Calgary Homeless Foundation

Standards of Practice

Case Management for Ending Homelessness

2014 Edition

Accreditation Process

&

Standards Manual

Canadian Accreditation Council

Calgary Homeless Foundation

Standards of Practice

2014 Edition

Since 1974

Canadian Accreditation Council

Canadian Accreditation Council of Human Services

Arla Professional Building
Suite 300 10446 122 Street
Edmonton, Alberta, CanadaT5N-1M3

www. cacohs.com

Printed in Canada

Table of Contents

ACCREDITATION PROCESS

Calgary Homeless Foundation

Case Management for Ending Homelessness

2014 Edition

Canadian Accreditation Council
Since 1974

PREAMBLE

The key goals identified in Calgary's updated 10 Year Plan to End Homelessness are to coordinate and strengthen the homeless-serving system. One strategy to ensure this is the development of standards of quality care among different organizations providing Housing First services to homeless Calgarians. Case management has been recognized as a key intervention for sustaining housing.

Individuals and families must be able to find permanent and affordable housing, accompanied by the appropriate services and support to ensure that they remain housed. A combination of case management and housing support 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 managed supports over a period of time reduces both the length of time of homelessness and the reoccurrence of homelessness (Flowers-Dorth, 2008). In one study, those with complex needs showed a 100% increase in the number of days successfully housed when their case managed supports were balanced with appropriate housing (Clark & Rich, 2003). In another study in Fayette County in the US, only 3% of people accessing case managed supports returned to a homeless state following completion of service (Veghts, 1990).

The purpose of Housing First is to reduce barriers so that people are supported to the point where they can successfully retain their housing and prevent future homelessness. The purpose of this document is to provide a set of common standards of practice for case management to ensure that no more than 10% of people in Housing First programs return to a state of homelessness (Calgary Homelessness Foundation, 2011).

THE STANDARDS PROCESS

The Calgary Homeless Foundation (CHF) engaged in an 18-month process to develop an initial set of standards. We conducted interviews with the local community, national and international experts, people who had or are experiencing homelessness, and 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. Though programs funded by the CHF are contractually obligated to adhere to these standards, other case management programs working with people experiencing homelessness are also encouraged to adopt these standards as they represent a comprehensive process to determine best practices, as well as the opportunity to ensure consistent and standardized processes across the service system

In 2011, the CHF initiated a review process with funded case management programs to ensure the appropriateness and practical relevance of these standards. In 2011-2012, the 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. Case management services contracts will include the standards as a requirement for funding.

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 individual-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

KEY PRINCIPLES

1. *Active engagement to ensure successful completion*

   Case managers' primary responsibility is to ensure successful transitions from homelessness into a permanent experience of being housed. 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. All program discharges will include a formal, documented process.

2. *Support for people's rights*

   Case managers need to build a successful relationship with individuals to be able to support their choices and decisions, based on their identified goals.

3. *Specific, purposeful treatment*

   Case managers need to work with each person individually with specific care plans based on that individual. When working towards the individual's goals, the case manager should provide them with the highest calibre of services available to help their individual needs.

4. *Collaboration with others*

   Service provision is not the job of one individual, but of a community. Case managers must engage several different kinds of care providers to help individuals achieve their goals. The person accessing services will therefore has a group of people supporting them, and all of these people must work together and communicate effectively as a team.

5. *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.

6. *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 become 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 above principles in case management for the specific goal of ending homelessness::

- Assertive and persistent outreach to engage individuals on their terms
- Active support to help individuals access needed resources
- Person-centred and -focused, based on what the individual wants
- Respect for individual autonomy
- Trust and strong relationships are a must

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.

REFERENCES

Calgary Homeless Foundation. (2011). *Calgary's 10 Year Plan to End Homelessness (2008-2018).* Calgary, Canada: Calgary Homeless Foundation.

Clark, C. & Rich, A. R. (2003). Outcomes of homeless adults with mental illness in a housing program and in case management only. *Psychiatric Services*, 54(1), 78-83.

Flowers-Dortch, A. (2008). *Study of factors of strength-based case management that contribute to helping homeless mothers obtain permanent housing* (Master's Thesis). California State University, Long Beach California.

Morse, G. (1998). *A review of case management for people who are homeless: Implications for practice, policy, and research.* Paper presented at Practical Lessons: The 1998 National Symposium on Homelessness Research, Arlington, VA. Retrieved from http://aspe.hhs.gov/ProgSys/homeless/symposium/7-Casemgmt.htm

National Alliance to End Homelessness. (1999). *Homeless children and families: Annual Report of the National Alliance to End Homelessness*. Washington, D.C.

National Case Management Network of Canada. (2009). *Canadian standards of practice for case management*.

Nelson, G., Aubry, T., & Lafrance, A. (2007). A review of the literature on the effectiveness of housing and support, assertive community treaments, and intensive case management interventios for persons with mental illness who have been homeless. *American Journal of Orthopsychiatry*, 77(3), 350-361.

Tull, T. (2006). *Stabilizing homeless families: Case management before & ater the move into permanent housing*. Los Angeles, CA: Beyond Shelter.

Veghts, J. (1990). Fayette county community action eduction case management. Retrieved from ERIC database http://www.eric.ed.gov./ERICWebPortal/Home.portal

ACCREDITATION PROCESS

Calgary Homeless Foundation

CHF Process Manual

Case Management for Ending Homelessness

2014 Edition

Canadian Accreditation Council
Since 1974

OVERVIEW - CANADIAN ACCREDITATION COUNCIL

MISSION

The Canadian Accreditation Council of Human Services (CAC) is dedicated to a peer review process based on best practice standards, promoting service excellence.

VISION

The Canadian Accreditation Council of Human Services (CAC) is the nationally recognized leader for setting standards excellence.

VALUES

- Person Served
- Ethical Practice
- Continuous Improvement
- Solid Business Practices
- Cultural and Diversity Inclusion
- First Nations, Métis and Inuit Involvement

OBJECTIVES

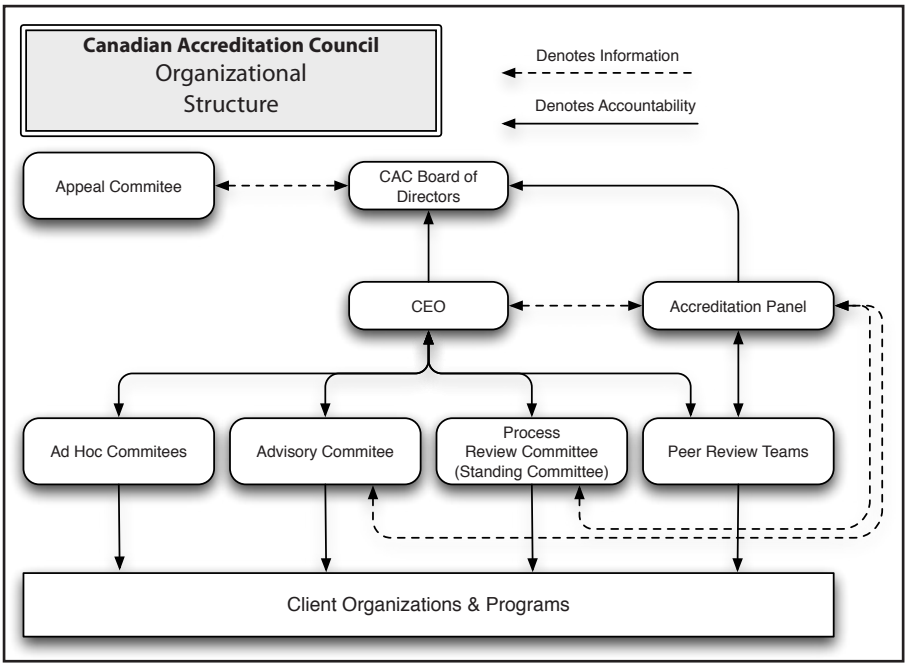
- To develop standards for the accreditation of human service organizations
- To develop and provide training to support accreditation
- To support organizations and programs in the process of developing governance structures, monitoring systems, and researched-based practices
- To accredit human service organizations with a specific focus on programs and service delivery
- To achieve excellence in the delivery of services

INTRODUCTION

CAC is a Canadian based, not-for-profit accrediting body grounded in its strong grass roots history and its commitment to an evolving future of excellence in practice.

CAC was founded in 1974 and has evolved from being a program of the Alberta Association of Services for Children and Families (AASCF) to being an independent, not-for-profit corporation. Since becoming its foundation, CAC has revised standards, improved processes, and broadened its focus to include a wider range of human and health services. CAC works in partnership with a network of organizations and individuals to develop and refine not only our standards but our accreditation process.

STRUCTURE



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's 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:

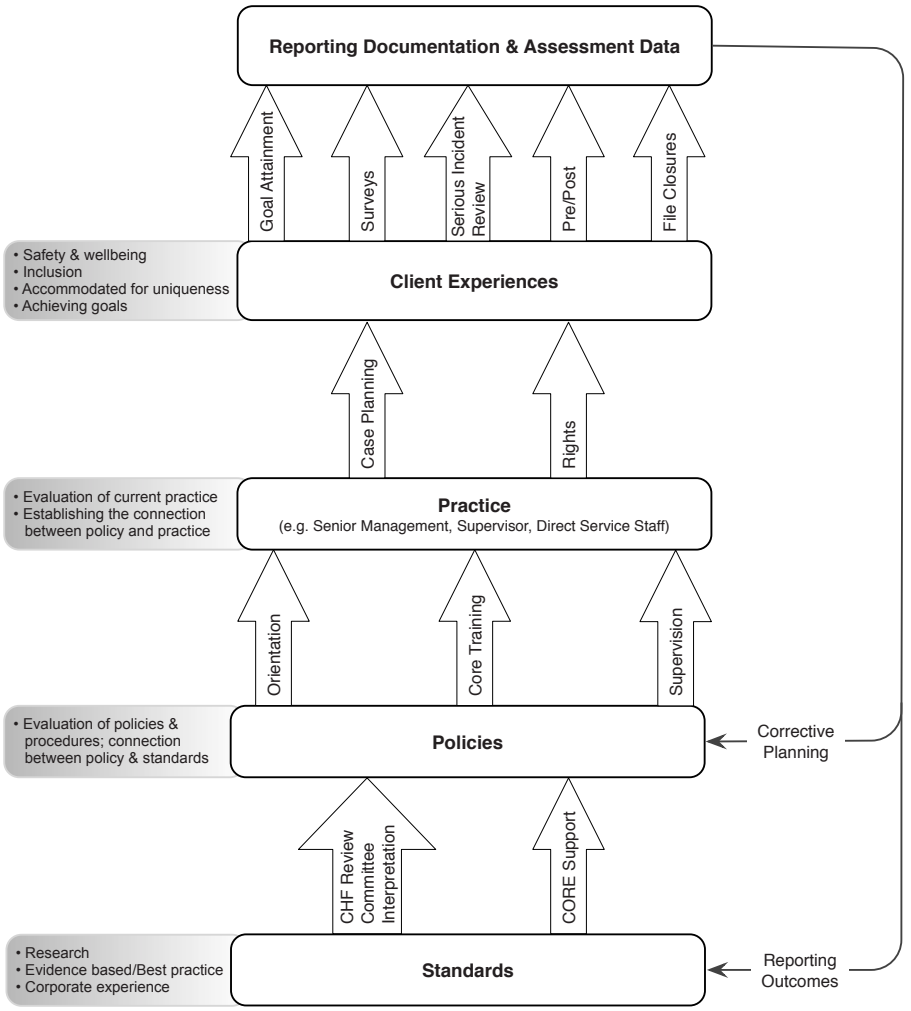
- **Safety and Well-Being:** Reviewers will engage with clients in conversations to determine whether the client feels safe in the environment, both with staff and with the services that are being delivered. Reviewers will also

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



SUPPORT PROVIDED

ACCREDITATION SUPPORT COORDINATOR

All programs undergoing accreditation are entitled to the services of an Accreditation Support Coordinator during the process as well as 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 Self-Study 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-Ssite 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
- Creating the Program Response document for the program when necessary

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:

- 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

TEAM LEADS

Team Leads are volunteers selected from our Reviewers to take on a leadership role. These individuals have undergone additional training and provide support for both the program and the team. Along with completing the tasks outlined in the Reviewer description, their main responsibilities are:

- 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

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 both new and returning programs. The process begins with the completion of the Application and Agreement, either downloaded from the CAC website (www.cacohs.com), the CHF website (www.calgaryhomeless.com) or provided by a CAC staff member. Once the Application and Agreement has been completed, programs then signs and submits it to CAC.

The Application and Agreement 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 a 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 an Application 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 the withdrawal will remain in effect and the program may restart the process at any time. Previously paid fees will not be refunded, nor will they be applied to future applications for accreditation.

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 the time a Review Team has been developed, as long as the requested dates are still within the contracted timeframe and the Application For Extension has been submitted. It is at the discretion of CAC to approve all extensions and assign new dates.

PRE-SITE MATERIALS PACKAGE AND PRE-SITE MEETING

CAC provides all programs with a review of their 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
- 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 and additional costs to the program. 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 is typically spans 2 to 5 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. 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.

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. 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 innovation and an 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 month.
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 Team Lead, 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 prove the program with a Program Response document, which provides the, 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 or the On-Site Report will be presented to the Accreditation Panel without it.

ACCREDITATION PANEL

Once all documents have been submitted after the timelines, the On-Site Report and Program Response will be presented to the Accreditation Panel anonymously, along with any previous Program Response, 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 CHF in writing of the decision and provide a plaque and certificate of accreditation. 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.cacohs.com.

EQUIVALENCY ACCREDITATION

Programs currently accredited by another accreditation body may complete an Equivalency Accreditation with CAC by undergoing a modified accreditation process. This process begins by submitting an Application for Equivalency along with the current accreditation certificate. The Timeline Workplan is completed by CAC and sent to the Program within 5 business days of receiving the application.

The program is responsible for completing a comparison document between CHF's standards the standards of the current accrediting body on a standard–by-standard basis. This document will identify standards that are fully or partially comparable as well as any gaps. Once completed, this document is submitted to CAC, minimally 4 months prior to the scheduled On-Site Review date.

CAC will forward this document to the ad hoc CHF Committee for review and identification of the standards that have not been covered by the current accrediting body. These standards will then require review by a CAC

Review Team prior to the achievement of an Equivalency Accreditation.

Once the On-Site Review of identified standards has been conducted, the Accreditation Panel will review the documentation for equivalency, the certificate of the current accrediting body, and the On-Site Report as well as the Program Response (if required). These documents will be used by the Accreditation panel to determine equivalency accreditation status of the program. The Accreditation Panel has the ability to grant any of the decision listed in the section above.

If Equivalency Accreditation is granted, programs are responsible for maintaining their accreditation status with the other accrediting body and will provide a copy of the current accreditation certificate annually for their file.

APPEAL

APPEAL OF PROCESS

During an On-Site Review, CAC has maintained a number of fail-safes to ensure that the process is followed and the results are provided in a clear and factual way. If, during the course of the review, a program has concerns about the process or the team, they are encouraged to talk with the Team Lead or the Accreditation Support Coordinator to resolve any issues.

If the concerns of the program have not been alleviated, the program may initiate an Appeal of Process, either within 14 calendar days of the Exit Meeting or 7 days after the receipt of the letter of notification of the decision of the Accreditation Panel.

The criteria for requesting an Appeal of Process are:

- A particular team member's approach, attitude or presentation
- The team's objectivity
- The impartiality or fairness of the process

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

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.

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 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
- **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 Fees** – An annual fee is charged to all organizations for the maintenance of their files in the intervening years as well as to provide any additional support they may require

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, SUSPENSION AND 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 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.

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
- The program must provide the Review Team access to the information and the program if a complaint or allegation is being investigated
- 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:
  - Serious incidents involving the death of or major injury to a client or staff
  - 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. 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.

CONFIDENTIALITY

CAC abides by provincial and federal legislation regarding the privacy and confidentiality of information, including the Freedom Of Information and Protection Of Privacy Act (FOIP) and the Personal Information Protection and Electronic Documents Act (PIPEDA). All information is maintained in locked filing cabinets as well as on a protected server, accessible only to appropriate staff at CAC.

Information regarding organizations and programs is confidential, with the exception of CHF. Information identified in the Application and Agreement may be shared with third parties. This information includes the program names, program designation, accreditation status, and date of accreditation. Information about staff or clients shared during the course of the review is kept in confidence unless CAC staff or reviewers believe that there is a risk posed to the safety or security of clients, staff or visitors. In the event that an issue is identified, CAC will report this information to the appropriate authorities. All CAC staff and volunteers are bound by a Declaration of Confidentiality.

CAC CERTIFICATES AND USE OF LOGO

CAC CERTIFICATES AND PLAQUES

Any certificates or plaques that have been provided to a program to demonstrate their accreditation status remain the property of CAC. Certificates and plaques must be surrendered to CAC if requested. Reason for request include, but are not limited to, revocation or expiry of accreditation.

USE OF CAC LOGO AND ACCREDITATION SEAL

Programs accredited by CAC are provided with an electronic copy of the accreditation seal and CAC logo for use on print and electronic materials by the organization. The logo and seal remain the property of CAC and as such are subject to the following regulations for use set out by CAC:

- The program must be currently accredited by CAC. If accreditation has lapsed, use of the seal and logo must cease immediately
- The logo must remain in the same format, though can be printed in colour or black and white, and may be resized to suit the needs of the program
- When CAC has accredited only certain program within an organization, the use of the logo or seal must specifically relate to the accredited programs
- Programs may not use the logo or seal to advertise any products or services or in connection with any commercial purpose other than the permitted uses without prior written agreement of CAC. It must not be used to suggest any approval by, or sponsorship of, CAC CAC reserves the right to terminate the use of the logo or seal in writing if the program has breached any of the above terms
- CAC reserves the right to alter the terms of use of either the logo or seal at any time, as it sees fit

Calgary Homeless Foundation

STANDARDS

Standards of Practice

2014 Edition

Since 1974

Canadian Accreditation Council

Table of Contents

1.0 Staffing

1.1 STAFFING AND RECRUITMENT

1.1.1 Recruitment Reflective of Clients *

Recruitment is reflective of clients.

If the program recruits and selects staff with regard to specific characteristics, it does so in accordance with exemptions in the law(s) governing equal opportunity in employment (Human Rights Commission – provincial and federal).

The program has written policy and procedures (practices) in place to recruit and retain staff that are reflective of the diversity of clients.

INDICATORS

- ❏ Policy and Procedures
- ❏ Narrative submitted as to the diversity of clients (% within the program over the last year) and the program's ability to recruit and retain staff this is reflective of the diversity (how many were recruited and left the program)
- ❏ Senior management interview
- ❏ On-site observation of recruitment materials

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

1.1.2 Aboriginal Staff*

Aboriginal peoples are often overly-represented in accessing programs and services. Historically and currently the number of Aboriginal people providing services has been under represented. This is an especially important issue in those programs working with Aboriginal children, youth and families.

Programs which serve Aboriginal children and families recruit and retain Aboriginal workers at a similar ratio to its Aboriginal children and/or families.

Minimally, programs serving 15% of Aboriginal clients (of total clients within the last year) retain a minimum 10% complement of full time equivalent (FTE) Aboriginal workers.

Programs will be able to demonstrate targeted recruitment strategies.

INDICATORS

- ❑ Narrative submitted to address:
  - ❑ The percentage of Aboriginal clients
  - ❑ Listing of all staff (full-time, part-time and casual) employed in the program
  - ❑ The number of full time equivalent positions
  - ❑ Listing of staff who identify as Aboriginal (% of FTEs)
- ❑ Senior Management interview
- ❑ On-site observation of recruitment materials

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

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. Calgary's 10 Year Plan To End Homelessness including Youth Plan to End Homelessness and Aboriginal Plan to End Homelessness, as applicable to client demographics
2. Practice model utilised within the program
3. Program's code of ethics/ethical conduct
4. Introduction to the client demographic
5. Introduction/overview to strategies and techniques used to engage with clients
6. Case Management for Ending Homelessness Standards of Practice
7. Program's policy and procedure manual

INDICATORS

- ❑ Orientation check list 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.

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

**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 (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

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 Aboriginal Awareness Teachings*

Staff who are engaged to work solely with clients who are non-Aboriginal may be exempt from this standard. Staff file will indicate that they will not work with Aboriginal clients until training has been completed.

1. Staff will receive a minimum of 6 hours of Aboriginal 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 Aboriginal 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

2. Staff new to the field or who are not aware of Aboriginal history have training that addresses some or all of the following issues:
   - History of Aboriginal people
   - Definitions of who is Aboriginal
   - Effects of colonization and government policies (residential schools, 60's Scoop, Jordan's Principle)
   - Current issues and realities of Aboriginal peoples on and off reserve
   - Impact of the Indian Act
   - Systemic racism and its impact on individuals and communities
   - Effects of intergenerational trauma
3. 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

1.2.9 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 (gay/lesbian/transgender, 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:

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
- ❑ 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*

2.0 Case Management Activities

2.1 REFERRAL AND PLACEMENT

Coordinated Access and Assessment (CAA) is a single place and process for people to access housing services. Through support of CAA Workers, individuals and families are assessed though the Service Prioritization Decision Assistance Tool (SPDAT) to determine needs and acuity. Program referral and intake is determined through CAA Placement Committees for different sub-populations. (See Coordinated Access and Assessment Policies and Standard Operating Procedures)

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

2.1.1 Notification of Housing Placement Match

When the client is notified of the housing placement match they will be given the choice of direct contact with the receiving agency or a warm transfer. If the client chooses a warm transfer the CAA worker will coordinate the details of the warm transfer including the date, time, location and people involved in the transfer of service. If the client does not request a warm transfer the receiving agency will contact them directly within two days of the program placement.

Within two working day of a confirmation that a client has been successfully matched to a program the CAA Worker or Door Agency Worker will contact the case manager from the receiving agency to arrange the details of the Warm Transfer. The date of the transfer should not exceed ten days from the time the match is made. The exception would be if the program the client is entering has pre-determined move in date.

This information must be documented.

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 CONSENTS

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 expectations are of the client
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 Rights

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

1. Being treated with dignity and respect
2. Involvement with the program
3. Involvement in service planning
4. Establishing/setting long term goals
5. Confidentiality
6. Grievance procedures (including CHF)
7. Information sharing
8. Advocacy
9. Cultural connection

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. A signed and dated copy is kept on the client file.

INDICATORS:

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

2.2.3 Re-informed of Rights*

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

Client rights are:

1. Posted or accessible to clients (e.g. Handbook, brochure, 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*

*2.2.4 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, 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
- ❏ On-site review of Incident Reports

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

2.2.5 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

2.2.6 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

2.3 SUPPORTS

2.3.1 Crisis Support

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.

INDICATORS:

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

2.4 ASSESSMENT

Coordinated Access and Assessment (CAA) is a single place and process for people to access housing services. Through support of CAA Workers, individuals and families are assessed though the Service Prioritization Decision Assistance Tool (SPDAT) to determine needs and acuity. Program referral and intake is determined through CAA Placement Committees for different sub-populations. (See Coordinated Access and Assessment Policies and Standard Operating Procedures)

Not all programs will accept referrals through Coordinated Access and Assessment (CAA). The following standards apply to all programs, regardless of referral stream.

2.4.1 Assessment Tools

Following the intake of a client, programs will use an evidence based assessment tool (SPDAT, Acuity Scale, Quality of Life Index, Outcome Star, etc.) to inform service planning goals and priorities.

INDICATORS:

- ❑ Policy and procedure
- ❑ Supervisor/direct staff interview
- ❑ Client File

2.4.2 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

2.4.3 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. If a client is involved in a program for longer than 5 years, the completion of assessments are not mandatory after the 5 year period. 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

2.4.4 Final Assessment

If an assessment has not been completed within 30 days of 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

2.5 PLANNING

2.5.1 Person-Centred Service Planning

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

INDICATORS:

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

*2.5.2 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 involved parties

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 voluntary, 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*

2.5.3 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.

INDICATORS:

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

2.5.4 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

2.5.5 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

2.6 CLIENT REFERRALS

2.6.1 Support to Access Referrals

If referral to outside services is part of the service plan, and the client agrees or requires it, staff will offer to accompany the client to the needed service the first time to help ensure successful engagement.

INDICATORS:

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

2.7 SERIOUS INCIDENT REPORTING

*2.7.1 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. Attempted suicide/self-harm
3. A medical or other kind of emergency, serious illness or accident
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
- ❑ Serious incident form submitted

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

2.7.2 Documentation Required – Serious Incidents*

The program has written policy and procedures that require serious incidents to be documented and reviewed.

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 agency personnel have signed the Serious 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*

2.7.3 Review of Serious Incident Reports*

The program reviews all Serious 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 Serious 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

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

2.8 DISCHARGE PROCESSES

2.8.1 Extended Supports

If further supports are needed, a continuation of the service can be negotiated or referrals can be made to other services, based on program type (e.g. permanent supportive housing, etc).

INDICATORS:

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

2.8.2 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 services in the future, if they choose to

INDICATORS

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

2.8.3 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

2.8.4 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:

1. Transfer program contact information
2. Acknowledgement of receipt of referral from receiving agency
3. Proposed date of screening/intake
4. Transfer of client information (with consent)
5. 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 s/he be supported in their right to choose. Once presented with 3 appropriate options, and they refuse all, the program may discharge the client.

This will be documented in the client file.

INDICATORS:

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

2.8.5 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

2.8.6 Re-informing of Grievance Process

Clients should be re-informed of the grievance process at the time of discharge which includes the Calgary Homeless Foundation as a contact for clients if the program is funded by the 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

2.8.7 Re-Accessing Services

At discharge, the client is advised how to re-access the program if necessary in the future. Should a client choose to formally re-access the program, new consent forms will be signed and a new intake will occur. For CAA programs a new SPDAT assessment will be completed if the discharge timeframe exceeds 12 months. This standard does not apply to clients who access the program for strengthening sessions/support in an amount of less than 10 hours.

INDICATORS:

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

3.0 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*

4.0 Service Delivery

4.1 CASE LOADS

4.1.1 Case Load Determination

Caseloads will be determined based on the complexity of client issues. A guideline range is 1:10 to 1:25 or higher based upon agency capacity, program type and client acuity/need. For example, case managers who work with clients with high needs/acuity should not have a case load that exceeds 1:10, while those who work with moderate acuity needs should have a case load not exceeding 1:20. Lower acuity needs should generally not exceed 1:25.

INDICATORS:

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

4.1.2 Primary Case Manager

A team based collaborative approach with one 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 service staff interview
- ❏ Client interview
- ❏ Client file

4.1.3 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

4.1.4 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

4.1.5 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 within 48hours and is completed within 5 business days. Minimum necessities include:

1. Bed (bedbug protection as necessary)
2. Basic cookware and dishes
3. Telephone/cell phone
4. One week's worth of groceries and toiletries

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

4.1.6 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

Calgary Homeless Foundation

Appendix A:

Appeal of Process

2014 Edition

APPENDIX A – APPEAL OF PROCESS

WHAT CAN BE APPEALED

During the course of the On-site Review, the program has the right to initiate an Appeal of Process if there are concerns regarding:

- A particular team member's approach, attitude or presentation
- The team's objectivity
- 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 Team Lead or Accreditation Support Coordinator. If a program's conflict is with the Team Lead or the Accreditation Support Coordinator, the program representative may contact the Manager of Accreditation Services to find a solution to the issue.

ACCESSING THE APPEAL PROCESS

The first point of access for the Appeal of Process is within 10 business days of the completion of the On-site Review. 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 an appeal hearing and outline the concerns to be addressed. The only basis upon which an Appeal of Process will be heard are listed in the above section, 'What Can Be Appealed'. The letter requesting an appeal will be forwarded to the Chairperson of the Appeal Committee, deliverable to CAC's address.

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 CEO's ruling 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 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 in consultation with the Team Lead, Accreditation Support Coordinator and Manager of Accreditation Services

In addition to the written documentation, the Appeal 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 appeal
- The Team Lead, Accreditation Support Coordinator or Manager of Accreditation Services (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 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 Appeal Committee will notify, in writing, the program's senior management, CAC's CEO, and the Manager of Accreditation Services of the decision within 10 business days of the Appeal Committee's hearing. It is the responsibility of the Manager of Accreditation Services to provide notification to the Team Lead and Accreditation Support Coordinator of the outcome.

Calgary Homeless Foundation

Appendix B:

Appeal of Decision

2014 Edition

APPENDIX B – 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 in consultation with the Team Lead, Accreditation Support Coordinator and Manager of Accreditation Services

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 Team Lead, Accreditation Support Coordinator, Manager of Accreditation Services 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, and the Manager of Accreditation Services of the decision within 10 business days of the Appeal Committee's hearing. It is the responsibility of the Manager of Accreditation Services to provide notification to the Team Lead and Accreditation Support Coordinator of the outcome.

Calgary Homeless Foundation

Appendix C:

Process to Respond to Complaints

2014 Edition

APPENDIX C – 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.

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 brief written chronology of events compiled by the Manager of Accreditation Services
- A written response to the complaint or allegation provided by the program against which the complaint was made

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 Manager of Accreditation Services to provide an overview of the chronology

The Accreditation Panel 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 Accreditation Panel has the option of deciding to:

- 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 and with costs to be assumed by the program
- Request a full re-review of the program within 2 months of the Accreditation Panel's decision, suspending the current accreditation status and with costs to be assumed by the program
- Revoke the accreditation status of the program currently accredited

The Accreditation Panel will notify, in writing, the program's director, CAC's CEO, the Manager of Accreditation Services 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 within24 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 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 and CAC's CEO 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.

Calgary Homeless Foundation

Appendix D:

Reading the Standards

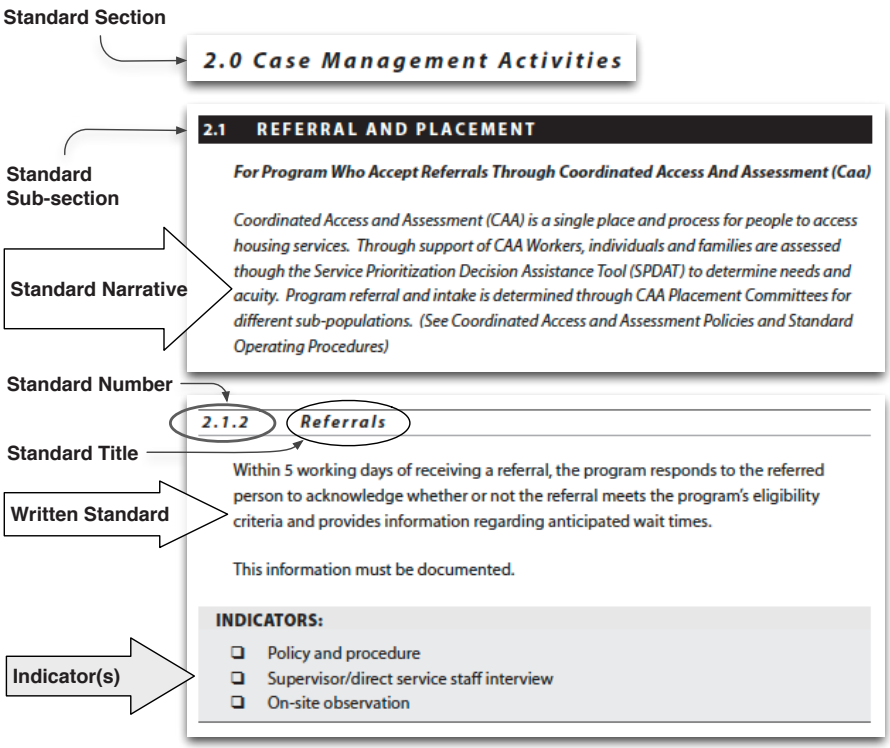
2014 Edition

APPENDIX D – 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
- Dots – These indicate examples of ways to achieve compliance to the standards. Dots can be found in both standard descriptions as well as in the standard itself. If found in the standard it will indicate a statement of 'some or all'. Compliance is not dependent on having all of the examples indicated in the list



At the end of each standard there is an indicator section describing the evidence that the 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 – A list of the specific documents to be reviewed as part of the Presite Materials Package or the On-site Review.
- Interview – A list 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

Calgary Homeless Foundation

Appendix E:

Sample Size

2014 Edition

APPENDIX E – 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

Calgary Homeless Foundation

Appendix F:

Standards Comparison 2011 to 2014

2014 Edition

APPENDIX F – STANDARDS COMPARISON 2011 TO 2014

STANDARDS	2014 EDITION	2011 EDITION	ADJUSTMENT NOTES
1.0 STAFFING			
1.1 STAFFING & RECRUITMENT			
Recruitment Reflective of Clients	1.1.1	5.1.4	Added policy and procedure to indicator
Aboriginal Staff	1.1.2	5.1.5	Added 'Programs will be able to demonstrate targeted recruitment strategies'
1.2 TRAINING & CORE COMPETENCIES			
Orientation	1.2.1	3.1.3	Separated into own standard; expanded for clarity
Working Alone Safely	1.2.2	3.1.2	Retitled and expanded for clarity
Safe Work Site Practices	1.2.3	NEW	
Crisis Intervention/De-escalation	1.2.4	3.1.3	Separated into own standard; timeline changed to 6 months; renewal added
Suicide Intervention Training	1.2.5	3.1.3	Separated into own standard; timeline changed to 6 months; renewal added
First Aid and CPR Training	1.2.6	NEW	
Disease Prevention & Universal Precautions	1.2.7	3.1.3	Separated into own standard; added 'Universal Precautions'; timeline changed to 6 months; renewal added
Aboriginal Awareness Teachings	1.2.8	3.1.1	Changed from checkmarks to bullets; changed from 8 hours to 6 hours initially; changed from 8 hours to 4 hours annually
Diversity/Cross Cultural Training	1.2.9	NEW	
Specialized Training	1.2.10	5.1.2	Reworded for clarity
2.0 CASE MANAGEMENT ACTIVITIES			
2.1 REFERRAL & PLACEMENT			
Notification of Housing Placement Match	2.1.1	NEW	
Referrals	2.1.2	2.1.1	Added 'For program who do not accept referrals through CAA'

STANDARDS	2014 EDITION	2011 EDITION	ADJUSTMENT NOTES
2.2 CONSENTS			
Consent to Receive Services	2.2.1	NEW	
Client Rights	2.2.2	2.1.5	Expanded for clarity; rights defined; re-informing separated into own standard
Re-Informed of Rights	2.2.3	2.1.5	Separated into own standard
Searches	2.2.4	NEW	
Data Collection	2.2.5	1.1.6	Retitled for accuracy; changed from 'should' to 'must'; changed from bullets to numbers
Release of Information	2.2.6	2.1.3	Retitled and expanded for clarity
2.3 SUPPORTS			
Crisis Support	2.3.1	5.1.6	Reworded for clarity
2.4 ASSESSMENT			
Assessment Tools	2.4.1	2.2.2	Retitled and reworded for clarity
Initial Assessment	2.4.2	2.2.1 & 2.2.3	Merged 2 previous standards; changed from 'intake' to 'move in'
Ongoing Assessment	2.4.3	2.5.2	Reworded for clarity; added new timelines for long term clients; separated final assessment into own standard
Final Assessment	2.4.4	2.5.2 & 2.6.2	Separated into own standard
2.5 PLANNING			
Person-Centred Service Planning	2.5.1	2.3.2 & 2.3.3	Merged into one standard; reworded for clarity
Service Plan Components	2.5.2	NEW	
Initial Service Plan - Timelines	2.5.3	2.3.1	Added 'copy is kept on client file'
Service Plan Review	2.5.4	2.3.4 & 2.5.1	Merged into one standard to avoid repetition; added 'Service'; added new timelines for long term clients
Final Service Plan Review	2.5.5	2.6.1	Reworded for clarity
2.6 CLIENT REFERRALS			
Support To Access Referrals	2.6.1	2.4.1	Reworded for clarity

STANDARDS	2014 EDITION	2011 EDITION	ADJUSTMENT NOTES
2.7 SERIOUS INCIDENT REPORTING			
Serious Incidents	2.7.1	2.1.6	Changed from bullets to numbers; added age exemption for absences; added 'Attempted suicide/self-harm' and 'Risk to Public Safety'
Documentation Required – Serious Incidents	2.7.2	2.1.7	Changed from checkmarks to numbers; added 'Funder has been informed' and 'Senior agency personnel have signed'
Review of Serious Incident Reports	2.7.3	2.1.8	Changed from bullets to numbers; added reviewed on a case-by-case basis and program basis
2.8 DISCHARGE PROCESSES			
Extended Supports	2.8.1	2.6.3	Retitled; reworded for clarity
Planned Discharge	2.8.2	NEW	
Foreseen, Unplanned Discharge	2.8.3	2.6.4	Added 'Foreseen'; reworded for clarity
Foreseen, Unplanned Discharge – Transfer Efforts	2.8.4	2.6.6	Reworded for clarity
Unforeseen, Unplanned Discharge – Discharge Summary	2.8.5	2.6.5	Reworded for clarity
Re-informing of Grievance Process	2.8.6	2.6.7	Reworded for clarity; added 'a copy is kept on file'
Re-Accessing Services	2.8.7	2.6.8	Reworded for clarity; addition of CAA program and strengthening sessions
3.0 PRIVACY AND INFORMATION MANAGEMENT			
3.1 DATA MANAGEMENT			
Information Management System	3.1.1	1.1.1	
Access to Files/Data (Staff)	3.1.2	1.1.2	Created separate standards for staff and clients
Access to Files/Data (Clients)	3.1.3	1.1.2	Created separate standards for staff and clients
Maintenance of Data	3.1.4	1.1.3	Reworded for clarity
Protection of Confidential Information	3.1.5	1.1.4	Reworded for clarity; removed narrative from indicator; added policy and procedure to indicator
Electronic Technologies	3.1.6	1.1.5	Added 'social media sites'

STANDARDS	2014 EDITION	2011 EDITION	ADJUSTMENT NOTES
4.0 SERVICE DELIVERY			
4.1 CASE LOADS			
Case Load Determination	4.1.1	4.1.1	Added 'program type'
Primary Case Manager	4.1.2	4.2.2	Expanded standard
Direct Clinical Services - Qualifications	4.1.3	5.1.1	
Direct Service Provision - Partnerships	4.1.4	5.1.3	
Move In/Moving Support – Basic and Necessities	4.1.5	5.1.8	Reworded for clarity; timelines changed; added 'bedbug protection'
Relocation/Rehousing	4.1.6	5.1.9	Reworded for clarity; removed 'documented in service plan'

Calgary Homeless Foundation

Glossary

2014 Edition

Aboriginal - "Aboriginal Peoples of Canada" includes First Nations, Inuit and Métis peoples of Canada who may or may not reside within their cultural community. (Canadian Constitution, Part 1, Section 35, Sub Section 2)

Aboriginal Staff - An Aboriginal person who, in addition to having the educational requirements identified in the program standards, is aware of, respects and knows how to access support to give recognition to the cultural values, beliefs and practices of Aboriginal children, families and communities.

Abuse - May be direct and overt, or disguised and covert and includes:

- Physical actions that are intended to inflict violence or pain on another;
- Emotional or psychological coercion used to manipulate another;
- Inappropriate sexual contact;
- Failure to meet physical (i.e. food, medical attention) or emotional needs;
- Bullying - repeated and systematic physical attacks, threats, humiliation, extortion of money or possessions and/or exclusion perpetrated by individuals or group,
- Administration of medication for an inappropriate purpose and
- Exploitation - taking advantage of others (i.e. using their money or belongings, persuading them to be involved in illegal actions or actions not in their best interest).

Admitting Parent/Guardian - The admitting parent/guardian is responsible for admission to and authorizing of access to services.

Acuity - Acuity is an assessment of the level of complexity of a person's experiences. It is used to determine the appropriate level, intensity and frequency of case managed supports to sustainably end a person's homelessness. Two factors can impact a person's acuity score, the number of individual and systemic issues present, and the severity of those issues. The more of these issues and the higher the severity of the issues the individual is experiencing the higher their acuity.

Advocacy - The promotion and safeguarding of the rights of a clients by interceding on his/her behalf and assisting the clients to intercede on his/her own behalf.

Anticipated Wait Times – The period of time forecast between a program receiving a referral to provide services to a client and the beginning of service delivery.

Assessment - An evaluation process in which professional expertise and skills are exercised to collect and analyze data in order to understand and describe the nature of the service needs of the clients and to determine priorities of program planning and service development.

Authorization - Authorization is the power to make decisions or the commission to a certain person or body to act on behalf of another person or body.

Behaviour Management - The means used to influence, change or manage the behaviour of a client. The following interventions may not be utilized as a mechanism to alter behaviour:

- Corporal punishment: punishment of a physical nature such as shaking, pushing, slapping or spanking
- Humiliation: engaging in any form of conduct which is intended to ridicule, humiliate, degrade, insult, or otherwise undermine the dignity or self-worth of a client
- Degrading punishment: implementation of a consequence for an undesirable behaviour where the effect, the intent or effect of the consequence is to lower the dignity of the offending individual
- Mechanical restraints: an artificial appliance used to physically restrict the movement of an individual (i.e. handcuffs)
- Group punishment for one individual's behaviour: Group punishment is interpreted from the perspective of intent rather than effect. There are circumstances that will cause Clients to feel punished (effect), though the intent/purpose of the action/consequence was not to punish (e.g. if behaviour of one clients results in not having adequate staffing to take the other Clients on the outing. The cancellation of the outing would not be interpreted as group punishment). In the context of the principles of a positive peer culture, a group privilege or reward may be lost due to the misbehaviour of one clients, provided that such contingencies are established in advance with the group that is affected. An example of unacceptable group punishment would be the cancellation of telephone privileges for all Clients due to the inappropriate use of the telephone by one person
- Medication as punishment
- Intentionally harmful or abusive practices: The use of pain, either physical or psychological, as a method intended to reduce or avoid a particular behaviour or situation
- Locked confinement (with the exception of Intensive Treatment programs, Secure programs and Protective Safe Houses)
- Sleep deprivation
- Withholding of meals
- Withholding spiritual observances, and
- Withholding visits: with family, guardians, advocate or lawyer

Case Load – The number of clients assigned to each direct service staff; should be determined by the client's level of acuity/need and the capacity of the organization. A guideline range for Case Management is 1:10 to 1:25.

Case Management - A process of service coordination and delivery on behalf of Clients which includes assessment of the full range of services needed by the Clients, implementation, provision of support, coordination and monitoring of services, and termination with appropriate referrals when the organization's direct service is no longer needed.

Child Welfare - Child Welfare is the term used to refer to child protection services and/or organizations that provide child protection services.

Client - Any one person (child, youth or adult) or combination of persons (family) receiving services from a specified service provider.

Clinician - A person trained to a Masters level or higher and currently registered with their College (e.g. College of Social Workers, College of Psychologists, College of Physicians and Surgeons, etc). He/she specializes in the psychological, emotional and/or psycho/social treatment of Clients, as distinct from one specializing in administration, research or academic work.

Competency Based Hiring - Hiring method based upon merit and selecting an individual for the knowledge, skills, and abilities needed to be successful in doing a particular job. Staff, who do not have the educational requirements but are hired bases upon their competencies, will have a written rationale for experience based hiring maintained in the file.

Consent forms – The documentation of a client giving approval or assent to elements of service delivery.

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

Contractor - Professional and/or non-professional person(s) hired on a contractual or fee-for-service basis to provide a specific service (i.e. drivers, foster parents, respite or supported independent living providers, Aboriginal/Cultural Resource Person, etc).

Coordinated Access and Assessment (CAA) - A single place and process for people to access housing services. Through the support of CAA Workers, individuals and families are assessed through the Service Prioritization Decision Assistance Tool (SPDAT) to determine needs and acuity. Program referral and intake is determined through CAA Placement Committees for different sub-populations.

Cultural Competency - The ability to understand, communicate with, and effectively interact with people across cultures.

Cultural Resource Person - A person recognized and endorsed by a specific ethnic community who can provide support, guidance and wisdom regarding the culture and cultural practices, beliefs and issues inherent to the community.

Debriefing - A conversation that takes place after a serious incident with anyone who may have been affected by it. The purpose is to discuss events that took place, feelings that have been incurred and reduce any harmful after-effects.

Disaster - A disaster is any event that:

1. Causes much suffering/loss (i.e. flu pandemic) or
2. Results in great damage/destruction requiring evacuation (i.e. tornado, flood), or
3. Renders a facility uninhabitable either temporarily or permanently

Discharge - The process in which a client is terminated (or terminates) services. This can be planned or unplanned.

Planned Discharge – The process whereby clients transition out of the formal case managed relationship because goals have been reached and assessments show readiness to disengage.

Unplanned Discharge – The process whereby clients leave the formal case management relationship, whether due to habitual non-compliance to the case management agreement, the threat or actual assault of another individual in the program (or program staff) or the endangering of others. Can be foreseen or unforeseen.

Foreseen Unplanned Discharge – A discharge that can occur over several weeks for behavioural issues or over 24 hours for safety/dangerous situation that threaten harm.

Unforeseen Unplanned Discharge – Discharge that may occur at any time, without prior discussion with the Case Manager.

Discrimination - Discrimination means treating people differently, negatively or adversely because of their race, age, religion, sex, etc. As used in human rights laws, discrimination means making a distinction between certain individuals or groups based on a prohibited ground of discrimination.

Duty of Care - An obligation that a sensible person would have in the circumstances when acting toward others and the public. If the actions of a person are not made with care, attention, caution, and prudence, their actions are considered negligent.

Elder - Elders are members of the Aboriginal community who have gained humble authority by displaying wisdom in life. Not all seniors become Elders, and not all Elders are seniors, though the latter is very common as wisdom is gained through experience. Elders, as keepers of knowledge and tradition, have been recognized by their communities and by the Creator, because they hold many important lessons in their hearts that they willingly share with others to make their community a better place. Elders are teachers, philosophers, linguists, historians, healers, judges, counselors - all these things and more. They come from many communities, are of many ages, and have had unique experiences that have shaped their view of the world. Yet, they have one thing in common - the desire to help their people live the right way. (Heritage Community Foundation)

Evidence- based Tool – An object ive measurement tool, which has been tested and conforms to validity and reliability.

File - A file is the formal record of contact with a clients, which may include both paper and electronic components.

Foreseen Unplanned Discharge – A discharge that can occur over several weeks for behavioural issues or over 24 hours for safety/dangerous situation that threaten harm.

FTE - Full time equivalent paid staff position that may be made up from a number of part-time, casual and/or relief positions.

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

Good Faith - Good faith is being active and constructive in establishing and maintaining productive relationships. It's about how people and organizations treat one another every day, including being responsive and communicative. At the most basic level, good faith is about telling the truth. It means employers, employees and unions are not allowed to do anything that misleads or deceives one another.

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

Governing Board - The governing board of a non-profit organization has the legal authority and responsibility to set policy and oversee the operation of an organization.

Grievance - A real or imagined cause for complaint brought to the attention of the organization by a clients, staff, foster parent, volunteer, student and/or any other person having contact with the organization or program.

Guardian (also referred to as a Legal Guardian) - A person who has the legal responsibility for providing care and management of a person who is incapable, due to age or to some other physical, mental or emotional impairment, of administering his or her own affairs.

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

Harassment - Any unwanted physical or verbal conduct that offends or humiliates and can consist of a single incident or several incidents over a period of time. (Canadian Human Rights Commission) Harassment is discrimination and may include:

- Threats, intimidation, or verbal abuse
- Unwelcome remarks or jokes about race, religion, disability, or 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, and
- Physical assault, including sexual assault

Holistic – Addressing all contributing factors which may affect a person's well-being, including (but not limited to) physical, emotional, spiritual, social, cultural and mental.

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.

Incident Report - A report outlining an occurrence or situation happening to the clients during participation in the program. (See *Reportable Incidents* and *Serious Incidents*)

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, his/her reasoning faculties and without an impairment of judgment at the time of consenting. 'Minors' (which may be defined differently in different jurisdictions and/or for different issues) are generally presumed incompetent to consent. Informed consent is usually required from the parent/guardian.

Intake - The initial gathering of information about individuals for the purposes of assessment, the determination of eligibility and the need for services provided by the program or other appropriate resources in the community.

Intervention Record Check - Alberta Children's Services information system checks to determine if there is a record of the person having been involved with the child welfare system.

Liability - Liability is the condition of being responsible for a possible or actual loss, penalty, evil, expense, or burden whether existing, potential or contingent.

MOUs (Memorandums of Understanding) – A document outlining an agreement between parties.

Management Staff (also referred to as Senior Staff) - Management staff is responsible for the overall operational aspects of the program and may include the Chief Executive Officer, Chief Financial Officer, Program Directors, and Volunteer Coordinator etc. Based upon the size of the organization, management staff may or may not be involved in providing direct services to Clients and/or their families.

Organization - Organizations are legal entities that manage themselves in accordance to the Act, laws, policies and regulations that direct them and may include agencies, government run services, proprietorships etc. An organization may provide services through a single program or may offer a large range of services through many programs.

Outcomes - Outcomes may be for a client or a community and are a change in knowledge, behaviour, feelings, thoughts, attitudes, and acquisition of resources and/or characteristics - the difference the provided service will make in the short, intermediate and long term. (Canadian Outcomes Research Institute)

Personnel - Personnel refers to all paid and/or unpaid persons working within the program either directly with Clients or in an administrative role (i.e. staff, contractors, service professionals, practicum students and volunteers).

Planned Discharge – The process whereby clients transition out of the formal case managed relationship because goals have been reached and assessments show readiness to disengage.

Policies - Statements of practice derived from principles and philosophy that guide organization operation and services.

Procedure - When used in the context of "policy and procedure" means the method and manner by which the policy will be implemented.

Professional - Occupations with a unique service orientation whose work is systematically and continuously informed by a growing body of knowledge peculiar to the practitioner; governed by an acknowledged code of ethics and which has a system for maintaining control over its membership.

Program - A planned, structured and organized set of functions and activities designed to achieve specific objectives relative to the behavioral, physical, emotional and/or psychological developmental needs of the individuals served by an organization.

Direct Service staff - Staff involved in providing direct services to and with Clients (e.g. front line child and youth care workers, support workers, youth workers, house parents, home service providers). This definition does not include administrative staff or clinical consultants when their responsibilities are consultative rather than providing direct service.

Psychologist - A chartered professional psychologist meeting the standards set and registered by the Psychologists Association of Alberta.

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

Qualified Trainer - There are many organizations providing training in the areas of first aid, crisis intervention/physical restraints and suicide. It is the responsibility of the program to provide a rational for the trainer selected and the means of training used – i.e. workshop, train the trainer, on-line training etc.

Crisis Intervention/Physical Restraints

The trainer must possess a current training certificate (certified within the last three [3] years) from a recognized body or organization.

All training will incorporate the following elements:

1. Prevention: philosophy of crisis intervention, phases of crisis, conflict resolution and self-evaluation of individual reactions to verbal and physical aggression
2. De-escalation: triggers that a clients responds to re-direction techniques, body language, voice tone, team work and treatment planning
3. Physical Intervention: different levels of intervention that are progressive and painless and allow for the maximum control and safety of the individual and staff
4. Post Intervention Debriefing: processing the incident with the clients and staff, examination of alternative reactions and behaviours and required documentation, and
5. Personal Safety: learning to protect oneself in situations where one is at imminent risk of injury

First Aid

A person who has expertise in the field of first aid will deliver the training program. The trainer must:

1. Possess a current training certificate (certified within the last 3 years) from a recognized body or organization, or
2. Currently works in the area of first aid

Suicide

A person who has expertise in the field of suicide intervention will deliver the training program. The trainer must:

1. Possess a current training certificate (certified within the last 3 years) from a recognized body or organization , or
2. Currently work in the area of suicide prevention, or
3. Have focused on suicide as part of a graduate degree within the last 5 years

Quality Assurance/Quality Improvement - A system using established measures which promotes and confirms consistency of performance to these measures. It helps reduce variance in performance and outcomes.

A continuous cycle with a focus on change directed towards purposeful and future-oriented action including:

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

Rights - Entitlements assured by custom, law or property or something to which one has a just claim or the power or privilege to which one is justly entitled to have i.e. natural and legal rights.

Search - The investigation of personal space: bedroom, study area, possessions—a client's backpack, purse or clothing—for a specific purpose (i.e. looking for contraband such as drugs, weapons and/or stolen items).

Serious Incidents - Are situations or circumstances that are mandated to be documented and/or reported to appropriate authorities, both within and outside of the organization. Reportable incidents include:

1. Unanticipated or unauthorized absence from the program
2. A medical or other kind of emergency, serious illness or accident
3. A dangerous situation (i.e. threats of violence; weapons, clients is a danger to self through self-mutilation; suicidal ideation or attempt; etc)
4. Suspicions and/or allegations of abuse, either within or outside the organization
5. Use of restrictive procedures (i.e. restraints, unlocked confinement)
6. Searches
7. Death
8. Inappropriate use of strategies to influence behaviour by staff, volunteers, students and/or contractors and/or
9. Other events as identified by the program

Service/Support Plan - The written assessment of the needs of the clients in a plan developed to address these identified needs and/or issues identifying the goals, strategies (tasks/activities) and timelines. The case plan may be referred to as the, Case Plan, Concurrent Plan, Healing Plan, Individual Program Plan, Care Plan, Transition Plan, Treatment Plan etc.

Service Professional - Professional persons (i.e. Clinicians, Psychologists, Physiotherapists, Teachers etc.) hired by the organization on a contractual or fee-for-service basis to provide a specific professional service(s) i.e. assessments, consultation, clinical treatment, supervision, case management, teaching school board curriculum etc.

Service Provider - Persons contracted by an organization such as foster parents, community workers, consultants, Aboriginal/Cultural Resource Persons. Also may be used at a systems level to refer to the organization that provides services.

Service Team - Staff, contractors, service professionals and volunteers assigned to work with or be involved with the clients and/or their family.

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

Staff - Persons employed by the organization for wages or salary on a full-time, part-time, causal or relief basis. Staff does not include contracted persons such as foster parents or service professionals hired on a contractual or fee for service basis (i.e. Clinician, Occupational Therapist, Teacher etc.).

Stakeholders - Individuals, agencies and/or funders who have an interest in the organization.

Supervisor - Staff responsible for providing supervision to direct service staff providing direct services to and with Clients. This definition may include clinical consultants when their responsibilities include consultative and/or supervisory duties.

Termination - The planned or unplanned end of services in a specific program to a clients.

The 60's Scoop - The 60's Scoop refers to the adoption of First Nation/Metis children in Canada between the years of 1960 and the mid 1980's and is so named because the highest numbers of adoptions took place in the decade of the 1960s and because, in many instances, children were literally scooped from their homes and communities without the knowledge or consent of families and bands. Many First Nations people believe that the forced removal of the children was a deliberate act of genocide. (Kimelman, 1985; Sinclair et al., 1991)

Therapy - Activities designed to influence a change in thinking, cognition, behaviour, and/ or relationships.

Training - Training may take many forms and may include classroom training, an one/ many day session devoted to learning a particular skill, conference workshops, distance learning opportunities (i.e. videos, on-line courses), coaching sessions, clinical case conferencing, reading materials, peer training, etc.

Treatment - Services offered to overcome physical, behavioural and/or emotional difficulties that are severe enough to be problematic in a person's served physical, social, emotional and/or familial functioning. In the context of "restrictive procedures", treatment does not include those procedures which are used solely as disciplinary measures to correct isolated or sporadic incidents of clients misbehaviour.

Treatment Team - A multi-disciplinary team which includes people from different disciplines and with different roles in relation to the clients (i.e. direct service staff, foster parents, clinicians, Aboriginal or other cultural resource person(s), education staff, probation worker etc.) and any other people involved in the life of the clients that may be able to provide input into the development and implementation of the individualized care plan.

Unforeseen Unplanned Discharge – Discharge that may occur at any time, without prior discussion with the Case Manager.

Unplanned Discharge – The process whereby clients leave the formal case management relationship, whether due to habitual non-compliance to the case management agreement, the threat or actual assault of another individual in the program (or program staff) or the endangering of others. Can be foreseen or unforeseen.

Warm Transfer – A Warm Transfer is a process whereby the person who completes the SPDAT assessment attends the initial meeting with the client to facilitate the transfer with the receiving agency. The client will be given the option of participating in a warm transfer and is not a mandatory process.

Calgary Homeless Foundation

Index

2014 Edition

Index

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