SUBJECT: Blueprint for Emergency Shelter Services (CS09015) (City Wide)

RECOMMENDATION:

(a) That the Blueprint for Emergency Shelter Services, which seeks to develop a sustainable system to better support homeless people as they move to permanent housing, attached as Appendix A to Report CS09015, be endorsed.

(b) That staff be directed to report back with a detailed implementation plan for the implementation of Basic Emergency Shelter Services and Intensive Case Management as described in the Blueprint for Emergency Shelter Services.

(c) That staff be directed to work with other Consolidated Municipal Service Managers who provide emergency shelter services to advocate to the Ministry of Community and Social Services to change from a per diem to sustainable funding formula for Emergency Shelters.

Joe-Anne Priel,
General Manager
Community Services Department

EXECUTIVE SUMMARY:

The average occupancy in emergency shelters has declined over the past two years. Much of the drop can be directly attributed to the Hostels to Homes Pilot Project (H2H), which has helped people, who have spent long periods of time in emergency shelters, find and maintain permanent housing. The program was created in response to the realization that almost 25% of people using emergency shelters were spending more than 42-days a year in emergency shelter beds.
Reduced occupancy rates have produced a funding challenge for emergency shelters. Emergency shelters are funded on a per diem basis, meaning that they only receive funding when someone is staying in a shelter bed. The reduced occupancy rate has meant reduced revenue for emergency shelters. This is a problem because emergency shelters have fixed costs regardless of the number of people staying in the beds. The largest fixed costs are for personal support services, which are intended to help people leave emergency shelters and sustain them in the long-term.

In 2007, staff from the Ministry of Community and Social Services (MCSS) indicated they were open to proposals regarding alternative funding models for emergency shelter services to address this funding challenge on a long-term basis. Community Services staff began working collaboratively with executive directors of the emergency shelters to develop the Blueprint for Emergency Shelter Services, which would provide the basis for a proposal to MCSS. By the time the Blueprint was finished in June 2008, the financial picture in the province had changed and MCSS was no longer able to consider alternative funding models. Staff and emergency shelter providers decided to continue and develop an implementation plan that was not reliant on a new funding arrangement with the province.

The Blueprint found that while the occupancy rate is dropping and a reduction in the number of beds is desirable in the long-term, the number of shelter beds could not be reduced in the short-term for these reasons:

1. While the overall occupancy rate has dropped to 74%, the system still experiences spikes in need at which time all beds are used.
2. Given the fixed costs involved with operating an emergency shelter, significant savings can only be achieved by closing an emergency shelter.
3. Each of the emergency shelters has developed some specialization in terms of the service they provide to clients. To reduce the number of beds in one shelter would mean ensuring that the other shelters have the capacity to deal with the needs of their new clients.
4. The funding for H2H is temporary and puts its clients in jeopardy of returning to emergency shelters or living on the street.

The Blueprint for Emergency Shelter Services proposes a series of actions to better serve clients and provide sustainability for shelter services.

**Work Together as a System**

- Establish the Hamilton Emergency Shelter Integration and Coordination Committee (HESICC) to plan and deliver services in a collaborative and coordinated fashion.
- Develop and sign a Memorandum of Understanding with service providers, which will commit the partners to collaborate in the development of an integrated network of emergency shelters that work towards achieving the vision and goals of the Blueprint and support compliance with the Emergency Shelter Standards described in Appendix B attached to Report CS09015.
Provide Basic Emergency Shelter Services:

- Implement the Service Standards outlined in Appendix B attached to Report CS09015.
- Establish a common intake and assessment process to ensure client needs are identified early.
- Staff and design shelters appropriately to ensure that clients may be served by any emergency shelter.
- Staff and design appropriately to improve safety for clients and staff.
- Operate 24/7 so that staff are better able to engage with the clients to provide personal supports.

Implement Permanent Intensive Case Management Team:

- Integrate and expand the supports of the H2H into a permanent "Intensive Case Management Team.

Reduce Shelter Beds:

- Reduce shelter beds over the next three years and transition to more mobile supports to help previously homeless people maintain their housing.

Propose New Funding Model:

- Advocate with the MCSS for the establishment of a new funding model that adequately reflects the cost of running emergency shelters.

It is proposed that the Basic Emergency Shelter Services, as described in Appendix A attached to Report CS09015, be funded through a combination of the existing Ontario Works (OW) Emergency Shelter per diem funding and realignment of the Consolidated Homelessness Prevention Program (CHPP) funding currently allocated to the emergency shelters. These are existing funding envelopes and there is no additional municipal funding required at this point in time. This realignment would see funding reallocated from supports outside emergency shelters to support personal support services delivered within emergency shelters. This will provide some sustainable funding to the emergency shelters. As well, HESICC would submit an application to the Homelessness Partnering Strategy’s Call for Applications for funding for the Intensive Case Management Program. This funding would last for approximately 18-months and would allow time for permanent funding to be secured from the Province of Ontario. If the funding application is not supported, staff will work with the HESICC to identify other options. Efforts will also continue to secure permanent ongoing funding for the intensive case management services through the MCSS.
BACKGROUND:

The Current System

The City of Hamilton funds the following seven emergency shelters:

1. Good Shepherd - Men’s Centre;
2. Good Shepherd - Notre Dame House;
3. Good Shepherd - Family Shelter;
4. Good Shepherd - Mary’s Place;
5. Mission Services – Men’s Residence;
6. Salvation Army – Booth Centre; and,
7. Wesley Urban Ministries – Wesley Centre.

These shelters provide a total of 370 emergency shelter beds. This includes 125 beds for men, 65 beds that could be used by men or women, 20 youth beds, 80 family beds and 10 designated women’s beds. Each organization provides emergency shelter for its designated client population. They also provide a range of related and complementary services, such as supported housing, food programs and other health and social services, funded either through government programs or their own fundraising efforts. For financial and operational reasons, all men’s shelters, except for Wesley Centre, close during the day.

In 2006, 3,950 people stayed in an emergency shelter increasing slightly to 3,960 in 2007. The 2008 numbers will be available by the end of the second quarter of 2009. Seventy-five percent (75%) of the people using the shelters did so with minimal intervention. However, 25% of the individuals using shelters stayed in the shelters for more than 42 days. These individuals are considered to be the chronically homeless, people who are socially isolated with persistent and complex mental health issues and/or addictions problems. H2H was initiated as a response to the need for an intense case management approach that would focus on working with the most chronically homeless in the emergency shelters.

Organizations receive a per diem ($41.60) amount of funding through OW for every night a bed is occupied. If the bed is not occupied, the shelter does not receive funding even though overhead and staffing costs remain constant. In 2007, the City and province contributed a total of $6 million including $4.4 million in per diems. Some personal support services have been funded through CHPP that totalled $615,000 in 2007. In 2007, block funding for personal supports at Notre Dame House and Mary’s Place, totalling $519,797, was provided through Community Services’ departmental surplus funds. Each shelter organization contributed its own resources to the direct operations of the shelter. These funds came primarily through fundraising efforts. Collectively, these organizations estimate that they contributed an additional $1.5 million to the operations of the shelters annually.
The Need for a Long-Term Strategy for Emergency Shelters

As the Consolidated Municipal Service Manager (CMSM) for OW and Homelessness, the City of Hamilton is responsible for planning and funding programs to address these issues. In March 2007, the City adopted Everyone Has A Home as its strategic plan to address homelessness, which included a specific strategy focusing on “identifying people who are staying in emergency shelters for 42 days or more and providing appropriate supports to help them find and maintain housing”. This recommendation stemmed from new data that showed that approximately 25% of people using emergency shelters were spending 42 or more days in emergency shelters. For these people, emergency shelters were becoming permanent housing rather than temporary, short-term housing used on an infrequent basis.

The H2H was initiated to directly address the needs of people experiencing long stays in the emergency shelter system. With the support of the MCSS, an inter-disciplinary mobile case management team was set up. Members of H2H worked with shelters to identify long-term shelter users and work with them in moving into permanent housing. Most people experiencing shelter stays of more than 42-days have multiple issues that make it difficult for them to obtain housing and leave the shelter. These can include addictions, mental health issues and limited life skills. Once participants entered H2H they were assisted to find permanent housing, which was made affordable through a rent supplement. The mobile team then provided supports to help the participants maintain their housing. The program has been very successful housing 80 people in its first phase with most of them remaining housed. H2H’s success also follows on the heels of several other earlier successful initiatives, including the HOMES program run by Good Shepherd and the Claremont House Managed Alcohol Program run by Wesley Urban Ministries, which had already redirected some people from emergency shelters.

The success of H2H has meant that fewer people, who had previously stayed many nights per year, were no longer using emergency shelters. The number of people staying in emergency shelters is recorded in the Homeless Individuals and Families Information System. Data shows that the number of people staying in emergency shelter decreased from 3950 in 2006 to 3671 in 2007. While 2008 HIFIS data is not yet available, this trend has been confirmed through billing data from emergency shelters. These positive outcomes also created a challenge and exposed a long-standing issue with the funding formula for emergency shelter (hostel) services. Funding is provided to the City through OW on a per diem basis for each night a shelter bed is occupied. With fewer people staying in the emergency shelter system, the emergency shelters have difficulty meeting their fixed costs.

The definition of emergency shelter services under the Ontario Works Act, 1997 focuses on food, overnight accommodation and minimal supervision. Services beyond “minimal supervision” are not covered. Most people who find themselves in an emergency shelter require some support to leave. For approximately 75% of shelter users, it consists mainly of helping them to find resources in the community. For the remaining 25%, however, their needs are more involved. They may have profound mental health
or addiction issues that prevent them from leaving without considerable support. These services are referred to as personal supports services.

The amount of support clients require and the service the City of Hamilton can legislatively provide them has been a struggle since 2004. Under the General Welfare Assistance Act, there was a broader definition of emergency shelter services which allowed for funding these critical services. The change in the definition, limited the City’s ability to fund the personal support services (Reports ESC08026, SSC0603 and SSC0603(a)), which has led emergency shelters to reduce staffing for personal supports services, and in some cases incur budget deficits as in 2008. The emergency shelter providers have indicated that this is not sustainable and that they will have to consider significant service reductions if the situation is not addressed.

Development of the Blueprint for Emergency Shelter Services

Community Services staff approached MCSS to gauge its interest in exploring a new funding formula for services provided in emergency shelter. As the primary funder of emergency shelter services in Hamilton, the Ministry’s involvement was seen as key to the success of a long-term solution. MCSS staff expressed interest in the idea and encouraged Community Services staff to return with a proposal so that it could be considered for the 2009 Provincial budget. Thus, the idea of developing a Blueprint for Emergency Shelter Services emerged with the objective of proposing a new funding model.

December 2007, the General Manager of Community Services and Director of Housing met with the Executive Directors of the emergency shelters to discuss the funding pressures within the emergency shelter system. All parties agreed to work collaboratively to develop a Blueprint for the emergency shelter system to find a long-term funding solution.

The initial Blueprint for Emergency Shelter Services was developed over six months and was completed in June 2008. It was developed through reviewing existing data, key informant interviews and workshops with Executive Directors of the emergency shelters along with Housing Help Centre, the Mental Health Outreach Program and City staff. The Blueprint describes the existing system, assesses the need for change and proposes a plan for redesigning the emergency shelter system to better meet the needs of homeless people, now and in the future. It also outlines the cost of providing emergency shelter services based on the new model.

When the draft Blueprint was presented to representatives from the local MCSS office in July 2008, it was learned that the economic environment at the Province had changed. Early signs of the global financial crisis were emerging, thus limiting MCSS’s ability to consider any new funding models for emergency shelter services.

This was a significant setback, but much had been gained through the process of developing the Blueprint for Emergency Shelter Services. A more collaborative approach to planning had been created along with a shared vision for reshaping the
work of emergency shelters. Community Services, in partnership with the emergency shelters, spent the next six months mapping out a way forward working with existing resources.

Blueprint for Emergency Shelter Services Findings

The following discussion identifies the findings of the Blueprint for Emergency Shelter Services.

Service Trends
- The decline in occupancy paired with an increase in the complexity of client needs is straining the system. New groups such as young people are using shelters as well as people with very limited life skills as well as newcomers and refugees. Many people using emergency shelters also suffer from multiple disorders, most often an addiction and mental health diagnoses. Agencies are not equipped to deal with these clients’ needs in shelters or to adequately assist them in leaving emergency shelter.

Funding and Staffing Issues
- It is no longer possible to maintain a safe and viable shelter system through the current per diem/occupancy approach to funding. It is imperative to change the funding approach and to enhance funding in order to adequately address the safety and security issues. Some shelters have only one person on duty overnight where they are responsible to provide supervision, security and support services for anywhere from 40 to 97 individuals.
- Shelter providers are extremely concerned about their capacity to maintain their financial contributions to the system given the economic downturn and donor fatigue. If these agencies are not able to sustain their operations, the number of people experiencing homelessness on the streets of Hamilton would increase. The City would then be faced with the challenge of finding alternate housing options or consideration would need to be given to opening City-owned and operated facilities as other municipalities do.
- The level of funding provided through the per diems is not adequate to sustain the provision of emergency shelter services, especially with a commitment to operational standards. The total cost of the existing system is approximately $7.5 million, as indicated previously, annualized City and Provincial funding contributions have been $6 million. A recent review of the emergency shelter system in the City of Toronto estimates that the per diem rate in emergency shelters should be closer to $73, rather than $41.60.

Working as a System
- It is essential to develop a system-wide approach for emergency shelter services. This includes the development of shelter standards and creating a forum for the shelters and the City staff to work together to plan, monitor and manage the risks associated with providing emergency shelter services.
- Each of the emergency shelters has some element of specialization, whether it be mental health, addiction or working with those who are hardest to serve. Wesley
serves a unique function by sheltering those who cannot be accommodated in the other shelters. Attempts to reduce the number of beds must be accompanied by increased resources at the remaining shelters to accommodate the new clients.

- The occupancy rate in the shelters has been declining over the past couple of years. In 2007 it was 82%. In 2008, the occupancy between January and October was approximately 74%. It is necessary to reduce capacity within the system, but the reduction should be made carefully to ensure that clients do not “fall between the cracks”.
- H2H has demonstrated the benefits of providing more intensive and transitional supports to the people who are chronically homeless. The supports provided by this program are temporary and will be phased out beginning in 2010. These supports need to be maintained and expanded to serve even more individuals.

Blueprint for Emergency Shelter Services Recommended Actions

Work Together as a System

- The Blueprint recommends that planning and coordination be done through a newly formed group called the HESICC, which includes the four emergency shelter providers and the City, with the Housing Help Centre and the Mental Health Outreach Team as ex-officio members.
- A Memorandum of Understanding (MOU) will be signed by all parties and will become an addendum to the subsidy agreement. The MOU will commit the partners to collaborate in the development of an integrated network of emergency shelters that work towards achieving the vision and goals of the Blueprint and support compliance with the Emergency Shelter Standards described in Appendix B attached to Report CS09015.

Clearly Identify Basic Emergency Shelter Services

- Basic Emergency Shelter Services are the services that everyone using an emergency shelter would receive as described in Appendix A attached to Report CS09015. This represents a new, co-ordinated way of delivering services that will improve outcomes for clients. In this new system, clients’ needs will be assessed early on in their shelter stay. The goal is to help connect people with appropriate supports more quickly and further reduce the length of their stay in shelters and improve their ability to find and maintain permanent housing when they leave.
- The Shelter Standards developed through the Blueprint exercise are implemented, as per Appendix B attached to Report CS09015. While all shelters have their own policies, there are currently no common standards for service delivery. This means that clients can “fall between the cracks” as they move from one shelter to another.
- Common intake and assessment of clients, including standardized tools and databases, should be developed and implemented. This ensures that client needs are identified early in their stay and appropriate supports are put in place to help them leave shelters. Currently, clients may be in shelters for a long period of time before needs are identified.
• Common approaches to personal supports services/case management for those experiencing short-term stays should be implemented. This will prevent duplication of effort and expedite clients’ exits from shelters.
• “No wrong door” should be an approach to services in shelters. All clients should be able to receive service from a shelter and not be turned away except in agreed upon situations where safety is compromised.
• Standard staffing ratios to ensure the safety of clients and staff need to be implemented. This also allows for all shelters to accommodate all clients including those with more challenging behaviours.
• 24/7 access to all shelters should be implemented across the shelters. All shelters should be configured and staffed appropriately so they may remain open all day. Currently, most shelters close during the day except for people who may be unwell or who may need to return to retrieve items. This new model allows clients to access personal supports services or case management during the day from people with whom they have built trusting relationships.
• Increased co-ordination must take place with related services that support people experiencing homelessness. This is especially true of the Housing Help Centre, the Mental Health Outreach Team and OW. These and other services need to be involved in case planning for clients to ensure that they are able to leave shelters quickly and find and maintain housing in the community.

Implement a Permanent Intensive Case Management Team
• The success of H2H has illustrated the need to make intensive case management available to people who are or are at risk of becoming long-term shelter users. These are clients who will require much more intensive support to prepare to leave shelters and obtain housing. These services need to be mobile and follow people into their new housing to help them remain housed and would be similar to the Intensive Case Management currently provided by the H2H, but would be provided on an ongoing basis.

Reduce the Size of the System
• Through a phased-in implementation, the size of the emergency shelter system should be reduced to reflect the current utilization numbers. Ultimately, the only real cost savings is to be found in closing an entire shelter. This recommendation is dependent on continuing supports to H2H clients so they may continue to live in the community and will not return to shelters. It is also contingent upon all shelters being able to serve the most challenging clients. Simply closing a shelter without the appropriate transition would make matters worse. The remaining shelters must be resourced appropriately to serve all clients.

New Funding Formula
• Work must continue with the Province of Ontario to develop a new funding formula to ensure that these services may be funded on an ongoing basis.
ANALYSIS/RATIONALE:

Given that the MCSS was unable to consider a new funding arrangement for emergency shelter services, a proactive approach to the funding problems in the emergency shelters is still needed. Community Services and the emergency shelter providers have developed an approach to implement most elements of the Blueprint for Emergency Shelter Services and provide greater sustainability for these services.

Basic Emergency Shelter Services as described in the Blueprint for Emergency Shelter Services would be implemented gradually over a two-year period. This would allow for adequate time to develop the protocols and guidelines necessary to implement the standards. An important part of the implementation will be training staff regarding the changes and developing common case management tools including software.

The development of the Intensive Case Management team builds on the success of the H2H. The H2H’s supports will be phased out, starting in July 2009 as the funding from MCSS ends. Without these supports, it is feared that clients will eventually return to the emergency shelters. MCSS has not indicated that it will continue the program. To fill the void, the emergency shelter providers will submit an application to the federal Homelessness Partnering Strategy Call for Applications to provide funding for the new intensive case management team. This funding will be used for an 18-month period. During that time, efforts will be made to secure permanent funding from the Province.

If the Basic Emergency Shelter Services and Intensive Case Management are funded and implemented, it will be possible to close one of the emergency shelters. This plan is contingent on occupancy levels continuing as they have over the past two years. Closing a shelter would represent an important step toward refocusing the shelters on providing short-term stays and providing the support to help people remain in their home once they have left the shelter.

ALTERNATIVES FOR CONSIDERATION:

Council could choose not to support the implementation of the Blueprint for Emergency Shelter Services. In the absence of a long-term solution, agencies experiencing financial difficulties will have to reduce or terminate programming and services for people experiencing homelessness. The end result would be additional pressures on the system, increased numbers of persons experiencing homelessness, increased presence of people experiencing homelessness on the street and in the downtown core, increased length of stays in shelters, increased cost of the emergency shelter program, increased risks to the health and safety of both staff and users of the emergency shelter system, or the City would need to consider establishing/operating emergency shelters.
FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

Financial:

There are no budget implications arising from Report CS09015. Current funding will be realigned to support the recommended changes.

The Hamilton Emergency Shelter Integration and Coordination Committee will submit an application to the Homelessness Partnering Strategy for the implementation of the Permanent Intensive Case Management Team. The funding would be for approximately an 18-month period. In the interim, efforts will be made to work with MCSS to secure permanent funding.

Staff:

There are no staffing implications associated with the recommendations of Report CS09015.

Legal:

There are no legal implications associated with the recommendations of Report CS09015.

POLICIES AFFECTING PROPOSAL:

Funding for emergency shelters (hostels) is governed by the Ontario Works Act, 1997.

RELEVANT CONSULTATION:

The development of the Blueprint for Emergency Shelter Services was undertaken in consultation with the Ministry of Community and Social Services. It was developed through a collaborative process involving Good Shepherd Centres, Housing Help Centre, Public Health Services – Mental Health Outreach Team, Mission Services, the Salvation Army and Wesley Urban Ministries.

Staff also consulted with the Community Services Department, Employment & Income Support Division regarding funding options.

CITY STRATEGIC COMMITMENT:

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.
Community Well-Being is enhanced. ☑ Yes ☐ No
Implementation of the Blueprint for Emergency Shelter Services will ensure that public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

Environmental Well-Being is enhanced. ☐ Yes ☑ No

Economic Well-Being is enhanced. ☑ Yes ☐ No
Poverty is reduced. The Blueprint for Emergency Shelter Services would assist people to leave the emergency shelter system more quickly and find housing and employment as appropriate.

Does the option you are recommending create value across all three bottom lines? ☐ Yes ☑ No

Do the options you are recommending make Hamilton a City of choice for high performance public servants? ☐ Yes ☑ No
PURPOSE AND PARAMETERS OF THE BLUEPRINT

The City of Hamilton’s Strategic Plan to Address Homelessness lays out a bold vision for Hamilton to become a community where everyone has a home. The City’s comprehensive Strategic Plan developed in 2007 includes five specific outcomes and associated strategies with many of those strategies relating directly to the emergency shelter system (Please see Appendix One for a Summary of Key Strategies).

Building on its commitment to achieve the outcomes identified within the Homelessness Strategic Plan, the City is creating a Blueprint to set out the specifications for the emergency shelter system. Not only will this Blueprint ensure that there is emergency shelter available for those who need it, but it will also help redesign the emergency shelter system to better support homeless people in obtaining and maintaining more permanent housing.

This Blueprint focuses on City of Hamilton funded emergency shelters that provide services to homeless individuals (youth, males and females) and families. These organizations include seven funded emergency shelter programs provided through four organizations. The organizations and their programs are:

1. Good Shepherd – Men’s Centre; Notre Dame; Family Shelter; Mary’s Place;
2. Mission Services – Men’s Residence;
3. Salvation Army – Booth Centre; and,

This Blueprint does not address the shelters providing services to meet the unique needs and concerns of women who have experienced or are experiencing issues relating to violence against women. Nor does it address shelters that have criteria for admission relating to specific clinical treatments such as alcohol or drug abuse. These programs are funded through the province and not directly through the City. Similarly, this plan will not focus on the Aboriginal-specific emergency shelter services. There is currently a planning process for Aboriginal services through the Federal Government Homelessness Partnership. Although all these programs play a vital role in the emergency services system, they require a more specialized planning approach and will not be the focus of this Blueprint.
THE BACKGROUND

For decades, service groups, churches and community organizations in Hamilton have found ways to provide care and support to people living in poverty, the homeless and the hungry. Each of the four organizations operating Hamilton’s seven emergency shelters has been serving the Hamilton community for over 50 years. Long before government programs and organized fundraising efforts existed, these mission-driven organizations identified a human need and responded, using whatever resources they could muster to support the most disadvantaged people in the community. Over time, as awareness and understanding about the needs of this population increased, social policy evolved and public funding became available to these service organizations to assist them in their work in providing food and shelter for the homeless.

Today, there is a broader understanding of the causes, implications and consequences of homelessness. These issues are being examined and addressed by many sectors and organizations in the community including the Poverty Roundtable, the mental health and health care system, social assistance and social housing programs. As society attempts to address the broader issues involving poverty and homelessness, this community must also grapple with the question of how best to address the immediate needs of people who require emergency shelter.

There is a better understanding about the homeless population; who uses the shelter system, for how long and why. There is emerging evidence that leads service providers and policy makers to better understand what is required to enable people to break the homelessness cycle. And there is growing understanding that emergency shelter service providers must work together and strengthen connections to the boarder range of homelessness programs and services in this community. However, the existing policies relating to planning, assessing and funding the emergency shelters provide minimum stability to the organizations and are not conducive to collaboration and system-wide planning.

The City of Hamilton is the Consolidated Municipal Service Manager (CMSM) for emergency shelter services responsible for funding and overseeing these services. The City receives 80% funding from the Ministry of Community and Social Services for emergency shelters. Funding is provided to the City on a per diem basis for each night a shelter bed is occupied. It is generally agreed that this arrangement needs to be changed to allow more flexibility in ensuring that emergency shelter services are available when needed and that the emergency shelter system can help people transition to more permanent housing.

The City of Hamilton engaged the four organizations providing emergency shelter, along with the Housing Help Centre and the Mental Health Outreach Team, in a planning process aimed at examining the current system and developing the emergency shelter services blueprint for the future. With the help and support of external consultants, the City initiated a planning process to develop the Blueprint
that is presented in this document. This process included reviewing the existing data; interviewing and conducting workshops with the Executive Directors of the aforementioned organizations as well as City staff. The Blueprint describes the existing system, assesses the need for change in the system and develops a plan for redesigning the emergency shelter system to better meet the needs of homeless people, now and in the future.

EMERGENCY SHELTER SERVICES AND THE NEED FOR CHANGE

A Description of the Current System

The seven emergency shelters funded by the City of Hamilton provide a total of 370 emergency shelter beds. This includes: 125 beds for men, 65 beds that could be used by men or women, 20 youth beds, 80 family beds and 10 designated women's beds.

Each of the organizations provides basic emergency shelter for its designated population. They also provide a range of related and complementary services, such as supported housing, food programs and other health and social service endeavours, funded either through government programs or their own fundraising efforts.

These programs and services reflect each individual organization's unique values and beliefs. Over the years, each has evolved a particular focus, a distinctive model of service delivery and special expertise.

Mission Services has an alcohol recovery and treatment focus with 20 specialized 'addiction beds' in a program called Discovery House.

Good Shepherd operates four programs: a shelter for men; a shelter for women; a shelter for families; and a shelter for youth. The organization has expertise in addressing issues of health and mental health across the lifespan. An additional 10 beds for women will be available in the near future.

Salvation Army serves a general male, homeless population. It has some private or fee-paying beds, as well as 19 hospital discharge beds.

Wesley Urban Ministries provides shelter accommodation in a large congregant setting. It serves men and women and is the only shelter that will take couples. It also provides service to people who are intoxicated, and accommodates people whose behaviour is disruptive or challenging. There is no arrival curfew and the shelter also provides 24/7 drop in.

Table One identifies the programs and the unique focus of each of the shelters.
### TABLE ONE: Shelter Programs and Beds

<table>
<thead>
<tr>
<th>Organization</th>
<th>Shelter</th>
<th># of Beds</th>
<th>Population</th>
<th>Other Related/Unique Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Services</td>
<td>Men’s Shelter</td>
<td>58</td>
<td>Males</td>
<td>Recovery and Substance Abuse focus Discovery House includes 20 specialized addiction beds</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Booth Centre</td>
<td>97</td>
<td>Males</td>
<td>Serves the downtown core Primary Care Clinic and 19 Hospital Discharge Beds</td>
</tr>
<tr>
<td>Wesley Urban Ministries</td>
<td>Wesley Centre</td>
<td>65</td>
<td>Males</td>
<td>A harm reduction approach Open 24 hour Accommodates intoxicated individuals and those with difficult behaviours</td>
</tr>
<tr>
<td>Wesley Urban Ministries</td>
<td>Men’s Shelter</td>
<td>40</td>
<td>Men</td>
<td>Provides a continuum of housing, mental health</td>
</tr>
<tr>
<td>Good Shepherd</td>
<td>Notre Dame</td>
<td>20</td>
<td>Youth</td>
<td></td>
</tr>
<tr>
<td>Good Shepherd</td>
<td>Mary’s Place</td>
<td>10</td>
<td>Women</td>
<td>To be expanded in the future</td>
</tr>
<tr>
<td>Good Shepherd</td>
<td>Family Shelter</td>
<td>80</td>
<td>Families</td>
<td>Serves families with children Opened in 2006</td>
</tr>
<tr>
<td>4 Organizations</td>
<td>7 Programs</td>
<td>370 Beds</td>
<td></td>
<td>Source: CMSM Billing Data and Interviews</td>
</tr>
</tbody>
</table>

Over the past three years, the shelter system has been used by more than 3,000 people annually. In 2005 3,049 people used the shelters. In 2006 3,950 people used the shelters and in 2007 3,690 people used the shelters. The number of beds available for men in the system is significantly higher than the number of beds available for females. In 2006, the percentage of females increased to 22% from 14% in 2005. This percentage was maintained in 2007 even though the total number of people using the shelters decreased. Table Two depicts the number of shelter users by gender by year.

### TABLE TWO: Use of Shelter by Gender by Year

<table>
<thead>
<tr>
<th>Gender</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Male</td>
<td>2614</td>
<td>85.7%</td>
<td>3074</td>
</tr>
<tr>
<td>Female</td>
<td>432</td>
<td>14.2%</td>
<td>875</td>
</tr>
<tr>
<td>Transgender</td>
<td>4</td>
<td>0.1%</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>0.1%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>3049</td>
<td>100.0%</td>
<td>3950</td>
</tr>
</tbody>
</table>

Source: HIFIS Data

In addition to the number of people using the system, it is also interesting to look at how much of the total capacity of the system is being used. This can be done by looking at the occupancy rate. The system would be at total capacity if 100% of the 370 beds were in use. During the past two years, the bed occupancy rate has been at 83% in 2006 and 82% in 2007. Table Three highlights occupancy rates for 2006 and 2007.
TABLE THREE: Occupancy 2006 and 2007

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Target Population</th>
<th>Number of beds</th>
<th>2006 Average Occupancy</th>
<th>2007 Average Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Shepherd Men's</td>
<td>Men</td>
<td>40</td>
<td>86.3%</td>
<td>89.0%</td>
</tr>
<tr>
<td>Mission Services Men</td>
<td>Men</td>
<td>58</td>
<td>93.6%</td>
<td>81.7%</td>
</tr>
<tr>
<td>Salvation Army Booth</td>
<td>Men</td>
<td>97</td>
<td>81.7%</td>
<td>78.2%</td>
</tr>
<tr>
<td>Wesley centre Men and Women</td>
<td></td>
<td>65</td>
<td>88.4%</td>
<td>81.4%</td>
</tr>
<tr>
<td>Mary's Place Women</td>
<td></td>
<td>10</td>
<td>89.5%</td>
<td>81.9%</td>
</tr>
<tr>
<td>GSFC</td>
<td>Families</td>
<td>80</td>
<td>75.5%</td>
<td>84.1%</td>
</tr>
<tr>
<td>Notre Dame Youth</td>
<td></td>
<td>20</td>
<td>69.0%</td>
<td>86.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>370</td>
<td>83.4%</td>
<td>82.3%</td>
</tr>
</tbody>
</table>

Source: CMSM Hostile Occupancy Billing 2006 and 2007

It is also important to understand how long people use the emergency shelter system. Over the last three years, about 75% of the people used the shelter system for less than 42 days. The converse of this, of course, is that for the same time period 18% to 25% of people using shelters did so for a period greater than 42 days. These individuals would be considered long term or chronic users of the system. Table Four highlights length of stay.

TABLE FOUR: Length of Stay by Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 42</td>
<td>2387</td>
<td>78.3%</td>
<td>3042</td>
<td>77.01%</td>
<td>2762</td>
<td>74.9%</td>
</tr>
<tr>
<td>42-365 days</td>
<td>553</td>
<td>18.1%</td>
<td>835</td>
<td>21.14%</td>
<td>923</td>
<td>25.0%</td>
</tr>
<tr>
<td>Error/missing</td>
<td>109</td>
<td>3.6%</td>
<td>73</td>
<td>1.85%</td>
<td>5</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total</td>
<td>3049</td>
<td>100.0%</td>
<td>3950</td>
<td>100.00%</td>
<td>3690</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Source: HIFIS Data

Several key factors influence the fluctuations in the number of people using the shelters, the occupancy rates and the lengths of stay.

Prior to 2005, there was not a common data system. The new Homeless Individuals and Families Information System (HIFIS) was introduced in 2005 and, as with any new information system, several data glitches were encountered. These are currently being worked out. With each year the system is in use, those using it become more comfortable and confident in the information it produces.

Data issues are further complicated by the fact that there are two data systems; one data system that collects information and describes who uses the shelters and another system for budgeting, billing and funding purposes. Once again, with
experience and usage, the discrepancies between the two systems are being resolved.

The past several years have seen many developments and new programs focusing on homelessness. Federal and provincial initiatives have been developed and implemented with the aim of providing more housing opportunities for poor and low income people. Several programs have focused specifically on addressing the needs of homeless people.

The following highlights some of these key changes that may be influencing who is using what emergency shelters, how long they stay and the occupancy rate.

- The Hamilton Out of the Cold program operated by local faith groups provides food and shelter to those who need it from November through March.

- In 2006, the Salvation Army Booth Centre began operating 19 beds to serve homeless people being discharged from the hospital. These speciality beds take some pressure off the rest of the shelters insofar as people receive more intensive medical support and care in these beds.

- In 2006, Claremount House was established, serving 16 chronically homeless people with alcohol addictions.

- In 2007, the third phase of the HOMES program, operated by Good Shepherd, was introduced, adding an additional 56 units of housing and related support services for people who were homeless and living with a mental illness.

- In 2006, the Good Shepherd also opened its Family Centre providing temporary emergency accommodation (80 beds) for families experiencing homelessness.

- In January 2005, the province consolidated five homelessness prevention programs; Provincial Homelessness Initiatives Fund (PHIF), Supports to Daily Living Fund (SDL), Community Partners Program (CPP), Emergency Hostel Redirection (HER) and Off the Streets into Shelter (OSIS). At the same time, the province developed new objectives, goals and performance measures. The objectives of CHPP includes enabling service system managers to consider and support the full range of programming to meet local needs and priorities through clear goals, streamlined administration and flexible funding. It allows the service managers to facilitate the development of a seamless program of support services to connect individuals and families to community resources and assist homeless people or people at risk of becoming homeless, to find and keep stable living arrangements. It recognizes the
need to change the culture and practice of service delivery to one focused on client outcomes, through increased flexibility in program delivery and funding mechanisms and the results-based performance measures. It allows for service system managers and service providers to develop, create innovative new approaches to homelessness prevention programming. Hamilton receives approximately $1,280,000 annually in CHPP funding.

- In May 2007, the City of Hamilton launched the Hostels to Homes Pilot (H2HP), a collaborative effort with existing emergency hostels to reinvest community resources to support chronic hostel residents to move along the housing continuum. Hamilton’s H2HP has the capacity to assist 80 individuals to find safe, affordable housing and to provide them with the supports necessary to sustain that housing.

These changes in the shelter system have taken place over the past several years and have undoubtedly had a significant impact in the community – and will continue to do so. There has been a significant expansion in homelessness prevention and programs aimed at supporting homeless people to maintain transitional or more permanent housing. However, even with these initiatives, the numbers of people using the seven shelters has been fairly consistent over the past three years; the numbers of females using the shelter has increased; about 25% of the people are chronic shelter users staying in the shelter system more than 42 days and the shelters are still operating at about 82% occupancy with peaks throughout the year. So, while some of the measures indicate that rates have gone down (occupancy and usage), one must take into account the injection of new programs and resources so caution must be used when considering this data for future planning and funding of the system.

### Funding the System

At the present time, shelters are funded primarily on a per diem basis. Organizations receive a per diem amount of funding for every night a bed is occupied. Each year, the CMSM sets a budget based on an anticipated usage of the system. Table Five shows the total budgets for shelter programs, the actual expenditures and the difference between these figures.

<table>
<thead>
<tr>
<th>TABLE FIVE: Budget and Actual 2005, 2006 And 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Per Diem</strong></td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Source: CMSM Billing Data
Table Six presents this data broken down for each shelter. Each of the programs received less funding than was actually budgeted for by the city and by the agency. In 2006 the variance between the budget and what was actually billed was $945,888 and in 2007 it was $638,407.


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Shepherd - Men's Centre</td>
<td>40</td>
<td>$495,065</td>
<td>$582,870</td>
<td>$494,348</td>
<td>$88,522</td>
<td>$524,680</td>
<td>$522,503</td>
<td>$2,177</td>
</tr>
<tr>
<td>Mission Services</td>
<td>58</td>
<td>$771,412</td>
<td>$845,160</td>
<td>$771,045</td>
<td>$74,115</td>
<td>$760,790</td>
<td>$690,802</td>
<td>$69,988</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>97</td>
<td>$968,378</td>
<td>$1,359,220</td>
<td>$1,142,305</td>
<td>$216,915</td>
<td>$1,206,760</td>
<td>$1,107,899</td>
<td>$98,862</td>
</tr>
<tr>
<td>Wesley Urban Ministries</td>
<td>65</td>
<td>$776,423</td>
<td>$947,170</td>
<td>$747,518</td>
<td>$199,652</td>
<td>$947,170</td>
<td>$773,215</td>
<td>$173,955</td>
</tr>
<tr>
<td>Good Shepherd - Mary's Place</td>
<td>10</td>
<td>$357,244*</td>
<td>$291,430</td>
<td>$183,733</td>
<td>$107,697</td>
<td>$218,650</td>
<td>$119,665</td>
<td>$98,985</td>
</tr>
<tr>
<td>Good Shepherd - Notre Dame</td>
<td>20</td>
<td>$457,272*</td>
<td>$291,430</td>
<td>$255,793</td>
<td>$35,637</td>
<td>$262,340</td>
<td>$251,215</td>
<td>$11,125</td>
</tr>
<tr>
<td>Good Shepherd - Family Shelter</td>
<td>80</td>
<td>$1,165,750</td>
<td>$942,400</td>
<td>$223,350</td>
<td>$1,165,750</td>
<td>$982,434</td>
<td>$183,316</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>370</td>
<td>$3,011,278</td>
<td>$5,483,030</td>
<td>$4,537,142</td>
<td>$945,888</td>
<td>$5,086,140</td>
<td>$4,447,733</td>
<td>$638,407</td>
</tr>
</tbody>
</table>

Source: CMSM Billing Data
* Budget for 2005 not available

As discussed in the previous section, it is necessary also to consider the related initiative funding available for emergency shelter services. This includes some block program funding and the new CHPP funding that has been made available to address homelessness issues including legacy programs such as OSIS, Housing Help Centre, and some funding that goes to shelters. Table Seven presents a summary of the total shelter and related homelessness funding for 2007. For all related sources of funding in the shelters including the per diems and other community funding, there is a total budget of $6.6 million dollars.

**TABLE SEVEN: All Shelter Resources**

<table>
<thead>
<tr>
<th>TOTAL 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget per diem</td>
</tr>
<tr>
<td>$5,086,140</td>
</tr>
</tbody>
</table>

Source: CMSM Billing Data
The Need for Change

Data provides only part of the picture. It is also extremely important to listen to the voices of the people who know the system and work in it.

To this end, interviews, workshops and focus groups were conducted with the Executive Directors and senior staff from each of the shelters, the Directors of the Housing Help Centre and the Mental Health Outreach Team, as well as the CMSM staff. These provided a rich source of information.

These key stakeholders openly shared their experiences, their thoughts, their concerns and their vision for future of emergency shelter services in Hamilton. They provided a vivid description of the day-to-day workings of shelters and related services. They shared the history and value system that informs their work. They discussed the administrative complexities of operating a shelter and providing care and support to homeless people. They shared their concerns and aspirations for the people they serve, their staff and their organizations.

The shelter organizations readily acknowledged that they are mission-driven and that their programs reflect strong commitments to their organizations’ core values and beliefs. They are proud of the fact that their organizations provided a broad range of much needed community services and that they were able to respond to community needs. They viewed the shelters as the “flagship” or cornerstone of the all the work they undertake in the community.

As proud as they are of their individual organization’s achievements and accomplishments over the years, each organization acknowledged the need for change. They agreed that the time had come to refocus emergency shelter services. They expressed a desire to develop opportunities for shelter service providers to work more closely together to create a true system of emergency shelter services. They also indicated that if this change is to take place, a new funding approach is absolutely essential to help stabilize the system and build the capacity for the future.

The organizations understand that the status quo is not an option. They realize that moving forward with a more integrated approach requires an assessment of the key trends and challenges facing the existing service system.

The key issues and challenges identified by the various shelter organizations are described as follows.

**Service Trends:** The most significant service trend facing the shelters is a decline in occupancy accompanied by an increase in the complexity of problems faced by people using the shelters. Many people who come to the shelters suffer from more than one disorder, typically both a mental health and an addiction issue. Shelter workers and support teams may be able to address some of the behaviours, but very little attention is being paid to the underlying mental health problems. Some
shelters indicated that they are seeing a different population using shelters - young people with no income and very few life skills. Some shelters are seeing a substantial increase in the number of homeless people who are refugees and newcomers to Canada. These shelters have little capacity to address the linguistic and cultural uniqueness of diverse populations. And, as described previously, almost 25% of the shelter users are long-term users who require considerable support if they are to move to more permanent housing arrangements.

Funding and Staffing Issues: By far the most pressing issue facing the shelters is the current model of funding. At present, each shelter is allotted a number of beds and paid a per diem for every night that a bed is occupied. This occupancy-based, per diem model provides very little stability to the shelters insofar as they have fixed costs regardless of the number of individuals that sleep in a bed on any particular evening.

This model inadvertently may provide shelters with an incentive to keep their beds filled and “work the system” to get the maximum allowable per diems. This model is administratively time consuming for both the organization and the funder. Not only does it require a daily count and calculation of the funds payable, but it also means that there can never be any certainty as to how much money each organization will receive. Furthermore, the per diem model does little to foster a cooperative “systems approach” amongst the shelters because in fact they secure their funding for keeping the person in their shelter rather than, perhaps, referring him or her to a more appropriate setting.

Stabilizing funding for the shelters was seen by all as the key priority for creating and maintaining a viable emergency shelter system in Hamilton.

The inadequate wages paid to shelter workers is another key funding issue that the shelter organizations are concerned about. The role the shelter worker plays is becoming even more crucial as the shelters provide care to people with more complex needs and difficult behaviours in a system with ever increasing expectations. The shelter workers’ role is evolving from custodial care model to a more demanding role in which the worker needs to assist in making complex assessments and in supporting people through difficult transitions in the search for more permanent housing.

Directors acknowledge that there are inequities amongst the agencies with regards to pay scales, but they also all agree that the more pressing issue is the strikingly low wage rate for shelter workers as whole. If it is ultimately the goal to stabilize the system, it is critical that appropriate compensation be given to those individuals working directly with homeless individuals.

The increased complexity of problems, the wide variety of needs, and the necessity to quickly assess those needs, combined with a very restrictive funding approach, are putting increased pressure on emergency shelter staff and management.
Working as a System: The organizations acknowledge the unique contribution that each shelter brings to the community. This diversity is viewed as strength of the system. However, there are challenges within the system and there is a need to better understand these differences and the special contribution each organization makes now – and aspires to make in the future. Currently, all the shelters serve three distinct populations:

- Emergency situational – people who require emergency shelter;
- Transitional – people who require some support to enter other programs or be connected to other services and supports; and,
- Chronic – people who use the shelter system on an ongoing basis.

While all organizations indicated that they serve the three types of clients identified above, the organizations also acknowledged that they each have a different service model, focus and expertise.

As the system evolves, it is important that areas of specialization be respected and nurtured. It is not possible for each shelter to be an expert in each area and as, the disincentives to working together are removed or minimized, a more specialized emergency shelter system could be designed to respond effectively and efficiently to the many diverse needs of the homeless population.

There are several specific concerns about the specialization of services that need to be addressed. The first is regarding the lack of emergency shelter resources for people who are intoxicated and /or require a detoxification bed. There was general agreement that there is a need for more “detox” beds in the system, but that there is strong sentiment that such beds should be funded through Ministry of Health programs and not through emergency shelters funding.

The Wesley Centre plays a unique role in the system in this regard as well. Initially, designed as a ‘safe haven’, Wesley provides emergency shelter to individuals who are intoxicated and / or who are exhibiting difficult and disruptive behaviors. Wesley’s physical layout provides for an auditorium setting and mats are brought out each night to provide a place to sleep for those who show up. During the day, the same auditorium is used for the drop-in centre and various other programs.

When looking at reconfiguring the system, one of the challenges facing the community is whether or not the population that is currently served by Wesley could be accommodated in the other shelters. Most of shelters themselves indicated that, at this time, they would be unable to adequately and safely serve many of the people staying at Wesley. Most of the other shelters have rules about sobriety and removal polices that prohibit people who are inebriated from using their services. Furthermore, the dormitory settings are quite isolated and there are not sufficiently staffed to monitor for safety of the inebriated clients or others. In an environment where many of the clients are trying to “dry-out”, an inebriated person would be very disruptive and could be a potential “set back” to other clients.
Although there is concern about the clients sleeping on mats at the Wesley Centre, it was acknowledged that Wesley plays a critical role in serving a segment of the population that cannot be served by others shelters. This population includes men and women who are intoxicated, or refuse to “dry out”, or whose behaviors are so disruptive that they can not be safely cared for in a dorm-room setting because they could be a danger to themselves or others. The Wesley Centre is considering the possibility of providing beds instead of mats and may do this in future, if and when appropriate.

If additional resources for staffing were available, appropriate safety measures put in place and shelters redesigned for easier monitoring, there is the possibility that the other shelters could accommodate some of the people currently being served at Wesley. It was agreed however, that current planning should assume that Wesley will continue to provide this service.

When thinking about the system as a whole, the shelter organizations acknowledged that there are currently different service philosophies, different policies and different expectations among the service providers. This leads to confusion within the system about who does what. Each of the organizations identified numerous opportunities for the shelters to work together more effectively and to link more effectively with the health and social service system. They made the following suggestions:

- Standardize methods of case management;
- Share databases;
- Develop common practices and protocols;
- Create opportunities for common training and education of shelter workers; and,
- Develop system-wide outcomes.

Everyone agreed that there was much room for better linking and coordinating amongst the shelters. They also agreed that there was the opportunity to rethink the emergency shelter system together, as a group, in order to redesign the system in a way that respects the unique contribution that each shelter makes, while developing common approaches to solving problems and meeting the needs of the people they serve. The organizations identified several conditions that would be necessary to make change possible within the system and these include: the implementation of a new funding approach, the resources to address the staff compensation issues, and a strong partnership model amongst the CMSM staff and the emergency shelter services organizations.

Based on these findings, the following section of this Blueprint provides the City, the Province, and the organizations that deliver shelter and related services with a plan to reshape and refocus the emergency shelter system so that it can best and most appropriately meet the needs of those it is meant to serve.
THE BLUEPRINT

The following sections contain the essential specifications for the Blueprint for Emergency Shelter Services in Hamilton. These guidelines are based on the information, insight and deliberations of all those involved in this planning process.

The Vision:
A vision describes the preferred, future state that is better than what currently exists and motivates and inspires people. The vision for emergency shelter services in Hamilton is: Everyone has a right to a home.

The Mission:
Hamilton’s emergency shelter services manager, funders and service providers will work together to create and maintain a viable and sustainable system of emergency shelter services that provides shelter and access to support services, enabling individuals to find more permanent housing.

Guiding Principles:
- Abandon no one
- Ensure dignity and respect
- Do not discriminate

Functions / Components of the Emergency Shelter Services System:
The emergency shelter system includes:
- Support to those doing outreach;
- Basic Shelter – including case management, initial assessment and triage;
- Intensive case management and transitional support;
- Support to help secure more permanent housing; and,
- Emergency shelter services’ coordinating mechanism.

The following table displays the components of the Emergency Services System. Any individual in this community seeking emergency shelter can expect to receive basic shelter at one of the seven shelters. The other supports and services will be available to individuals as they need them. These may be delivered through shelters or by other providers. The specifics of who will deliver what services and where will be determined through the ongoing emergency shelter system planning process. Also depicted, at the bottom of the table, are some essential programs and services that touch upon the emergency shelter system in various ways and must be considered in developing the service-delivery model. These include mental health services, income support programs, police services, and housing referral and information services.
### TABLE EIGHT: The Hamilton Emergency Shelter System

<table>
<thead>
<tr>
<th>Function:</th>
<th>Outreach</th>
<th>Basic Shelter</th>
<th>Intensive Case Management and System Navigation</th>
<th>Support to Maintain Housing</th>
<th>Shelter Integration and Coordination</th>
</tr>
</thead>
</table>
| Description | • Engaging individuals to assist them in receiving health, housing or social services | • Emergency Accommodation  
• Food and basic necessities  
• A safe environment  
• Standardized services:  
  - Welcome and reception  
  - Initial assessment / triage  
  - Basic case management  
  - Information and referral | • Intensive support to assist people to transition to appropriate programs or more permanent housing  
• Support people to navigate the system and minimize barriers that prevent them from finding and accessing more permanent housing | • Support to people leaving the shelter who have found more permanent housing  
• Available for up to 18 months, including after-care / housing support which is delivered in a manner that responds to where clients are at | A committee that meets  
• to ensure that people who need it get the type of intensive case management or support  
• to develop common protocols and data bases  
• monitor client outcomes |
| Who receives service | People on street | Any person seeking emergency shelter at any of the shelters | Identified at triage or during the initial assessment  
Anyone in any shelter for longer than 20 days  
Available to anyone in any of the shelters who needs it | People identified through the shelters and the intensive case managers who are deemed to require additional support to find an maintain permanent housing | Shelter providers and other key agencies the Housing Help Centre, the Mental Health Outreach team and the CMSM |
| Who provides service | Health and social services agencies | The shelters | A specially trained team located in the shelters as required | A specially trained team closely connected to the shelters and the intensive case management team | N/A |
| Funding | Various models and sources | Base budget funded through CMSM on an annual basis for an agreed upon number of units of service / beds at an agreed upon cost | This could be funded in one of several ways: through all shelters or through one lead shelter or through a community program | Could be funded through one lead shelter or a community program | An expectation in the service contract  
Project funding as required |
| Factors contributing to success | System-wide outcomes  
Others | Adequate staff salaries  
System-wide assessment protocol, staff training and understanding of case management and referral  
Common knowledge of community resources | Same as basic shelter  
Positions are system-wide and must be adequately funded  
People have access to this service from any of the shelters | Same as basic shelter and intensive case management | Organizations willingness to participate and commitment to the process |
| Ongoing services and support | | | | | Ontario Works  
Ontario Disability Support Program  
Housing Help Centre  
Mental Health Outreach Team  
Hamilton Police Services  
COAST |
The Size and Shape of the System

Currently, there are 370 emergency shelter beds in seven programs. The occupancy rate is 82%. However, it is the opinion of the service providers that the system as a whole needs to maintain the current capacity in terms of number of available shelter beds. This capacity is required to address the peaks that occur throughout the year, as well as to ensure that the system can respond to a downturn in the economy or other unforeseen situations.

Once the changes proposed in this Blueprint are implemented and the system has the capability to plan and monitor its outcomes, there will be better data to help assess the most appropriate number of beds required. Changes, if required, can be made at that time.

All shelters will continue to serve the three populations that are currently using the shelter system – those people who require shelter on an emergency situation basis; those who require some transitional support; and those who are chronic users. However, based on history and other factors, each of the organizations has evolved to develop somewhat of a specialty focus. Once the barriers to better coordinating and integrating the delivery of emergency shelters services are removed (i.e. new funding model and a system-wide planning approach), the way is paved for further fostering and encouraging the speciality expertise within each of the shelters.

For example, Mission Services could logically become the shelter that focuses on recovery and substance abuse. Salvation Army Booth Centre could develop the resources to be a large, generalist homeless shelter, including the possibility of expansion with 24-hour service. At present the Salvation Army is seeking funding to ensure the long-term sustainability of the 19 discharge beds it currently operates. Good Shepherd could expand its work with health and mental health issues, addressing the emergency shelter needs of people across the life cycle. Wesley could continue to serve the people who have difficulty fitting in to other shelters and could build on its open 24-hour policy by assuming a lead triage role to help people who show up at Wesley during the day but need to connect to the most appropriate shelters or programs in the community.

The following table depicts a future sample allocation of beds and possible specialty areas:

TABLE NINE: Potential Bed and Specialty Allocation

<table>
<thead>
<tr>
<th>Organization</th>
<th>Shelter</th>
<th># of Proposed Future Beds</th>
<th>Population</th>
<th>Proposed Specialty Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Services</td>
<td>Men’s Shelter</td>
<td>38</td>
<td>Males</td>
<td>Recovery and Substance abuse</td>
</tr>
<tr>
<td></td>
<td>Recovery beds</td>
<td>20</td>
<td>Males in Recovery</td>
<td>Discovery House 20 beds</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Booth Centre</td>
<td>78</td>
<td>Males</td>
<td>Primary Care Clinic Discharge beds</td>
</tr>
<tr>
<td></td>
<td>Discharge beds</td>
<td>19</td>
<td>17 Male 2 Female</td>
<td>Discharge (potential to move these with the expansion of other services within Booth Centre)</td>
</tr>
<tr>
<td>Wesley Urban</td>
<td>Wesley</td>
<td>55</td>
<td>Males</td>
<td>Hard-to-serve population, accessible 24-hours,</td>
</tr>
</tbody>
</table>
## The Proposed Funding Model

The redesign of the emergency shelter system is contingent upon a new approach to funding the shelters. The per diem occupancy model is not suitable and provides very little stability to the system. This model inadvertently provides the shelters with a potential disincentive to move individuals as “keeping beds filled” is the only way to be compensated and to ensure organizations are receiving their maximum allowable per diems. This funding model is administratively time-consuming for both the organization and the funder. Furthermore, the per diem model does little to foster a cooperative “systems approach” among the shelters because; in effect they are funded to keep an individual in one of their organization’s beds, as opposed to referring him or her to the most appropriate setting.

It is proposed that each shelter receive base funding to provide a contracted number of basic emergency shelter services that include the following:

- Emergency Accommodation: an agreed-upon number of emergency shelter beds;
- Food and basic necessities;
- Ensuring a safe environment for all; and,
- Standardized services including: welcome and reception, an initial assessment or triage, basic case management as well as information and referral.

Base funding would reflect an organization’s basic operational, staffing and administrative costs. It is anticipated that the CMSM would establish three-year contracts with each of the shelter providers. Budgets will be reviewed and approved annually. Upon the implementation of this model, it will be imperative that initial budget discussions reflect the issue of adequate staff compensation.

Funding for Intensive Case Management and Service to support people to find and maintain more permanent housing will also be provided on an annual budget basis. Depending of the model chosen. These services could be funded as enrichment to a shelter’s base budget or as a separate contract with a designated lead agency. This will be determined through the planning process.
In 2007, there was a total $6,654,043 budgeted for emergency shelters, block funding, OSIS, Housing Help Centre, and CHPP. It is assumed that this amount, at a minimum, will be available in 2008 – although the shelter organizations maintain that significantly more funds are needed to truly serve Hamilton’s homeless population. In any event, it is proposed that a base funding model be adapted for organizations providing shelter services. There is reason to believe that many of the key elements of this model, as well as some of the priority areas identified within the redesigned shelter service system, can be implemented within currently allocated funding.

System Planning and Integration

With a clear vision, a new service delivery framework and a proposed funding model, many of the critical building blocks for a sound emergency shelter system are in place. What is needed is the mortar that holds these blocks together. The firm commitment and the consistency of a unifying systems-oriented group, is essential in order to create a strong and lasting structure.

The next element of the homelessness Blueprint, therefore, involves tapping into expertise and experience of all the various emergency shelter organizations which can provide a powerful mix of guidance and leadership to hold the system together.

A system-wide Emergency Shelter Services Planning and Integration Committee will plan and monitor the shelter services, creating opportunities for the shelters and related services to work together to achieve common goals. In the initial stages, this Committee will take the Blueprint from design through to implementation, developing an annual Emergency Shelter System Plan, setting and monitoring system-wide outcomes, and identifying accountabilities. This Committee will develop the strategies to address human resource inequities in the system and find ways to “raise the bar” of the system as a whole. This Committee will also oversee the development of common protocols and policies, refinement of information systems and data bases, communication mechanisms, and create opportunities for shelter/system staff to work and train together.

The membership will be comprised of the four organizations providing emergency shelter, Housing Help Centre, Mental Health Outreach and CMSM managers. Over time the membership may be expanded to include other service providers and key stakeholders on the community. The Committee will be chaired on a rotating basis by one of its members.

The CMSM will play a lead role in the overall management of the emergency shelter system, directly accountability to the Province for funding and agreed-upon outcomes.

Through service contracts with each shelter provider, the CMSM will indicate the individual service and funding details, as well as the system-wide expectations.
A System’s Charter will be developed to outline the roles and responsibilities of the CMSM and each organization in the emergency shelter services system with each organization expected to sign-on and adopt this Charter.

**Implementation – Assembling the Blueprint**

This Blueprint provides the key specifications for redesigning the emergency shelter system in Hamilton. This plan will be submitted for review and endorsement by the system’s funders, the City of Hamilton and the Ministry of Community and Social Services, as well as the Boards of Directors of each of the four organizations delivering shelter services.

Implementation of some of the elements of the Blueprint is outside the jurisdiction of the shelters and may require significant policy and procedural changes that could take some time for approval. Other elements of the Blueprint are well within the authority and jurisdiction of the services providers and could be implemented with the commitment and goodwill of the organizations. What is required is a detailed Project Implementation Workplan, which addresses each of the key approval processes, resources required, timelines and contingencies.

The following Table provides a Proposed Workplan relating to the critical functions, goals and outcomes and the key activities that are required over the next 12 months in order to bring this Blueprint to life. Activities are identified in terms of what can be accomplished and by whom, in the short-term (less than 90 days), the intermediate (3 – 6 months) and the long term (6 – 12 months).

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This Blueprint was endorsed unanimously by the four organizations that provide shelters. It was also supported by the directors of the Housing Help Centre, the Mental Health Outreach Team and CMSM staff. Now that it has this go-ahead, the shelters are eager to make an early start on construction of the new system.

Putting the system together involves all of the activities identified in the proposed work plan. CMSM staff will discuss this plan with Ministry of Community and Social Services representatives, as soon as possible. At the same time, the shelters and CMSM will immediately begin laying the foundation by working collectively to determine how best to budget and allocate resources to achieve the results specified in the Blueprint.

This plan for emergency shelters takes the bold vision articulated in the City of Hamilton’s Strategic Plan to Address Homelessness to the next stage of development. It reflects the collective wisdom, experience and insight of key
stakeholders, who have collaborated in setting common goals and addressing common issues, in order to lay the groundwork for a sustainable system-wide approach to building the capacity of the emergency shelter system.

The focus of this Blueprint is on city-of Hamilton funded emergency shelters. It is recognized that this is only one component of the overall homelessness strategy. It is, however, an important cornerstone of that strategy and needs to be reinforced. As the emergency shelter system evolves, it will be essential for the shelters to continue to engage the broader community in working together on a broader strategy that will ensure everyone has a home.

In creating the Blueprint, the stakeholders have set practical goals and agreed-upon ways of achieving them. The next steps are well laid-out and the stakeholders are anxious to move forward. With good-will, commitment and enthusiasm on the part of all concerned, the way ahead is clear.
Appendix One

Related Outcomes Related Key Strategies Everyone Has a Home - A Strategic Plan to Address Homelessness_

Entire community is engaged to address homelessness Strategies:

√ The Community Services Department enhances collaboration with community organizations, providing appropriate timelines for planning and consultation and involving affected groups early in program planning.

A continuum of affordable housing that helps residents achieve their Potential:

√ Hamilton City Council advocates with the federal and provincial governments regarding their critical role in funding programs to address homelessness at the municipal level.

√ The Community Services Department and service providers help people move through the housing continuum by targeting interventions to specific groups and more intensively addressing their needs.

√ The Community Services Department and community agencies develop and implement transitional housing for youth, women leaving abuse (second stage), as well as women and men leaving emergency shelter.

Increase supports to help people obtain and maintain housing:

√ The Community Services Department collaborates with social housing providers and private sector landlords on the development and implementation of eviction prevention policies and practices.

√ The Community Services Department and community partners identify people who are staying in emergency shelters for 42 days or more, and provide appropriate supports to help them find and maintain affordable housing.

√ The Community Services Department collaborates with community partners to develop and implement a system of coordinated case management for people in emergency shelters.

√ Public Health Services, other levels of government, and agencies increase availability and accessibility of mental health and addiction services, including harm reduction strategies, outreach and treatment.

√ The Community Services Department collaborates with the Local Health Integration Network (LHIN), healthcare providers and agencies to increase coordination, and access to, healthcare for those with mental and/or physical health issues that could cause them to lose their housing or limit their ability to move along the housing continuum.

Efficient and effective use of community resources:

√ The Community Services Department facilitates discussions with community funders regarding the coordination of funding for homelessness programs.
The Community Services Department works with other funders regarding sustainable funding to maintain key programs.

The Community Services Department and service agencies expand evaluation and monitoring efforts of homelessness programming to ensure that effective programs are funded.
1. PROGRAM DESCRIPTION:

The City of Hamilton provides, through purchase of service agreements, emergency shelter services including safe and secure accommodation, food, personal needs allowance and personal support through a case management process for individuals and families experiencing homelessness.

Providers of emergency shelter services in Hamilton have a long history of being reliable, responsive and responsible partners in serving the needs of homeless people.

2. PURPOSE:

The Hamilton Emergency Shelter Standards were developed to:

- Provide a framework of consistent shelter services for all homeless individuals and families in Hamilton;
- Ensure that these services are delivered to at least a minimum acceptable standard; and,
- Provide a tool to ensure accountability for the purchase of these shelter services by the City of Hamilton.

This document is not meant to dictate shelter policy or operations but rather to provide a clear set of standards for all stakeholders, including clients, and can be a tool to identify areas where policy or service procedures need to be developed.

The Shelter Standards are not intended to be all-inclusive. Therefore, for issues not covered by these standards it is expected that shelter operators will exercise reasonable judgment and / or consult with City staff where necessary.

Any applicable federal, provincial, or municipal laws, by-laws, regulations, codes, orders or directives will supersede the Shelter Standards.

3. GUIDING PRINCIPLES:

The Shelter Standards are grounded in the following principles and values that promote a philosophy for service provision. These principles and values are not
shelter standards, but rather help guide the delivery of shelter services in this community.

**Abandon no one**  
- Residents are capable of moving toward increasing levels of self-reliance and self-determination. Shelter staff will work with residents to assist them in achieving their goals.

- People who are homeless have few resources and the shelter system is often their final option to receive the basic necessities of life: food and shelter. Issuing service restrictions in the shelter system must be done only as a last resort and in the most serious cases.

- People who are homeless like other members of our community may use substances to varying degrees. Everyone is entitled to shelter service whether or not they use substances. As a result, admission, discharge and service restriction policies must not be based on substance use alone, except for those shelters operating on an abstinence basis. To increase the accessibility of the shelter system and to respond to diverse resident needs, a range of service approaches must be available within the shelter system.

- Shelters that include children and youth must provide on-site supports and activities and ensure that the school-related, recreation and treatment needs of resident children are met. Additional services should be provided through referral to community-based services.

- Shelters that include children should offer an opportunity for children and youth with developmental and/or physical disabilities to develop their full potential within an environment where they can interact and socialize with other children.

- All shelters should offer accessible accommodation

**Ensure dignity and respect**  
- The shelter will provide an atmosphere of dignity and respect for all shelter residents, and provide services in a non-judgmental manner.

- Shelter organizations and their staff often have access to detailed and highly sensitive personal information about residents. Protecting the privacy and confidentiality of shelter residents and their personal information is of the utmost importance.

- All people staying in shelters will have access to safe, nutritious and culturally appropriate food.

- The health and safety of residents, volunteers and staff is of the highest importance in each shelter. Training, policies, procedures and regular
maintenance are intended to encourage, improve and maintain the health and safety of all people in the shelter.

- In order to provide effective shelter programs and services, shelter residents must be provided the opportunity to participate in service and program planning and development, program evaluation, and policy development.

**Do not discriminate**
- No homeless person will be refused shelter service based on political or religious beliefs, racial, ethno-cultural background, ability / disability, gender identity and/or sexual orientation. Staff must respect and be sensitive to the diversity of residents. We are committed to anti-discriminatory and anti-racist principles and behaviours throughout the shelter system.

- Shelters will be sensitive to the ethno-specific and linguistic needs of residents.

- Gender identity is self-defined by the client. Sometimes this may not correspond with a person’s physical appearance. Service providers need to accept gender identity as defined by the individual rather than by the perception of staff and/or other residents.

- Communications and displays should be non-racist, non-violent, non-sexist, anti-bias and free of all stereotypes.

**Work together as a system**
- All the emergency shelters in Hamilton funded through the city of Hamilton are committed to work together as a shelter system to plan, monitor and coordinate shelter services.

4. ORGANIZATIONAL OVERVIEW THE EMERGENCY SHELTER SYSTEM:

Based on the Homelessness Blueprint: Emergency Shelter Services June, 2008, a system-wide Emergency Shelter Services Planning and Integration Committee has been put in place to plan and monitor the emergency shelter services, creating opportunities for the shelters and related services to work together to achieve common goals.

- The seven emergency shelters in Hamilton currently operating and funded by City of Hamilton will work together to develop joint policies and procedures over and above these standards, including admission criteria as well as to identify system gaps and develop appropriate ways of sharing information.

- Shelters are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and coordinated services.
Roles and Responsibilities
The Municipal Role: the Ontario Works Act defines the provision of the RCF and Hostels Unit as a discretionary service. The City of Hamilton administers shelter assistance through Subsidy Agreements with community agencies. Funding for emergency shelters is provided through the Ontario Works Act and is cost-shared between the province and municipalities. Municipal funds are approved by Hamilton’s City Council through the annual operating budget process.

The City of Hamilton fulfills the municipal role by:

- entering into contractual arrangements (purchase of service agreements) with community-based agencies and providers to purchase shelter assistance for people who are homeless;
- administering a shelter system through Subsidy Agreements with shelters;
- ensuring that all shelters’ programs meet the Shelter Standards and the contractual obligations as set out in the Subsidy Agreements;
- coordinating and administrating planning;
- will undertake an annual review of the adequacy of the funding and service levels; and,
- contracts will be kept current.

Role of the Shelter Operator: As a primary delivery agent of emergency shelter services, each shelter operator is responsible for ensuring:

- Compliance with the Shelter Standards;
- Availability for Shelter Standards Review by the City of Hamilton; and,
- An understanding of their role as a key stakeholder in the emergency shelter service system in Hamilton.

To this end, the Shelter Operator will:

- Ensure full understanding of the requirements of the Shelter Standards in order to implement them;
- Be available for a scheduled Shelter Standards Review at least once every 12-month period at least for the first three years; this includes having ready all documentation necessary to support compliance and being prepared to arrange interviews/questionnaires for selected staff, volunteers, clients and Board members;
- Be available for partial reviews as requested by the City of Hamilton;
- Ask City of Hamilton to schedule a review if it is deemed an exercise that could be helpful in developing organizational capacity; and,
- Collaborate with other shelter operators in order to strengthen client service delivery as a shelter service system.
Program and Site Review

All shelters must meet the Shelter Standards as part of their Subsidy Agreement with the City of Hamilton. Shelters entering into their first Subsidy Agreement with the City of Hamilton must demonstrate their ability to meet the Shelter Standards or have developed a detailed plan to ensure all standards are met within six months of receiving funding.

RCF and Hostels Unit Management staff are responsible for administering the Subsidy Agreements with shelters and ensuring compliance with Shelter Standards. The role of the RCF and Hostels Unit Management staff is to:

- Administer purchase-of-service contracts;
- Ensure contract compliance;
- Complete site reviews at directly operated and purchase-of-service shelters to evaluate shelter policies, procedures and records to determine if the requirements outlined in the Shelter Standards and the Subsidy Agreement are being met;
- Provide information and assistance to shelters;
- Review and resolve complaints;
- Organize and facilitate inter-agency forums of shelter operators to enhance communication, service co-ordination, and support best practices;
- Be the central point of contact for shelter operators;
- Provide training regarding Shelter Standards to shelter staff and Boards of Directors; and,
- Assist in the development of new shelter programs.

RCF and Hostels Unit Management staff complete site reviews, and the results of the review are discussed in detail with the shelter operator and kept on file. Copies of all site review reports are forwarded to the shelter operator and Board of Directors. Any concerns outlined must be rectified before the Subsidy Agreement is renewed.

Financial Viability

To ensure that organizations with Subsidy Agreements are able to provide stable and continuous care to people who are homeless, the City of Hamilton evaluates financial viability of agencies. Past financial history — as detailed in financial statements, statements of net worth, capital reserve funds, and approved annual operating budgets — form the basis of the financial assessment.
5. STANDARDS OF ORGANIZATION

Organizational Status for Purchase-of-Service / Subsidy Agreement Shelters

A group operating a shelter must be incorporated as a non-profit organization under the laws of Ontario or Canada, and must be registered as a Canadian Charity under the Income Tax Act.

The agency must abide by the Ontario Corporations Act, the Income Tax Act, the Charities Accounting Act, the Charitable Gifts Act and any other applicable legislation, regulations, bylaws and policies.

The agency’s Articles of Incorporation, most recent bylaws, purpose or mission statements and contact information for the Executive Director and Board of Directors must be on file with the RCF and Hostels Unit. Agencies must adhere to the City of Hamilton’s declaration of non-discrimination policy and anti-racism policy.

Governance

Purchase-of-service shelters must be operated by a volunteer Board of Directors or a Governing Council.

The Board of Directors / Governing Council is responsible for:

- Ensuring the mandate, mission, values and strategies of the organization are followed;
- Setting agency priorities;
- Reviewing and approving policies;
- Evaluating services;
- Ensuring that the organization meets funder expectations and contract conditions including compliance with Shelter Standards;
- Reviewing budgets and expenditures;
- Reviewing and approving accounting and reporting procedures; and,
- Selecting and conducting an annual performance review of the Executive Director.

The Board must have a sufficient number of directors with the range of skills required to fulfill this role.

Minutes from the annual general meeting will be sent to The RCF and Hostels Unit as part of the yearly funding submission.
Financial Accountability

On an annual basis, all shelters must provide program and financial information to the RCF and Hostels Unit in a form specified by the City of Hamilton. All annual budget submissions must be submitted, in the specified format, to the City by a date determined by the City of Hamilton. The purchase of service agreements are for four years, consistent with the term of council. Service agreements must be signed by the Authorized Signing authority in compliance with the Agency’s signing authority.

Agencies will invoice the City in accordance with the terms and conditions if the subsidy agreement.

Bookkeeping and financial records will be set up according to current accounting procedures, and an annual audit will be conducted by a qualified independent auditor. All financial records, including resident information for per diem and personal needs allowance payments, must be kept for a minimum of seven years for financial audit purposes.

Random audit checks of shelters will be conducted that will require bed logs to be provided when requested by the RCF and Hostels Unit. Bed logs must be kept for a minimum of seven years for financial audit purposes.

Program Accountability

RCF and Hostels Unit Management Staff conduct site reviews and visit the shelter throughout the year on an as-needed basis. Staff will periodically visit the agency at other times to conduct unannounced checks including random audits. The shelter will provide The RCF and Hostels Unit representatives with reasonable access to the premises and to financial and service records. The purpose of the visits will be to observe the program in action and to verify that the program is functioning in accordance with the conditions of funding. During visits, The RCF and Hostels Unit staff may wish to meet with agency staff, board / committee members, volunteers and shelter residents.

The City, in its role as funder, requires Service Providers to collect identifying information. Service Providers submit identifying information to the City for the sole purpose of monthly billing in order to determine adequate and appropriate funding to the Service Provider. This data is collected and submitted with written permission of residents.

The City, in its homelessness planning role, requires that Service Providers collect non-identifying information through HIFIS and export this data to the HIFIS Community Coordinator. Data that is required to be collected is contained in the City of Hamilton Standard Data Set.
Confidentiality of information sent to the City by the service providers is protected under MFIPPA.

An operational review of a shelter may be undertaken if, at any time, the RCF and Hostels Unit staff are concerned that an agency is not meeting its contractual obligations, including following the Shelter Standards.

Shelters will not introduce any ancillary services that detract or interfere with the effective delivery of their shelter program, and if in doubt, should discuss such plans in advance with City staff.

The shelter, board and/or management are responsible for ensuring that staff performance and accountability are properly monitored and evaluated. The agency must have a system of staff supervision and regularly scheduled performance evaluations.

All shelters must have a system in place for recording unusual incidents. The recording of the incident should include identifying any residents and staff who were involved in or witnessed the incident in the event of a criminal investigation.

Any incidents of a serious nature must be reported immediately to the City of Hamilton. An incident report must be completed within 24 hours of all serious occurrences involving fire, death, severe assault/accidental injuries and/or attempted suicides requiring medical assistance, and occurrences involving a firearm. One copy of the incident report must be forwarded within 24 hours to the City of Hamilton.

**System Accountability**

The emergency shelters funded through the City of Hamilton and the City of Hamilton staff will work together through the Emergency Shelter Services Planning and Integration Committee to plan, monitor and coordinate shelter services.

- A Memorandum of Understanding will be developed among the shelter service providers and the City of Hamilton outlining the roles and responsibilities and the commitments of each of the partners to work together.
- Shelters will work together to develop joint protocols and procedures, to develop and assess outcomes and to coordinate and integrate service delivery.

**Conflict of Interest**

Conflict of Interest for the purposes of this document is defined as: A situation in which an individual uses or is perceived to use information, influence and/or resources of an organization primarily for personal benefit, benefit to one’s
family, or insurance against personal loss, or for that of related organizations to which they belong, without prior disclosure of affiliation.

In cases of conflict of interest, the individual must declare the conflict through the appropriate channels. The Board of Directors will need to be aware of situations where there is an appearance of conflict of interest, take action and seek out advice where appropriate.

The following are examples of activities that may place agency and/or volunteers in positions of conflict of interest:

- A member of the Board of Directors filling a regular salaried staff position or contract position without first resigning their position on the board;
- A member of the Board of Directors receiving an honorarium from the agency for providing services to the agency;
- A staff, director or volunteer interviewing a relative for employment with the same agency;
- A staff or board member renting property they own to residents; and,
- A staff or board member employing a resident in another context outside the agency.

6. ACCESS TO SHELTER

Admission and Discharge

Admission and discharge records for all residents must be maintained in HIFIS by all shelter operators showing name, date of birth, reason for service, date of admission and discharge, and reason for discharge.

Shelters must be able to admit new residents at all times during their hours of operation, provided that the applicant is eligible for service and space is available.

The shelter must have clearly written criteria, policies and procedures for admission. A copy of admission and discharge policies must be on file with the City of Hamilton and re-submitted if revised.

Shelter rules and resident rights and responsibilities must be explained to all residents at admission or as soon as reasonably possible.

Resident occupancy must be maintained in the HIFIS database at each shelter and contain the name of resident, date of birth, assigned room and bed number, time in (if after curfew), overnight or late pass and discharge information.

When a shelter is unable to admit a person who is homeless, for whatever reason, it must provide a referral to another shelter or appropriate facility. The
shelter must provide a referral, confirm the bed is available and provide transportation assistance if required.

Shelters must maintain records of all admissions. All requests for admission should include as much information as available, including where it is possible, person’s name, reason for non-admittance, and to where the person was referred. The turn away list report from HIFIS must be submitted monthly to the City with the billing invoice.

Residents should be discharged from a shelter with a plan in place. A comprehensive case plan should be developed within 20 days of admission. Length of stay is based on individual circumstances and determined on a case-by-case basis by the shelter.

In cases where it is necessary to transfer a resident to another shelter, shelters should work co-operatively whenever possible. When a shelter cannot accommodate a resident a referral to another shelter must be made. Referral agreements with shelters that can accommodate people using substances will be established.

Exceptional circumstances where residents may be discharged without a plan in place include but are not limited to assault of staff or residents, other violent behaviour, possession of weapons, trafficking in illegal drugs, or serious behaviours that compromise the health and safety of other residents and / or staff.

Shelters may exceed their capacity for a limited period of time, and this is to be reported to the RCF and Hostels Unit, in cases of Extreme Cold Weather Alerts or unforeseen emergencies.

During Extreme Cold Weather or Heat Alerts, it is necessary that all shelters relax service restrictions, admission eligibility criteria and extend daytime access hours wherever possible in order to minimize risk factors to homeless persons.

**Bed Registration for Incoming and Registered Residents**

The following standards regarding bed registration are only applicable to single adult and youth emergency shelters. Transitional and family shelters are exempted from these standards. Specialized programs such as harm reduction programs may be exempted with approval from Hostel Services.

In the single adult and youth emergency shelter system, beds reserved for incoming residents should be held at the discretion of the provider and approved by the City.

In the single adult and youth emergency shelter system, beds must not be held after curfew unless the resident has made prior arrangements with staff and
received permission to be late due to work, cultural, religious, or family obligations.

In situations where the resident who has not returned by curfew requires special accommodation due to health, mental health or addiction issues, shelters may hold the bed until the following morning to see if the person will return. However, in the event the shelter receives a request for a bed that they are unable to accommodate or refer to another shelter, it is expected that they will admit the person for one night only in the held bed or on an emergency cot. The following day, the shelter must refer the new resident to another shelter if the other resident has returned and they can not accommodate them within their own shelter.

**Occupied Bed**

The time a shelter determines their final bed count must be consistent with their HIFIS intake cut off. The final count must be conducted at this set time every night. The final bed count must fall between the hours of 2:00 a.m. and 6:00 a.m. For shelters that are unable to perform physical bed counts during these hours it is expected that shelters will develop a tracking system to determine who is in the shelter during the final count.

The final bed count must be recorded on the billing statement / invoice in a format approved by the City of Hamilton and be consistent with bed occupancy information submitted for payment.

An occupied bed is defined as *a bed that is physically occupied by a resident when the resident count is taken. This will include residents who are temporarily out of their beds, but present elsewhere in the shelter during the time of the count, and residents on a documented and approved overnight pass/leave with permission that is based on their case plan or due to an unforeseen emergency.*

**Overnight Passes and Leaves with Permission**

In order to ensure people needing shelter have access to it, overnight passes for people staying in the shelter system must only be used in exceptional and limited circumstances. Granting overnight passes or leaves with permission should be based on the resident’s case plan and support the goal of improving their housing situation (for example, overnight visits to family to support the goal of family reunification). Emergency overnights may also be granted on a case-by-case basis (for example, medical emergencies, funerals, etc.) and reported to the City.

**Substance Use**

With the exception of abstinence-based shelters, admission and discharge decisions cannot be based upon substance use alone, but should be based on
behaviour. Shelter operators must be open about their admission and discharge policies, to ensure residents and other service providers understand the basis on which people may be allowed or denied access to a shelter if they are under the influence of a substance.

Shelters operating on an abstinence model must identify how abstinence is defined within their program, and have City approval to operate an abstinence-based facility. When a shelter cannot accommodate a resident under the influence of a substance, a referral to another shelter must be made. Referral agreements with shelters that can accommodate people using substances will be established and will include the following elements:

- a list of shelters with which referral agreements are in place;
- a process for contacting the receiving shelter to ensure the resident can be accommodated;
- a process for providing support to the resident to help them reach their destination; and,
- a process for follow-up with the receiving shelter to ensure the resident has arrived.

The ability to manage residents who are substance using is predicated on a number of variables including level of staff coverage, skill level of staff and physical plant issues

### Service Restrictions

All shelters must have a policy regarding service restrictions, and a copy of this policy must be on file with the RCF and Hostels Unit and re-submitted if revised. Policies must clearly outline the reasons for service restrictions and the internal shelter process to appeal, review and lift restrictions regularly.

Residents will be made aware of the service restriction policy upon admission or as soon as reasonably possible. The service restriction policy must be posted in an area accessible to residents.

All service restrictions issued by shelters must be authorized by the designated manager.

Shelter staff must inform the resident the reason for the service restriction, the date it will be reviewed with the resident and the date the service restriction will be lifted. Shelter staff must ensure that the resident has an alternate place of shelter. Referral to another shelter will occur only with the residents’ informed consent.

Shelters must maintain records of all service restrictions. Records must include name of resident, date the service restriction is issued, reason for service restriction, date the service restriction is to be reviewed with the resident, date
the service restriction will be lifted, shelter or other destination to which the resident was referred, signature of staff who issued the service restriction, and signature of senior staff who approved the service restriction.

Long-term service restrictions (over a period of six months) will only be issued in the most serious cases that compromise the safety and security of shelter staff and residents. The RCF and Hostels Unit will be notified of any long-term service restrictions.

All shelters must submit the Service Restriction List report from HIFIS to identify service restrictions on a monthly basis to the City of Hamilton. This information will be used for planning purposes, to identify gaps in the system and specific clients who may need special assistance and/or referral to other programs.

**Meeting the Needs of Transgendered / Transsexual/ Two-spirited Residents**

It is expected that all shelters be accessible to the transgendered / transsexual / two-spirited (TS/TG/2-S) residents in their self-defined gender, and that shelters will work toward improving access to this group. Shelters will support the choices of TG/TS/2-S residents to gain access to services in the gender they identify which will best preserve their safety.

As a first step, shelters will be required to identify how they respond to people who are TS/TG/2-S seeking shelter service, so that the RCF and Hostels Unit and people who are TS/TG/2-S are aware of which shelters can meet their needs.

Shelters will be required to develop a process detailing how they will ensure accessibility to the TG/TS/2-S community that will be reviewed by Hostel Services. The process to ensure accessibility may include reviewing current shelter policies relating to access, developing new policies specific to this group, completing staff training, designating beds, etc., and must be conducted in consultation with the TG/TS/2-S communities.

For shelters that are not yet able to accommodate TG/TS/2-S residents, referrals to programs and services that are able to meet their needs, in their identified gender, must be completed.

Shelters are encouraged to organize staff training regarding TG/TS/2-S, which is facilitated by these communities. Shelters will ensure that training related to providing safer, effective services to TG/TS/2S individuals will be incorporated into new staff orientation and on-going professional development training plans. Such orientation and training will be developed in consultation with TG/TS/2S communities.
7. RESIDENT RIGHTS AND RESPONSIBILITIES:

The shelter system will adopt a written policy concerning system rights and responsibilities of residents to which some additions can be made by individual shelters. The policies must be posted in a common area of the shelter and be communicated to residents through various ways such as intake, admission and resident meetings. At a minimum, the rights and responsibilities of residents should include the following:

Residents have the right to:

1. Expect that the standards outlined in this document will be followed;
2. Be treated in a non-judgemental and respectful way;
3. Be free from discrimination and harassment;
4. Have a fair access to a clear and consistent complaint and appeal process without fear of punishment and / or have access to a clear and consistent complaint process that includes the right to support from an outside advocate;
5. Receive safe, adequate, culturally appropriate and nutritious food;
6. Provide input and feedback into shelter programs and policies;
7. Be involved in decisions that affect them;
8. Identify reasonable goals and receive support from staff to achieve them;
9. Be given information about services and resources in order to make informed decisions;
10. Have forms and requests for information explained with the assistance of an interpreter as possible;
11. Have personal information treated confidentially; and,
12. Contact the RCF and Hostels Unit case manager for information, concerns or to lodge a complaint.

Residents are responsible to:

1. To abstain from any form of physical, verbal or emotional violence;
2. Follow the rules of the shelter;
3. Treat shelter staff and other shelter residents with respect;
4. Respect the private property and belongings of other shelter residents;
5. Respect the private property and belongings of the shelter; and,
6. Work with staff to improve their housing situation within their capacity.

Resident Input

Resident input will be sought, where possible, through exit interviews, discharge surveys, one-on-one interviews, resident surveys, resident focus groups and / or residents’ meetings.
Shelters will assist the City of Hamilton in its implementation of any system-wide survey of shelter residents.

**Complaints and Appeals**

The shelter will respond professionally and appropriately to all complaints from residents, neighbours and resident advocates, and will co-operate with the RCF and Hostels Unit in its review of any such complaints, including allowing the RCF and Hostels Unit Management on the premises to conduct an unannounced site visit or interview with staff and/or residents.

Each shelter must have an internal process for resolving complaints, and must inform residents of this process. All shelters will post their complaint process; keep a written record of formal complaints; and a written record of the resolution.

Complaints are a valuable source of information from shelter residents. The agency and/or Board of Directors should collect, evaluate and analyze all complaints so that patterns can be noted and adjustments can be made.

Individuals who wish to make a complaint to the funder will be given the number of the Hostels Unit.

**Provision of Essential Services**

Each resident will be offered a bed with a mattress, pillow and necessary bedding. The use of mats or cots will be used in exceptional circumstances only and in the case of Wesley Centre which provides temporary refuge must be approved in advance by the Manager of the RCF and Hostels Unit including minimum size requirements and thickness. Each resident will still be provided a pillow and bedding.

It is important to provide a minimum amount of space per person in the sleeping area, to decrease the potential spread of illness, to enhance personal security and to decrease altercations resulting from a lack of personal space.

To assist residents in meeting their hygiene and sanitary needs, each shelter must provide a minimum of:

- one toilet for every 15 residents up to the first 100 residents, and one toilet for every 30 residents thereafter (urinals may replace up to half the number of required toilets);
- one washbasin for every 15 residents (with liquid soap and paper towels); and,
- one shower for every 20 residents.
Clean bedding consisting of a minimum of two sheets, a blanket and pillow case and a minimum of one shower towel will be provided to each new resident upon admission and will be changed weekly or whenever these articles become soiled.

If laundry facilities are available, shelters may require residents to launder their own bedding and towels as long as instructions on how to use the laundry facilities safely are provided. Shelters may provide laundry soap or require residents with an income source to purchase these supplies themselves.

Shelters will help residents obtain basic clothing and footwear for all seasons by using internal resources and/or connecting residents with other community agencies and resources.

Residents will be assisted in obtaining items needed to maintain basic hygiene and grooming. Shelters must, at a minimum, have a supply of soap, shampoo, shaving products, and feminine hygiene products for emergency use by residents. Shelters may continue to provide these products throughout a resident’s stay or, if residents have an income source, may require residents to purchase these supplies themselves.

Residents will be provided with the public transit fare needed to attend school, employment, treatment, or housing searches, as provided through Ontario Works.

Counselling Supports

All shelters must provide the following basic assistance and support to residents in the following areas:

- Assistance and referral to obtain appropriate housing;
- Assistance in obtaining financial benefits if eligible;
- Referrals to appropriate services or resources;
- Assistance to obtain clothing and transportation; and,
- Basic case management, which includes:
  - Assessment – an evaluation detailing the residents’ service needs and resources to meet the service needs, current and potential strengths and areas to work on.
  - Planning – developing a case plan in collaboration with each resident containing goals and timelines.
  - Referrals – information regarding the process of referring residents to all necessary internal and external services.
- Monitoring – the continuous evaluation of the case plan with the resident to monitor progress, reassess goals and priorities, and identify new goals as appropriate.

- Advocacy – interceding appropriately on behalf of a resident or group of residents to ensure access to needed services or resources.

- Collaboration (linked to intensive) – developing partnerships with relevant community-based and/or government agencies to co-ordinate and provide services to shelter residents.

In instances where residents have an income (e.g., employment income, Ontario Disability Support Program, Old Age Security, Canada Pension Plan or other income support programs), staff should assist residents to develop a financial plan that will support them in their future housing goals. Shelter residents are not eligible to receive Ontario Works while residing in a shelter. Shelters are encouraged to refer residents without identification to the appropriate agencies to obtain it. In cases where residents leave the shelter and their whereabouts are unknown, identification should be safeguarded whenever possible.

**Intensive Case Management and Follow-up**

A system-wide intensive case management and follow-up will be developed to provide support and assistance directly, or through referrals to agencies, to residents who are chronic users of the shelter system.

**Daytime Access**

Daytime access provision must be in place for shelter residents.

**Services to Children (Family Centre ONLY)**

There should be a variety of age-appropriate play experiences for children and youth available within the shelter or off-site.

Play materials must be safe, in good condition and complete. Play materials should be bias-free, non-violent, developmentally appropriate, and represent ethno-racial and cultural diversity.

All toys and equipment must be washable and large enough to prevent swallowing or choking. Toy washing schedules must be in place and followed.

Schedules should include, at a minimum that infant toys are washed as used, toddler toys are washed weekly, and toys for older children are washed as required.
Program plans and/or outlines of planned activities must be posted or provided to parents.

Excursions and/or field trips must be safe, fun and age-appropriate. Shelters must have a lost child policy in the event a child goes missing.

All displays in children and youth activity areas should be non-racist, non-violent, non-sexist, anti-bias and free of all stereotypes.

The shelter should actively seek involvement of support agencies through partnership development to provide direct, on-site support or by providing information on community resources to parents.

Parental involvement should be encouraged through direct participation in children and youth programs and/or by providing access to resources outside of program hours.

Shelters serving youth (ages 13 to 18) should provide recreational, educational and social activities on-site or off-site, and which are separate from children’s programs or activities.

Children must be registered in school during their stay at the shelter. Children residing in shelters often attend the local school, but parents may elect for the child to continue attending their previous school assuming that transportation resources are available.

Shelters will support and encourage parents to use non-violent ways of disciplining their children.

Shelters must have a policy outlining the requirements for residents or others to baby-sit children residing in the shelter, including the maximum number of children a resident may be responsible for at any one time.

Duty to Report Suspected Cases of Child Abuse and Neglect.

All shelters and staff are obligated to report any suspected cases of child abuse or neglect, and to follow the legislative requirements of the Child and Family Services Act.

All shelters and staff will work in compliance with the legislative requirements of the Child and Family Services Act while maintaining their role as advocate/support for the service user.
Confidentiality and Sharing of Resident Information

Each shelter must have a written policy concerning the collection, use and disclosure of resident information. System wide policies and procedures must also be developed.

Written policies concerning confidentiality should include the following: *Shelters must not disclose personal information about a shelter resident without a signed consent from the resident.*

Exceptions to this practice include:
- when refusing or neglecting to provide information could endanger the safety of another individual or group of individuals;
- disclosure of resident information by staff is required under the *Child and Family Services Act*; and,
- disclosure is required as per a court order or subpoena.

Sharing of resident information with other providers to which the resident may be referred is necessary to ensure effective provision of services, continuity of care and efficient use of resources. The importance of sharing information with relevant providers will be explained to the resident and only disclosed with signed resident consent.

Consent to Release Personal Information forms should include the following information:
- date of disclosure;
- resident name;
- name of the shelter and contact person that is disclosing the information;
- type of information to be disclosed; and,
- name of the shelter and contact person the information is being disclosed to.

Resident Information and Resident Files

Files containing resident information must be kept in a secure location and locked to maintain confidentiality.

Shelters must have written policies concerning the privacy, security and confidentiality of resident information maintained in electronic format (e.g., password protected, use of mobile devices, remote access, etc.).

Removing case files from the shelter premises for business-related purposes is not encouraged due to the potential breach of privacy and security of resident information. In exceptional cases, when shelters are required to take case files
off-site, written policies and guidelines must be in place to ensure the security, privacy and confidentiality of resident information.

Agencies must have policies regarding resident access to personal information and records. Policies should include:

- a process for residents to request informal review of their records;
- access to and/or copies of their case files; and,
- a process for residents who have been denied informal access to their case files, for formal requests under the Municipal Freedom of Information and Protection of Privacy Act.

**Staff Code of Conduct**

Shelters must have a staff code of conduct outlining professional behaviour for shelter staff. At a minimum, a staff code of conduct should include the following:

**Staff will:**

1. Maintain the best interests of the resident as their primary goal.
2. Acknowledge the power inherent in their position and strive to minimize the impact of the power differential.
3. Be respectful of residents, fellow employees, and any other person with whom they come in contact during the course of their duties.
4. Carry out professional duties and obligations with integrity, objectivity and equity.
5. Ensure residents have the necessary information to make informed decisions.
6. Acknowledge that the work-site is someone else’s home, and be mindful of their presence especially in communal and sleeping areas.
7. Be accountable for all interactions with residents, community members and staff.
8. Acknowledge when they are in a situation they are not skilled or comfortable to handle, and seek support from colleagues and supervisors.
9. Follow their agency policies and procedures around staff behaviour and conduct.

**Staff will not:**

1. Discriminate against any person on the basis of race, ethnic/cultural background, gender, sexual orientation, age, (dis)ability, religious belief, socio-economic status, etc.
2. Use abusive, discriminatory language.
3. Impose personal beliefs / standards on residents.
4. Exploit their relationship with a resident for personal benefit, gain or gratification.
5. Become involved in a resident’s personal life beyond their professional function.
6. Have personal relations with current or previous residents as outlined in the shelter’s policies of conduct.
7. Accept gifts or services from current or previous residents.

8. FOOD SAFETY AND NUTRITION STANDARDS

Adult residents must be served three meals and at least one healthy snack per day. Children under the age of 16 must be served three meals and two to three healthy snacks per day. A meal is comprised of food from at least three food groups. A snack is comprised of at least two food groups, with an emphasis on fruit and vegetable and grain products.

Meals must be of a size, quality, variety and nutritional value to meet the recommended daily intake based on Canada’s Food Guide.

Residents who are known to be undernourished or underweight should be formally encouraged and supported in seeking medical assessment, and if medically indicated, should be offered additional food portions and/or a high-protein or high-calorie drink or bar over and above regular meals.

A bag/box lunch may be substituted for a regular meal or a missed meal to be offered to residents who routinely are absent during a meal period to attend school, treatment or employment, or other activities as approved by shelter staff. In addition, food should be made available to residents being admitted after regular meal times.

For pregnant or breastfeeding women, shelters will ensure that additional food portions and/or a high-protein or high-calorie drink or bar are available. For women who are not breastfeeding, shelters will ensure that baby formula and the proper preparation equipment and safe storage space are provided.

Where residents are not provided funds to purchase food, baby food should be made available to families with infants. In shelters where funds are provided, an emergency supply of baby food and formula should still be available.

A poster stating shelters cannot guarantee allergen-free food (e.g., peanuts, nuts, eggs and shellfish) should be posted in the dining area.

Shelters that are serving food with potential allergens such as peanuts, nuts and shellfish should attempt to alert residents.

Residents who do not eat meat will have access to protein-based vegetarian options (for example, beans or soy-based products).

Food preparation will, as much as possible, reflect the cultural diversity of the shelter residents. Every attempt should be made to mark special cultural holidays...
and traditional occasions with special meals. Shelters will post the daily menu in a visible location for residents whenever possible.

Shelters providing meals to residents should ensure that a mechanism is available to allow residents to provide input and feedback (for example, residents meetings, surveys, etc.).

Shelters that do not prepare meals must provide residents with funds to purchase food. Shelters that do not prepare meals must ensure that adequate facilities are available for residents to safely store, prepare and eat their own meals.

Shelters where residents are involved in meal preparation must encourage the highest possible levels of hygiene in the food preparation and food storage areas. This includes posting hand-washing signs, cleaning refrigerators regularly, etc.

Shelters with 10 or more residents are considered to be a “food premises” under the Food Premises Regulations and will be regularly inspected by Hamilton Public Health.

Each shelter must have at least one current staff member who is working in food preparation with a certificate from the Food Handlers program.

All food in shelters must be prepared, handled and stored in a sanitary manner to prevent the spread of food-borne illness, as per the Public Health/Food Premises Regulations.

Donated food accepted by shelters must be safe, of good quality and come from an inspected source. Food must be received in containers with tight-fitting lids or other suitable method to protect it from contamination or adulteration.

A copy of Canada’s Food Guide will be posted in the dining room of each shelter. A copy of the Shelter Standards Food Safety and Nutrition section will be posted in the dining room of each shelter.

Within the first 10 days of the start of employment, all food preparation staff will be provided with information/orientation on the following topics:

- Food Safety Guidelines for Shelters;
- Canada’s Guideline for Health Eating; and,
- Food Premises Regulations.
9. HEALTH AND SAFETY STANDARDS

Health Standards

At least one staff person certified in First Aid and Cardiopulmonary Resuscitation (CPR) must be on duty at all times in the shelter. In accordance with Regulation 1101 under the Workplace Safety and Insurance Act, 1997, an approved first aid kit must be available in each shelter and a portable kit must be taken on outings.

Shelter staff can and should encourage a resident to seek medical treatment if it appears that the resident is ill. Staff can facilitate treatment by referring residents to community medical resources. Staff cannot require residents to seek medical treatment against their will; however, staff can involve health professionals who may be able to intervene if there is a situation of imminent risk/public health concern and may not be accommodated within a shelter.

Shelters must provide access to bathing (and where possible, laundry) facilities to promote and assist with resident hygiene. Soap, shampoo, razors and feminine hygiene products should be provided in emergency circumstances and/or to residents with no income.

It is also recommended that all shelter staff with negative TB skin tests be re-tested by their own physician on an annual basis to ensure continued negative status. If positive, shelter staff will be reported to and followed by Public Health as per communicable disease legislation.

Within 10 days of the start of employment, all staff will be provided with information/orientation on the following topics:

- prevention of transmission of infection within the shelter through use of routine practices and additional precautions (formerly known as universal health precautions) such as hand-washing, personal hygiene, housekeeping practices, food safety and use of personal protective equipment;
- information on specific diseases such as TB, HIV, hepatitis B and C, and in the case of shelters with children, childhood diseases;
- procedure for dealing with occupational exposure to blood or bloody body fluids;
- information on shelter response to individual cases or outbreaks of infectious disease; and,
- information on community health care resources such as Hamilton Public Health contact numbers.

Educational updates on the above topics will be provided as often as necessary to reinforce safe work practices.
Written policies and procedures will be developed in consultation with Public Health for preventing, handling and reporting communicable diseases and pandemic planning.

Shelters must have a contract with a licensed pest control operator, and have a scheduled inspection and treatment plan.

Garbage must be stored in impervious containers with tight-fitting lids that discourage insect or rodent infestation. Garbage must be removed often enough to prevent noxious odours or unsanitary conditions. Receptacles must be cleaned regularly.

Disposable diapers are recommended for use in shelters. Cloth diapers may be introduced if adequate laundry facilities and control procedures are in place.

Diaper change areas must be cleaned regularly and located near a washbasin supplied with soap, disinfectant and paper towels.

**Safety Standards**

When the shelter is open, staff must be on duty. When on duty, all staff must be alert and attentive to the activities at the shelter. Sleeping when on duty is prohibited.

Shelters must make every reasonable effort to maintain the safety and security of residents within the facility. Entrances to the shelter must be secured against unwanted entry. Emergency exits must be equipped with an alarm to alert staff of unauthorized comings and goings.

All shelters must designate an evacuation site. Evacuation plans, which all staff are familiar with, must be in place and explained to each resident upon admission or as soon after as possible. Diagrams of the evacuation plans must be posted in plain sight on the walls and/or doors of all sleeping and communal areas.

Shelters must ensure that no environmental hazards such as chemicals and cleaning compounds are present. Hazardous materials and objects must be inaccessible to residents. People using the hazardous materials must be educated on the hazards associated with the products used, and the safe handling, storage and disposal protocol for the products.

Children may enter kitchen and laundry areas only when accompanied by an adult.

Mattresses must be covered with a flame-retardant and moisture-retardant material. Window coverings, upholstered furniture and any carpeting must be composed of materials that are flame-resistant and retardant.
Cribs, highchairs and playpens for infants must conform to specifications approved by the Canadian Standards Association (CSA) or other government agency. Cribs must be provided for all children less than two years of age (see Appendix L).

Shelters must have a maintenance plan that clearly specifies the manner in which cleaning, preventive maintenance, emergency repairs, routine upkeep, and long-term replacements are to be done.

Shelters must comply with all fire regulations.

**Resident Medication**

Support - Shelters may determine that they do not provide assistance with medication and residents are fully responsible for taking their own medication.

Shelters must have policies regarding resident medication and its storage.

Policies should include the following:

Storage - For the protection of all residents, medication must be kept in a secure location such as a cabinet in an office, or locker or drawer in a resident’s room, and must be locked at all times.

Documentation - Shelters that document medication should maintain a consistent method of documenting medication. Medication information should be recorded in a medication logbook detailing the date, name of the resident, the time the medication was taken and the staff person.

Shelters that do choose to provide some assistance with medication should always encourage residents to self-administer. Residents may be able to self-administer or may require some support from shelter staff, such as prompts, reminders, help to open containers, etc.

Staff should consult with a nurse, psychiatrist, physician or pharmacist in any situations where they are concerned about the safety of a resident taking medication.

**Weapons**

To ensure the safety and security of all residents and staff, prohibited weapons, illegal substances and/or contraband (for example a firearm, illegal drugs, etc.) are not allowed in the shelter or on the shelter property.

Prohibited weapons as defined by the Criminal Code section 84 (1) are illegal and can be seized by police. Prohibited weapons, illegal substances and/or
contraband will be confiscated and may be turned over to the Hamilton Police Service for disposal.

Objects deemed potentially dangerous to residents or staff (for example, a penknife) must be turned over to staff for safekeeping and will be returned upon discharge.

Staff may ask residents to show what they are bringing into the shelter. Staff may refuse admission if residents or applicants will not show what they are bringing into the shelter.

If staff have reason to suspect that a resident has a prohibited weapon, illegal substances, contraband, and/or potentially dangerous object(s) in their possession, staff may contact the Hamilton Police Service for assistance and/or advice.

The securing and/or disposal of prohibited weapons, illegal substances and/or contraband should be done in consultation with the Hamilton Police Service.

10. STAFF TRAINING

Full-time, part-time and relief/casual staff members must receive training in the areas described below. Documentation must be maintained on-site regarding employees' training. The Homelessness Services Planning Group will assess comparable training, and staff may be exempted from particular courses. Shelter operators are encouraged to hire part-time, casual and relief staff who have completed some of the mandatory training courses. Timelines for training part-time, casual and relief staff may be extended in consultation with Hostel Services.

Mandatory Training for Shelter Staff:

- Information and Orientation, outlined in Health Standards within 10 days of employment;
- Shelter Standards, within the first three months of employment;
- Crisis Prevention, and/or Verbal De-escalation training within the first six months of employment;
- Valid Standard First Aid and CPR, within the first year of employment (see Safety Standards for minimum requirements regarding staff on duty certified in First Aid and CPR);
- Workplace Hazardous Materials Information System (WHMIS), within the first year of employment;
- Anti-racism/Anti-oppression, within the first year of employment; and,
- Case Management, within the first three months of employment for staff providing counselling or case management supports.
Mandatory Training for Staff Working with Children in Family Shelters or Children’s Programming:

- Information and Orientation outlined in Health Standards, within 10 days of employment;
- Shelter Standards, within the first three months of employment;
- Crisis Prevention and/or Verbal De-escalation training within the first six months of employment;
- Child Safety, Injury Prevention, First Aid and CPR Program, within the first year of employment (see Safety Standards for minimum requirement (regarding staff on duty certified in First Aid and CPR);
- Workplace Hazardous Materials Information System, within the first year of employment;
- Anti-racism/Anti-oppression, within the first year of employment;
- Duty to Report, within the first three months of employment; and,
- Behaviour Management, within the first six months of employment.

Mandatory Training for Staff Supervising or Directly Involved with Food Preparation:

- Information and Orientation as outlined in the Health Standards, within 10 days of employment;
- Information and Orientation as outlined in the Food Safety and Nutrition Standards within 10 days of employment;
- Food Handlers Certification Course, within the first three months of employment; and,
- Nutrition through the Life Cycle and Nutrition for Persons with Diverse Dietary Needs, within the first six months of employment.

Mandatory Training for Supervisory and/or Management Staff:

- Shelter Standards, within the first three months of employment;
- Supervisory Skills, within the first six months of employment; and,
- Anti-racism/Anti-oppression, within the first year of employment.

Recommended Training for Staff Working in the Single Adult, and Youth Shelter Systems:

- Substance Use - including avoiding needle stick injuries, responding to overdose and what to expect from different drugs;
- Harm Reduction Strategies;
- Mental Health;
- Meeting the Needs of GLBQT2-S residents;
- Meeting the needs of newcomers and ethno-racial and culturally diverse residents;
- Nutrition through the Life Cycle;
• Documentation; and,
• Self Care.

Child Welfare – should be available for youth, women and family shelter staff.

Additional recommended training for Staff Working in the Family Shelter System:

• Working with Families in Shelters;
• Working with Abused Women and Children;
• Nutrition through the Life Cycle;
• Documentation; and,
• Self Care.

Recommended Training for Supervisory and/or Management Staff:

• Managing in a Unionized Environment (if applicable);
• Crisis Prevention, and/or Verbal De-escalation training; and,
• Case Management for Supervisors.