possession of relevant facts, their reasoning faculties, and be without an impairment of judgment at the time of consenting. Informed consent can be given either by the person served or a guardian.

Initial Cleaning Supplies –

- ***For Place-Based Supportive Housing Programs*** – supplies for each unit or access to centralized cleaning supplies (e.g. janitor room);
- ***For Scattered Site Supportive Housing Program*** – minimally, supplies that are provided in the Calgary Food Bank's Welcome Home Package with referrals to community agencies for additional supplies (e.g. broom, mop, vacuum, etc.)

Intake – The initial gathering of information about persons served for the purpose of assessment and determination of eligibility and the need for services provided by the program or other appropriate resources in the community.

Intervening Years – The years between a full accreditation review.

Intergenerational Trauma – Intergenerational trauma is the transmission of historical oppression and its negative consequences across generations. Reference: *https://www.ucalgary.ca/wethurston/files/wethurston/Report_InterventionToAddressIntergenerationalTrauma.pdf*

Intervention – As opposed to observation, intervention requires actions to be taken to help and protect a person served in a time of crisis. Crisis and Suicide Intervention training requires a qualified trainer.

Intimate Relationship – A relationship including a personal bond (e.g., familial, emotional, romantic, sexual).

Involuntary – An action performed without will or conscious control.

Kinship Care Provider – Extended or natural family members who are contracted by an organization to care for children in their homes. Kinship care providers are not considered to be personnel of the organization but are deemed to be contracted individuals.

Legal Issues – Any situation in which personnel and volunteers may have contact with aspects of the legal system (e.g., police, investigators, bailiffs, lawyers, etc.).

Legal Representative – An individual who has the legal responsibility for a person served and can consent to services on their behalf. May include parents, family, legal guardian, etc.

Legislation – Any acts, laws or regulations enacted by Federal, Provincial, and Territorial governments.

Liability – The condition of being responsible for a possible or actual loss, penalty, expense or burden whether existing, potential or contingent.

Management Staff – Staff who are responsible for the overall operational aspects of the program and may include the Chief Executive Office, Chief Financial Officer, Program Directors, and Volunteer Coordinators, among others. Based on the size of the organization, management personnel may or may not be involved in providing direct services to persons served or their families.

Mediation – Intervention between conflicting parties to promote reconciliation, settlement, or compromise.

Mentor – An experienced person, generally a volunteer, who provides advice, support, and encouragement to a less experienced person.

Narrative – A statement describing how the standard is being met within the organization. Narratives are short, less than half a page in length, and may be presented in point form format.

Nature of Service – The type of services delivered by a program.

Near Miss –

1. An event (usually adverse) averted only at the last moment or by accident.
2. An event that would have resulted in an accident/emergency situation if not for a last minute or chance intervention; an event likely to be reproduced in the future.

Night Time – The hours in a residential program when persons served are usually asleep.

Non-identifiable – Anonymous.

NVCI – Non-violent crisis intervention.

On-Site – The state of being on the site of the facility where the program or service is conducted.

Operations Plans (or Business Plan) – A short-term, detailed, goal-oriented plan put into place to direct the operations of an organization. The Operations or Business Plan may be incorporated into other organizational plans, such as the Strategic Plan, or may be created separately.

Organization – A legal entity that manages itself in accordance to the acts, laws, policies, and regulations that direct them and may include, but are not limited to, an agency, a government-run service or a proprietorship. An organization may provide services through a single program or may offer a large range of services through many programs.

Organizational Chart – A graphic illustration that outlines the basic division of labour, span of authority, number of supervisory levels, lines of formal authority and accountability, and lines of communication.

Outcome Auditing – The practical use collected data to demonstrate how the organization is making a difference within the services they provide. The outcome may not always be positive or anticipated but should provide the organization a clear understanding of what is and is not working.

Outcomes – Changes in knowledge, behavior, feelings, thoughts, attitudes, acquisition of resources or characteristics for a person served or a community. Outcomes measure the difference the provided service makes in the short, intermediate, and long term.

PACE – Playfulness, acceptance, curiosity and empathy.

Peak Activity Period – Any time within daily routines where there is a high level of activity.

Peer Review – The process of being evaluated by members of the same or a similar professional community.

Person Served – Any person receiving services from a service provider.

Personal Directive – A legal document under provincial legislation that allows an individual to name person(s) to make decisions on their behalf should they lose mental capacity, and also lists the areas in which the person(s) listed have decision-making authority (e.g., health care, residential issues).

Personal Relationship – Refer to close connections between people, formed by emotional bonds and interactions. These bonds often grow from and are strengthened by mutual experiences.

Personnel – All paid and unpaid people working within the program either directly with persons served or in an administrative role. This includes personnel, contractors, service professionals, practicum students, and volunteers.

Place-Based Supportive Housing (PBSH) – Case management and housing supports for individuals with the goal that over time, with case management support, the client(s) will be able to achieve housing stability and independence. Placements are designated to specific buildings and/or locations, often with agency supports on site.

Policy – A statement of practice derived from the principles and philosophies that guide organizational operations and services.

Practice Research – A general term that is applied to the techniques or methodologies used to evaluate, analyze data related to practice and is designed to identify best or leading practices that have proven to be reliable and leads to a desired result.

Practicum Student – A student enrolled in an educational facility who is completing a work placement with an organization as part of their course work.

Pre-Site Conference Call – A teleconference attended by the review team to assess an organization's self-study materials package. A member of the organization may also attend but their participation will be strictly limited to answering questions posed by the review team.

Procedure – The method and manner by which a policy is to be implemented.

Professional Boundaries – Organization-defined limits on the type and extent of conduct deemed safe and appropriate between personnel and persons served.

Professional College – A professional association, body, organization or society which seeks to further a particular profession, the interests of individuals engaged in that profession, and public interest. It may also be involved in licensing and regulating those within that profession.

Program – A housing first program operated by a not-for-profit agency that provides services to individuals who have experienced homelessness. Housing First Programs must be accredited to CHF standards, whereas the agency may/may not choose to be accredited by another accrediting body

Proprietary – Privately owned organization (also, proprietorship). Also something that is used, produced, or marketed under exclusive legal right of the inventor or maker *[Merriam-Webster]*

Public Organization – An organization established by statute, and owned and operated by any level of government.

Public Trustee – The governmental office responsible for protecting the financial interests of vulnerable people by administering the estates of represented adults, deceased persons, and minors when there is no one else to act.

Qualified Trainer –

1. An individual certified by an appropriate body to deliver a specific form of training (e.g., Suicide Intervention, First Aid, etc.).
2. For Medication Training, an individual who is certified or approved by an appropriate health professional body or uses a curriculum verified by a health professional body to provide this training.

Quality Assurance – A system using established measures which promotes and confirms consistency of performance to set measures of quality. Quality assurance is a continuous cycle with a focus on change, directed towards purposeful and future-oriented actions including:

1. Setting of improvement goals
2. Evaluating performance of current practice
3. Changing methods to improve service delivery
4. Evaluating the impact of such changes

Quality Improvement – A continuous cycle of setting goals, measuring efficiencies and effectiveness, taking corrective actions, and evaluating the impact.

Quality Improvement Plan – A tool for gathering the necessary information to be reviewed as part of the annual performance analysis. The Quality Improvement Plan may be created as a separate plan or incorporated into the Operating Plan.

Recognized Accounting Practices – The framework of broad guidelines, conventions, rules, and procedures of accounting as set out by the relevant regulatory body.

Release of Information – The sharing of protected information related to persons served, personnel, or the organization to any person, including the subject of the information, under any circumstance. The release of information is governed both by legislation and by CAC standards.

Religious Groups – A set of individuals whose identity as such is distinctive in terms of common religious creed, beliefs, doctrines, practices, or rituals. Reference: **https://www.lectlaw.com/def2/q028.htm**

Restraint – Any means used to restrict a person's movement, activity, or access to their body including, but not limited to, physical restraints, chemical restraints, pharmacological restraints, and mechanical restraints.

Restrictive Procedure – The placement of limits (e.g., restrictions of movement, isolation from the group, withholding privileges, etc.) on a person served in order to influence behaviour.

Rights – Entitlements assured by custom, law or property or the power or privilege to which one is justly entitled to have.

Risk Management – The process of identifying, assessing, and prioritizing risks, followed by the coordinated and economical application of resources to minimize, monitor, and control the probability and impact of unfortunate events, or to maximize the realization of opportunities.

Risk Register – A listing of all the identified risks to an organization or program and may include a rating of each risk, which is updated regularly and used to develop the Risk Management Plan.

Room and Board – An arrangement wherein money or labour is exchanged for food and lodging.

Safe Practices – Procedures which ensure the safety of personnel and persons served in any given task, from handwashing in food preparation to the safe administration of medication.

Scattered Site Supportive Housing (SSSH) – Case management and housing supports for individuals with the goal that over time, with case management support, the client(s) will be able to achieve housing stability and independence. Placements are not designated to one specific building, rather individuals and families are housed in the community independently.

Safety Check – A safety check is when a case worker will enter a program participant's home, sometimes without prior immediate permission from the program participant, because there is indication that the safety or well-being of the program participant is at risk.

Scope of Practice – A profession's definition of the procedures, actions, and processes that are permitted for individuals in that profession. This is determined by law for legislated professions and may be defined by organizations for non-professional employees.

Search – The intentional practice of check an individual's belongings/person/room or personal space for items not permitted by program. This does not include checking a person/person's belongings for safety while responding to a crisis (e.g. overdose).

Self-Harm – Self-injury or self-poisoning which is an intentional, direct injury to the body without suicidal intent. Examples include, but are not limited to, cutting, burning, and embedding of objects in the body.

Self-Study Period – The time between the application and the Pre-Site Conference Call during which an organization prepares documentation for the review team's assessment.

Senior Management – Individuals at the highest level of an organization's management who are responsible for the day-to-day supervision of the organization.

Service Plan – A written plan identifying the goals, strategies (tasks and activities), and timelines required to address the needs and issues of the persons served. The care plan may be referred to by a number of other titles, such as the Case Plan, Healing Plan, Individual Program Plan, etc., at the discretion of the organization.

Serious Incident – Any incident that occurs that must be reported internally as outlined by the standards, the program and the agency.

Service Team – Services, contractors, service professionals, and volunteers assigned to work with or be involved with persons served.

Social Services – Services designed to assist individuals and families in coping with social and psychological problems which interfere with their regular functioning.

Specialized Medical Procedure – Procedures beyond the provision of medication that may require special attention and training. Examples include, but are not limited to, needles, enemas, g-tubes, shunts, and blood glucose monitors.

Specialized Training – Training that is unique to and mandated by the program outside of CHF Core trainings.

Staff – Persons employed by the organization for wages or salary on a full-time, part-time, casual or relief basis. Staff does not include individuals such as foster parents, service providers or service professionals hired on a contractual or fee-for-service basis.

Stakeholder – A person, group or organization that has a direct or indirect interest in an organization because it can affect or be affected by the organization's actions, objectives, and policies.

Standard Precautions – Precautions meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the workplace and in the care of the person served.

Standardized Aggregation Method – A consistent way of accumulating data for review.

Strategic Plan – A plan that documents what an organization is, where it's going and how it's going to get there. It is a long-term, flexible plan that does not regulate activities but rather outlines the means to achieve certain results, and provides the strategy to alter the course of action should the desired ends change.

Strength-Based Approach – A practice theory that emphasizes people's self-determination and strengths. It is person served led with a focus on future outcomes and strengths that people bring to resolving a problem or crisis as well as opportunity to involve the person served in self-discovery and learning. Some of the techniques used include:

- Appreciative inquiry
- Capacity building/Asset-Based Community Development
- Community Development
- Developmental Assets
- Positive Youth Development
- Resiliency
- Restorative Justice
- Social Determinants of Health
- Social Development
- Solution-Focused Therapy
- Sustainable Livelihoods
- Youth Engagement

Suicidal Ideation – Thoughts about suicide ranging from thoughts of killing one's self to having a formulated plan without having performed the suicidal act itself.

Suicide Intervention – An activity or set of activities designed to decrease risk factors or increase protective factors reference: **https://www.sprc.org/about-suicide/topics-terms**

Supervision – The act of overseeing and supporting the work or actions of a person who is more junior in a given context (e.g., supervisor/subordinate, mentor/mentee).

Supervisor – Staff responsible for the supervision of program personnel provide direct services to and with persons served. This definition may include clinical consultants when their responsibilities include consultative and supervisory duties.

Support Home – Accommodation and support provided to persons served, generally young adults, while they work towards independent living.

Support/Strengthening Session– Informal/unplanned connections with previous service recipients who are reaching out for referrals and/or limited supports (i.e. coaching, coffee check in, telephone check in, etc.)

Suspicions and/or Allegations of Abuse – Reported instances that allege that the program and/or program staff may be or are abusive towards the program participant

Systemic Racism – Includes the policies and practices entrenched in established institutions, which result in the exclusion or promotion of designated groups. It differs from overt discrimination in that no individual intent is necessary. *(Toronto Mayor's Committee on Community and Race Relations. Race Relations: Myths and Facts)*

Task Force – A group formed to work on a single defined task or activity.

Termination –

1. The planned or unplanned end of services in a specific program to a person served.
2. The planned or unplanned end of employment for personnel, contractors, volunteers, or students.

TCI – Therapeutic Crisis Intervention

Therapy – Activities designed to influence a change in a person served's thinking, behaviour, and relationships.

Training – Instruction given to persons seeking to learn a skill. Training may take many forms and may include classroom training, a single or many day sessions devoted to learning a particular skill, conference workshops, and distance learning opportunities (e.g., videos, on-line courses), coaching sessions, clinical case conferencing, reading materials, peer training etc.

Transportation – The act of moving a person from one location to another, usually by way of a vehicle.

Treatment – Services offered to overcome physical, behavioural, and emotional difficulties that are severe enough to be problematic in a person's physical, social, emotional, and familial functioning.

Treatment Team – A multi-disciplinary team which includes people from different disciplines and with different roles in relation to the person served and any other people involved in the life of the person served that may be able to provide input into the development and implementation of the individualized care plan.

Truth and Reconciliation Commission of Canada (TRC) Calls To Action – 94 Calls to Action made by the Truth and Reconciliation Commission of Canada in order to redress the legacy of residential schools and advance the process of Canadian reconciliation. For further information please visit: **http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf**

Undue Hardship – an accommodating action that places significant difficulty or expense on the employer.

Universal Precautions – Infection control guidelines designed to protect from exposure to diseases spread by blood and certain body fluids. This includes, but is not limited to, hand washing, use of protective barriers (Personal Protective Equipment (PPE)), cleaning of contaminated surfaces and safe handling/disposal of contaminated material.

Unplanned Safety Check – See Safety Check.

Values – Ideas that one holds to be important which in turn govern the way one behaves, communicates, and interacts with others.

Voluntary – An action done with conscious intent.

Volunteer – An unpaid person who contributes services to an organization and its persons served, and, if providing direct service to persons served, is supervised by an appointed representative of that organization.

Vulnerability Factors – The characteristics determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards. *Reference: UNISDR Terminology 2017*

Vulnerable People – Persons who belong to a group within society that is either oppressed or more susceptible to harm. Reference: **http://rfmsot.apps01.yorku.ca/glossary-of-terms/vulnerable-persons/#def**

Well-Being –

1. A state defined by the person served where they can indicate they are in a good or satisfactory condition of existence.
2. The goal which guides personnel's actions towards persons served.

Whistleblowers – People who act in good faith to report a criminal offence, a breach of a legal obligation, a miscarriage of justice, a danger to the health and safety of any individual, or the deliberate covering up of information tending to show any of the above. *(Public Interest Disclosure Act – UK)*

Working Alone Safely Legislation – Specific laws concerning working alone. For further information please visit: **https://open.alberta/ca/dataset/757fed78-8793-40bb-a920-6f000853172b/resource/8a7a2cf9-b223-4427-80ec-2f67416d2bb6/download/4403880-part-28-working-alone.pdf**

Working Groups – A group of people who investigate a particular problem and suggest ways of dealing with it.

Youth Plan to End Homelessness – A community-based document outlining key strategies in preventing and ending youth homelessness focusing on four key priorities: leadership and engagement, prevention, housing, and systems. For further information please reference: **https://homelesshub.ca/sites/default/files/attachments/Youth_Plan_Refresh_2017.pdf**

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