

# 2013

TRI-PARTY BROKERING PROCESS



## [PARTNERING TOWARDS A CONTINUUM OF CARE FOR THE HOMELESS IN SURREY]

Three providers of homeless services in Surrey, BC develop a cohesive continuum of care and collaboration to enhance service delivery and outcomes for individuals.

## TABLE OF CONTENTS

<b>THE HOMELESS CONTINUUM OF CARE IN SURREY .....</b>	<b>1</b>
STANDARDS OF CARE FOR THE HOMELESS CONTINUUM OF CARE .....	
<b>COLLABORTIVE SERVICE DELIVERY MODELS AND BEST PRACTICES .....</b>	<b>5</b>
CONSIDERATIONS FOR COLLABORATION .....	
<b>COLLABORATIVE CASE MANAGEMENT .....</b>	<b>8</b>
<b>COA CASE MANAGEMENT MODEL .....</b>	<b>10</b>
CASE MANAGEMENT TOOL PROCESSES .....	
CLIENT CONTINUUM OF CARE AGREEMENT FORM .....	
<b>BUILDING THE COLLABORATIVE CULTURE .....</b>	<b>12</b>
COLLABORATIVE STAFF TRAINING .....	
TRAINING DAY AGENDAS .....	
APPENDIX A RESEARCH ON EFFECTIVE PRACTICES .....	14
APPENDIX B COPY OF SERVICE PLANNING CONTINUUM OF CARE PARTNERSHIP AGREEMENT .....	21

## THE HOMELESS CONTINUUM OF CARE IN SURREY

Surrey has three organizations providing homeless services. *Keys*, *OPTIONS*, and *EFry*, as known by their logos, are each funded by the BC Housing Emergency Shelter Program, and as they relate to homelessness provide different service modalities across the Continuum of Care. The 2012 BC Housing *Program Framework* for the Emergency Shelter Program Continuum of Care ranges from Drop-in Services that provide meals, laundry and hygiene services at a minimum to Emergency Shelters. Emergency shelters can be either year-round or seasonal (HEAT) shelters, providing temporary overnight shelter accommodation. Services within full time Emergency Shelters can either be categorized as Essential Services (accommodation, nutritious meals, security, and basic hygiene) or Gateway Services, also known as full service shelters that provide Essential Services and case management to link clients to community resources and housing.

*Keys*: Housing and Health Solutions formerly known as South Fraser Community Services Society has provided the Front Room, a low barrier drop-in centre for 18 years. The Front Room operates year round as a 24 hour resource centre providing support and referrals for over 200 individuals daily; attached to it is Gateway Shelter, is a 40 bed barrier free, year-round shelter for men and women over 19 years of age. From November to April 30 each year, *Keys* also operates a 40 bed Winter Shelter in the Fraser Region and has 10-bed extreme weather capacity when called upon. Staff members coordinate programming, provide case management, referral services, and aid in overcoming personal barriers, such as income, addictions, and mental health conditions. Services provided include laundry and shower facilities, hygiene supplies, and public phone access, as well as coffee and meals. The Front Room hosts vocational and educational workshops on topics such as on Life Skills, Addictions, Mental Health, and Personal Health.

*OPTIONS* Community Services Society has provided homeless shelter services for 22 years, including 20 beds for homeless men, and more recently, 35 beds at Hyland House and 10 beds at Cloverdale House. Both Cloverdale and Hyland House are 24 hour Gateway Shelters for homeless

men and women over 19 years of age. Hyland House expands its service during extreme weather to offer 15 beds for the overnight care and safety for individuals from the weather. Hyland House offers residents Essential Services as well as Gateway services through case management to assist clients with life skills, support and assistance with employment and accommodation searches, home management, community integration and budgeting. On site at Hyland House is an additional building of 20 units of long term transitional housing.

EFry, the Elizabeth Fry Society of Greater Vancouver has provided 26 beds in homeless shelter services in Surrey for 21 years through Sheena's Place and Cynthia's Place (formerly Liz's Place Two) for 10 years. Sheena's Place is a full service 24 hour staffed Gateway shelter for homeless women, including their children, and Cynthia's Place is a full service Gateway shelter for single women. Both shelters provide Essential Services, as well as Gateway Services to assist clients with psycho-educational groups related to life skills, addiction, mental health, and child development, as well as case management services to link clients with community resources and accommodation.

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## STANDARDS OF CARE FOR THE HOMELESS CONTINUUM OF CARE

Keys, OPTIONS, and EFry operations are governed by the BC Housing Emergency Shelter Program Framework. The Framework sets out four modalities of service in the homeless shelter **continuum of care**:

- Drop-in Services that provide meals, laundry and hygiene services
- Gateway Services that help clients break the cycle of homelessness by connecting them to community services and appropriate housing
- Essential services to meet the clients' immediate needs for accommodation, nutritious meals, security and basic hygiene
- Emergency shelters to provide temporary overnight accommodation along with Gateway and Essential Services

*Keys*, *OPTIONS*, and *EFry* are also accredited service providers through the Council on Accreditation (COA). COA is an international, independent, not-for-profit, child- and family-service and behavioural healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). Originally known as an accrediting body for family and children's agencies, COA currently accredits over 45 different service areas. Among these are substance abuse treatment, adult day care, services for the homeless, foster care, and inter-country adoption.

COA standards are based on internationally recognized best practices and relate to governance and accountability of the organizations, as well as client services and specific standards related to homeless services and shelters. A COA accredited agency must meet or exceed these standards. As accredited service providers, *Keys*, *OPTIONS*, and *EFry* need to meet the standards of the COA, as well as those of the *BC Housing Program Framework* for the Emergency Shelter Program.

Under COA standards, *EFry* must adhere to all COA specific Shelter Service standards. *OPTIONS* must adhere to all COA standards except for two: 1) Services for Homeless and Runaway Children (SH 10) and 2) Developmentally Appropriate Programs for Homeless and Runaway Children and Youth (S 11) as it does not service these populations. *Keys* has similar exclusions to *Options*. *Keys* offers two streams of shelter services: an Essential Services Shelter (all COA standards except SH 9) and the ability of individuals in the Essential Services Shelter to enroll themselves into Enhanced Shelter Services and participate in those full services (SH 9). In this way, *Keys* has the ability within a single site to offer two services.

Given that the three organizations differ in the COA standards they are required to meet, there is a need to develop documents and processes that address the release of information and referral of those not appropriate to the shelter service provision or level of service. Doing so enables an effective continuum of care for homeless people across the BC Housing Emergency Shelter Program Framework continuum. Moreover, research suggests that more homeless people will use more programs and services as a result of the three shelters using the Continuums of Care (prevention, outreach, assessment, shelter, transitional housing, permanent supportive housing, and supportive service) at all levels.

The Continuum of Care model is based upon the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs that are physical, economic, and social in nature. The BC Housing Framework conceives the components of the continuum as distinct units across a continuum. However, the collaboration of the three shelter providers in Surrey and the development of systemic linkages to share information and link clients to services provide an opportunity for enhanced outcomes.

The use of Continuum of Care model on a systemic basis was implemented in the United States in the early 1990's. It was developed by the Federal Department of Housing and Urban Development (HUD). The model was designed to assist homeless individuals and families move to self-sufficiency, to the extent possible, and to permanent housing. This approach to addressing the needs of the homeless or near homeless arose because of the growing numbers of homeless and the limited success of previous approaches. In 2002, the Centre for Urban and Policy Research of Columbia University reviewed the funded programs between 1990 and 1995 and found that there was an increase in the number of homeless people assisted with an increased emphasis on transitional and permanent housing relative to emergency assistance.

As such, enhanced collaboration and service planning among the parties has the potential to address the service pressures of the three parties and the Surrey region. For example, the EFry shelters operate always at or near capacity. With few women-only shelters in the BC Housing Continuum, the women EFry turns away, when at full capacity, often have difficulty reaching housing elsewhere as they do not have their own personal vehicles and must use public transit to access alternative housing

The shared information can form the basis upon which area-wide planning considerations can be made; information about clients can be expanded; service to clients can be enhanced to meet their needs more effectively, and even potentially remove the need for redundant interviewing of the client by the different organizations.

## COLLABORTIVE SERVICE DELIVERY MODELS AND BEST PRACTICES

A summary review of documents related to the development and delivery of Homeless Case Management Services in BC was conducted, including the BC Housing 2010 *Case Planning Guide for Homeless Services in BC* and the source documents related to it through the City Spaces Case Planning Community Consultation Summary (2009), and the 2009 Bridging the Gap report by The Elizabeth Fry Society, Lookout Emergency Aid Society and OPTIONS for Communities Society on behalf of the service providers.

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### CONSIDERATIONS FOR COLLABORATION

#### *Client Rights*

As accredited organizations, each adheres to standards related to the maintenance of client rights. There are specific standards that apply to the proposed development of a mutual protocol to enable the sharing of information between shelters. COA's Client Rights 2.0 standard (CR 2.0) requires that each organization protects the confidentiality of information that clients provide while receiving service, and that they must ensure that the information is protected from unintended and unauthorized disclosure. The same section also provides two specific standards that set out the requirements and limitations under which information may be shared.

1. When receiving a request for confidential information about a client, or when confidential information is necessary for the provision of services, prior to releasing such information, the organization must:
  - a) Determine if the reason to release information is valid;
  - b) Obtain the client's informed, written authorization to release the information; and
  - c) Obtain informed, written authorization from a parent or legal guardian, as appropriate.

2. The release form for disclosure of confidential information includes the following elements:
- a) The name of the person whose information will be released
  - b) The signature of the person whose information will be released, or the parent or legal guardian of a person who is unable to provide authorization
  - c) The specific information to be released
  - d) The purpose for which the information is to be used;
  - e) The date the release takes effect
  - f) The date the release expires, not to exceed 90 days from the date of client signature for a one time release of information, and not to exceed one year, when a cooperating service provider requires the release of information for ongoing service delivery
  - g) The name of the person or position to whom the information is to be released
  - h) The name of the person or position within the organization who is providing the confidential information
  - i) A statement that the person or family may withdraw their authorization at any time.

The organization must offer a copy of the signed form to the person authorizing the disclosure of confidential information, and place a copy in the case record.

#### *COA Modifiers to Sharing Information*

In addition to the two standards related to the sharing of information, the form developed to enable the organizations to collaborate will need to encompass the advising of a client prior to his or her disclosure of confidential or private information about circumstances when the organization may be legally or ethically permitted or required to release such information without the client's consent.

In order for the three providers to collaborate, and for shelter employees to fulfill this requirement, all three organizations will need to train staff



regarding the implementation of the developed form and protocols inclusive of:

- a) Disclosure of confidential information for law enforcement purposes, including compliance with a court order, warrant, or subpoena
- b) Duty to warn, pursuant to relevant professional standards and as required by law
- c) The agency's policies and procedures on confidentiality and disclosure of service recipient information, and penalties for violation of these policies and procedures
- d) The legal rights of service recipients
- e) Any requirements associated with consent decrees

The form and training curriculum therefore needs to address consistent language regarding Informed Consent for usage and protocol.

### *Organizational Modifiers*

Each organization has its own cultural environment as well as protocols related to the development of policy and procedure, document creation and quality improvement processes. As a result, information gathered by one organization may differ from another organization. However, since each organization is COA accredited there is a standard of information that will be gathered by all three.

It is also understood that each of the three organizations may have differing philosophical platforms. The strategic goals of the collaboration can therefore be described as a seamless client-centered collaboration that will ensure:

- Clients using their Drop-In or Gateway Services are effectively linked to either service provider with a minimum of disruption to their Continuum of Care to enable effective case planning
- Economies of shared training or service delivery be developed and enhanced to maximize staff training opportunities and funding opportunities
- Effective shelter provider linkages exist to enable to choose their shelter service environment

## COLLABORATIVE CASE MANAGEMENT

As previously discussed, the three shelters all adhere to COA standards and Shelter Specific (SH) standards. However, there is variance in the specific SH standards. OPTIONS and Keys are not required to adhere to standards specific to the provision of service to youth and children; and Keys is not required to adhere to the standards specific to Enhanced Shelter provision of OPTIONS and EFry.

Each of the three organizations is independent, with established case management systems in place that are linked to their individual framework of internal quality improvement. Each organization is committed to recognizing the autonomy others and the uniqueness of each. Together they share a richness of practice and each of the three is committed to the development of learning opportunities to facilitate collaboration and ultimately better service quality for homeless individuals.

Together, the three agree that the development of the proposed Continuum of Care shall be responsive to the differing tools and/or forms that are used by others and the case management process needs to:

- Support the BC Emergency Shelter Program Logic Model inclusive of Essential Skills, Gateway Services, Partnership and Innovation, and Facilities and Operations that are accountable, effective and responsive to client needs
- Integrate the three agencies' reporting and data collection processes, to reduce repetitive collection and input of information from clients for the data collection and reporting processes of the three service providers and the case management processes with the client
- Enable the development of strategies to address identified gaps
- Enable advocacy for needed services and resources to address homelessness

In doing so, the process must not encumber workload demands, and must support the case management demands of the three agencies with other funders. Lastly, the process must be simple enough to enable all three agencies to enhance service and community linkage for clients to service.

Principles agreed upon include:

- Working with other tools the partnership members already use and when not possible mirroring similarities to facilitate ease of collaboration by workers across agencies
- Open and collaborative working relationships between shelter workers
- Co-coordinating client access to both in-house and external services
- recognizing the importance of using a range of services and resources, both formal and informal, to tackle complicated problems
- Being responsive to changing community needs
- Being adaptable to resources available in the community;
- Contributing to the collective pool of data required for local needs assessments, strategic planning, innovation, best practice research, and the evidence-based analysis required in today's complex environment; and
- Application of the Continuum of Care will apply to Hyland House and its homeless resources, all *Keys* resources, and EFry services that clients can self-refer themselves such as shelter, addiction, housing and community programs.

	Intake	Admission	Initial	Case Plan	Case Plan Evaluation	Discharge	Follow-up
Safety	Determine immediate safety issues	Record any immediate safety issues & plan to address them Review shelter safety & security expectations	Review safety concerns Provide info on safety resources	Establish short/long-term goals re safety Provide resources/ referrals to support safety goals	Reassess plan re safety goals & supports Monitor progress & evaluate outcome	Provide referrals, resources & support in community Establish activity plan	Monitor & revise activity plan Ensure community supports are in place
Health	Determine health concerns	Record current medications & health concerns Record special diet/ allergies	Review health concerns and existing health care supports Provide info on health care resources	Establish short/long-term health care goals Provide resources/ referrals to support health care needs	Reassess plan re health care goals & supports Monitor progress & evaluate outcome	Provide referrals, resources & support in community Establish an activity plan	Monitor & revise the activity plan Ensure community supports are in place
Personal ID	Record client's personal data	Record, photocopy & certify personal IDs & status	Review ID & ensure copies on file Provide info on resources to obtain ID	Establish short/long-term goals to get IDs Provide resources/ referrals to support goals	Reassess plan re obtaining ID goals & supports Monitor progress & evaluate outcome	Provide referrals, resources & support in community Establish activity plan	Monitor & revise activity plan Ensure community supports are in place
Financial	Determine source, type & amount of income	Record assets/incomes Record savings on hand	Review prior & current income/assets Provide info on financial resources	Establish short/long-term financial goals Provide resources/ referrals to support goals	Reassess plan re financial goals & supports Monitor progress & evaluate outcome	Provide referrals, resources & support in community Establish activity plan	Monitor & revise activity plan Ensure community supports are in place
Legal	When client requests assistance determine current legal issues	Record presented legal issues	Review legal issues Provide info on legal resources	Establish short/long-term legal goals Provide resources/ referrals to support goals	Reassess plan re legal goals & supports Monitor progress & evaluate outcome	Provide referrals, resources & support in community Establish activity plan	Monitor & revise activity plan Ensure community supports are in place
Housing	Determine current housing situation Determine shelter history	Record housing issues Record address history for past 12 months	Review history & identify housing needs Provide info on housing resources	Establish short/long-term housing goals Provide resources/ referrals to support goals	Reassess plan re housing goals & supports Monitor progress & evaluate outcome	Provide referrals, resources & support in community Establish activity plan	Monitor & revise activity plan Ensure community supports are in place
Education	At client request for assistance identify school/training location & hours for placement purposes	Record literacy observations	Review level of education obtained Review interest in further education/ training	Establish short/long-term education/ training goals Provide resources/ referrals to support goals	Reassess plan re: education/ training goals & supports Monitor progress & evaluate outcome	Provide referrals, resources & support in community Establish activity plan	Monitor & revise activity plan Ensure community supports are in place
Employment	Determine if employed	Record current info re location, earnings & hours of work	Record current employment issues	Establish short/long-term employment goals Provide resources/ referrals to support goals	Reassess employment goals, progress & supports Modify plan as needed & evaluate outcome	Provide referrals, resources & support in community Establish activity plan	Monitor & revise activity plan Ensure community supports are in place
Children/ Youth	Determine immediate tertiary needs	Record biographical details, & educational achievement	Review ID, health & educational record requirements for children	Establish short/long term goals to register children in school; including temporarily	Reassess plan re: ID, educational, & health Monitor progress & evaluate outcome	Provide referrals, resources & support in community Establish activity plan	Monitor & revise activity plan Ensure community supports are in place
Family/ Inter-personal	Determine if family or friends also in the shelter	Record details regarding next of kin if appropriate	Review potential for family or friends support/development	Establish short/long term goals to develop support as appropriate	Reassess plan as required Monitor progress & evaluation outcomes	Provide referrals, resources & support Establish activity plan	Monitor & revise plan as needed Ensure supports are in place as appropriate

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## CASE MANAGEMENT TOOL PROCESSES

As previously noted, the Case Management model that the three agencies use is based upon the BC Housing Emergency Shelter Framework. Two additional factors have been added that address the Best Practices Review and COA requirements, namely planning for the needs of children and youth, and considering interpersonal needs of individuals and linking them with family, friends or peers upon the client's request.

In addressing the Case Management Model, each organization has its own processes and forms to assist their organization to perform the necessary work involved in assisting individuals to address the factors related to their homelessness. The three organizations therefore need to develop a process through which they can collaborate to assist clients and work effectively together. In order to do so, the three parties have agreed to form a Continuum of Care for homeless individuals, and to share the following non-identifying client data, which they collect through their Progressive Quality Improvement processes:

1. Inter-relationships that may exist for clients across agencies and their use of the services
2. Ability to enhance case planning and potentially the intake experience for clients participating in the Continuum

The process will work because all three organizations have agreed to the creation of a Client Continuum of Care Agreement form that asks clients to participate in the Continuum of Care. The form will include an explanation for the request, the kinds of information that would be collected, the purpose for doing so, and offers clients the opportunity to have their intake forms faxed from one Continuum agency to another when registering, to avoid the need to provide redundant information.

Further, as accredited organizations they share a culture of progressive quality improvement and collect and report on client demographics and outcomes annually. Through sharing client authorized non-identifying data they have the capacity to aggregate and report annually on homelessness in Surrey, and over time, have the potential to develop a broader picture of the city's homelessness than the one-day homeless counts; use cross correlated data to identify a broader understanding of gaps in Surrey, and the housing needs of individuals in order to enable a richer more complete picture for planning purposes.

## CLIENT CONTINUUM OF CARE AGREEMENT



Keys: Housing and Health Solutions, OPTIONS Community Services, and the Elizabeth Fry Society of Greater Vancouver (EFry) have joined together to create a Continuum of Care for homeless individuals in Surrey. Together we provide homeless services in Surrey. We want to improve the lives of those struggling with and at risk of homelessness. As a Continuum of Care we seek to coordinate activities to meet the needs of individuals and families who are experiencing homelessness. As such, we pool non-identifying client information like age, gender or length of shelter stay that you authorize us to collect so we can develop a deeper understanding of homelessness in Surrey. We also have expedited referral processes for services the others operate to assist homeless individuals.

Whatever doorway – or agency – through which you enter – we ask you consider agreeing to participate in the Continuum of Care with us to enable us to meet your needs more effectively.

Agreeing to participate will have two main benefits. Firstly, it will help us to understand how many times people share our services. Together we believe this information will help us develop shared goals and plans.

This information is confidential. No personal identifying information about you will be shared. It will in no way affect the service you receive, or may potentially receive, now or in the future.

Have you received services from:

- ☐ Keys: Housing and Health Solutions \_\_\_\_\_ estimated times
- ☐ Options Community Services \_\_\_\_\_ estimated times
- ☐ Elizabeth Fry Society (EFry) \_\_\_\_\_ estimated times
- ☐ I do not wish to answer

Lastly, to serve you better, we can contact the other organization to assist you if there are activities previously started, such as applying for identification, completing forms, or a case plan at your direction. Should you agree, we will ask the identified agency for the information through our agency Informed Consent Form for the release of information. If you wish you can request that a copy of your intake package be sent to us so we can collect biographical information to shorten your time spent in an intake interview. The choice is yours and choosing not to do so will in no way affect the service you receive, now or in the future.

Name \_\_\_\_\_

Date \_\_\_\_\_

Witnessed \_\_\_\_\_

Date \_\_\_\_\_

## BUILDING THE COLLABORATIVE CULTURE

In order to enable the three organizations to work effectively together and for employees to be informed about the Continuum of Care and develop an appreciation for our shared processes linked through the BC Housing Shelter Framework, COA accreditation, as well as the richness of the individual resources of each agency. In this way, employees can develop confidence in the ability to work together.

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### COLLABORATIVE STAFF TRAINING

The following dates have been set for the staff training events:

- May 20, 2013
- May 21, 2013
- June 3, 2013
- June 4, 2013
- June 5, 2013
- June 10, 2013

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### TRAINING DAY AGENDAS

1. Introduction of agency staff and the programs they work in
2. Orientation to each organization's services
3. Discussion of the goals of the Continuum of Care
4. Lunch
5. Discussion of agencies processes for requests for sharing of information
6. Provision of key contacts for use if or when an advocate is necessary to facilitate collaboration within each organization

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## APPENDIX A

### EFFECTIVE PRACTICE FOR HOMELESS CHILDREN, YOUTH AND FAMILIES; COLLABORATION AND COOPERATION WITH COMMUNITY PROVIDERS AND SYSTEMS.

Ammerman, S.D. , Ensign, J. , Kirzner, R. , Meininger, E. T. , Tornabene, M., Warf, C. W. et al. (2004). Homeless youth ages 18-24: Examining service delivery adaptations. Nashville, TN: National Health Care Options for the Homeless Council. Retrieved March 6, 2013 from <http://www.nhchc.org/wp-content/uploads/2011/10/younghomelessadult1.pdf>

Shelter programs actively collaborate with other homeless services providers and community resources to facilitate access to the continuum of community services. Enhanced shelter services provide an array of services, directly or by referral, that help residents obtain housing and plan for reintegration into community life. Case managers receive training on the following: engaging homeless persons and families; conducting safety assessments; community programs and how to access services; public assistance programs, eligibility requirements, and benefits; providing case advocacy; local housing resources; issues related to individuals involved with multiple systems; and the community service delivery system.

Bassuk, E. (1990a). General principles of family-oriented care: working effectively with clients. In E. L. Bassuk, R. Carman, & L. F. Weinreb (Eds. ), *Community care for homeless families: A program design manual*, (pp. 91-101). Newton, MA: Better Homes Foundation.

A more comprehensive assessment is conducted within three calendar days, based on the population served. The shelter evaluates the educational status and needs of school-age children and youth, and informs youth and their parents of their educational rights; coordinates educational services with relevant school districts; and assists children and youth to stay current with the curricula. Shelters that serve homeless and runaway children and youth provide a program that meets their needs for social, emotional, cognitive, and physical development. Training is provided to all direct service personnel on the following topics: understanding homelessness; stigma and labeling; basic counseling skills and conflict resolution; crisis intervention; and first aid and CPR. Case managers receive training on the following: engaging homeless persons and families; conducting safety assessments; community programs and how to access services;



public assistance programs, eligibility requirements, and benefits; providing case advocacy; local housing resources; issues related to individuals involved with multiple systems; and the community service delivery system.

Bassuk, E. (1990b). Identifying and managing psychiatric disorders in homeless families. In E. L. Bassuk, R. Carman, & L. F. Weinreb (Eds. ), *Community care for homeless families: A program design manual*, (pp. 147-157). Newton, MA: Better Homes Foundation.

Personnel receive training and supervision on the special service needs of service recipients, including, as appropriate: individuals coping with substance use and/or mental health issues, including dual diagnosis; individuals with HIV/AIDS; individuals and families who have been victims of violence, abuse, or neglect; pregnant and homeless mothers with young children; homeless and runaway children and youth; persons involved with the criminal justice system including ex-offenders; persons with developmental disabilities; and older adults.

Browne, A. (1990). Family violence and homelessness. In E. L. Bassuk, R. Carman, & L. F. Weinreb, (Eds. ), *Community care for homeless families: A program design manual*, (pp. 119-127). Newton, MA: Better Homes Foundation.

Personnel receive training and supervision on the special service needs of service recipients, including, as appropriate: individuals coping with substance use and/or mental health issues, including dual diagnosis; individuals with HIV/AIDS; individuals and families who have been victims of violence, abuse, or neglect; pregnant and homeless mothers with young children; homeless and runaway children and youth; persons involved with the criminal justice system including ex-offenders; persons with developmental disabilities; and older adults.

Burt, M. R. , Pollack, D. , Sosland, A. , Mikelson, K. S. , Drapa, W. , Greenwalt, K. , & Sharkey, P. (2002). *Evaluations of continuums of care for homeless people: Final report*. Retrieved March 6, 2013 from [http://www.huduser.org/publications/pdf/continuums\\_of\\_care.pdf](http://www.huduser.org/publications/pdf/continuums_of_care.pdf)

Shelter programs actively collaborate with other homeless services providers and community resources to facilitate access to the continuum of community services.

Cassidy, C. (1990). Housing programs for homeless families. In E. L. Bassuk, R. W. Carman, L. F. Weinreb, & L. F. Herzig (Eds. ), *Community care for homeless families: A program design manual*, (pp. 33-44). Newton, MA: The Better Homes Foundation.

Shelter residents participate in an intake assessment within 24 hours of admission that includes: health status; recent housing status; history of homelessness; the potential for violence or victimization; and basic demographic information. All shelters provide: safety from the streets and the elements; sleeping accommodations; food; clothing; personal hygiene supplies and safe and private bathroom and shower facilities; crisis intervention; a mailing address; information and referral for services; and connections to health and medical services.

Child Welfare League of America. (1991). *CWLA standards of excellence for residential group care services*. Washington, DC.

Shelters that provide services for homeless and runaway children and youth meet the age-specific needs of children and youth.

CMHC Research Highlight, (2003) *Applicability of a Continuum of Care Model to Address Homelessness*. Publication No: 63287. Retrieved April 24, 2013m from [www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=32&itm=31&lang=en&fr=1366791049156](http://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=32&itm=31&lang=en&fr=1366791049156)

The report presents the results of a study undertaken in 2001 that examined the US Continuum of Care (CoC) model and potential lessons in a Canadian context related to local co-ordination action plans, sharing of best practices, and cumulative data to inform decision making. Challenges identified include the potential for local health and social services continuing to act in silos resistant to integration or collaboration with service providers, the time involved in developing formal agreements to link resources to the continuum; the potential to become focused on systemic causes rather than focusing at the individual; and the lack of a clear requirement for service providers to involve the recipients in the planning process.

Connell, J.P., Gambone, M. & Smith, T. J. (2001) *Youth development in community settings: Challenges to our field and our approach*. Toms River, NJ: Community Action for Youth Project. Retrieved March 6, 2013 from [www.ydsi.org/ydsi/pdf/publication\\_01.pdf](http://www.ydsi.org/ydsi/pdf/publication_01.pdf)

Shelters that serve homeless and runaway children and youth provide a program that meets their needs for social, emotional, cognitive, and physical development. The shelter serves children and youth in a supportive setting that: enables them to feel physically and psychologically safe and secure; and provides a developmentally appropriate structure, with clear and consistent rules and behavioral expectations that are developed with their participation. Children and youth are offered an organized daily program of age appropriate and developmentally appropriate social, recreational, and educational activities in a youth friendly environment. Youth have opportunities to participate in group activities to meet, support, and share experiences with peers, based on their assessed readiness to participate in these activities. Youth are helped to develop social support networks and build or maintain healthy, meaningful relationships with caring individuals.

Costa Nunez, R. (2004). *Shelter is Not a Home...Or is It? Lessons from Family Homelessness in New York City*. New York, NY: White Tiger Press.

Shelter programs actively collaborate with other homeless services providers and community resources to facilitate access to the continuum of community services.

Eccles, J. , & Gootman, J. A. (Eds). (2002). *Community Programs to Promote Youth Development: Executive summary*. Washington, DC: National Research Council and Institute of Medicine & National Academy Press.

Shelters that serve homeless and runaway children and youth provide a program that meets their needs for social, emotional, cognitive, and physical development. The shelter serves children and youth in a supportive setting that enables them to feel physically and psychologically safe and secure and provides a developmentally appropriate structure with clear and consistent rules and behavioral expectations that are developed with their participation. Children and youth are offered an organized daily program of age appropriate and developmentally appropriate social, recreational, and educational activities, in a youth friendly environment. Youth are helped to develop social support networks and build or maintain healthy, meaningful relationships with caring individuals.

Feins, J. D. , & Fosburg, L. B. (1999). *Emergency shelter and services: Opening a front door to the continuum of care*. In L. B. Fosberg, & D. L. Dennis (Eds. ), *Practical lessons: The 1998 National*

Symposium on Homeless Research (pp. 9-1: 9-36). Washington, DC: U. S. Department of Housing and Urban Development & U. S. Department of Health and Human Services.

A more comprehensive assessment is conducted within three calendar days, based on the population served. Shelter rules are developed with residents and are consistently enforced.

Kourgialis, N. , Wendel, J., Darby, P., Grant, R., Kory, W. P., Pruitt, J., et al. (2001). Improving the nutrition status of homeless children: Guidelines for homeless family shelters. New York, NY: The Children's Health Fund.

All shelters provide: safety from the streets and the elements; sleeping accommodations; food; clothing; personal hygiene supplies and safe and private bathroom and shower facilities; crisis intervention; a mailing address; information and referral for services; and connections to health and medical services.

Kreisher, K. (2002). Educating Homeless Children. *Children's Voice*, 11(5). 6-10. Massachusetts Appleseed Center for Law and Justice (2002).

Educational rights of children and youths in homeless situations: A practical guide to McKinney-Vento for school personnel, advocates, and service providers in Massachusetts. Boston, MA: Author.

The shelter evaluates the educational status and needs of school-age children and youth and informs youth and their parents of their educational rights; coordinates educational services with relevant school districts; and assists children and youth to stay current with the curricula.

Mottet, L. , & Ohle, J. M. (2003). Transitioning our shelters: A guide to making homeless shelters safe for transgender people. Washington, DC: National Coalition for the Homeless: National Gay and Lesbian Task Force Policy Institute. Retrieved March 6, 2013 from [www.thetaskforce.org/downloads/reports/reports/TransitioningOurShelters.pdf](http://www.thetaskforce.org/downloads/reports/reports/TransitioningOurShelters.pdf)

Assessments are conducted in a culturally responsive manner and identify resources that can increase service participation and support achievement of agreed upon goals. Shelter staff respect the dignity, culture, values, goals, and sexual identity of shelter residents. The shelter monitors the safety and security of its

facilities, and: takes appropriate measures to protect the safety of all individuals in its facilities or on its grounds; establishes safety protocols; trains staff on potential risks; and trains staff on self-protection techniques, as necessary. Personnel receive training and supervision on the special service needs of service recipients, including, as appropriate: individuals coping with substance use and/or mental health issues, including dual diagnosis; individuals with HIV/AIDS; individuals and families who have been victims of violence, abuse, or neglect; pregnant and homeless mothers with young children; homeless and runaway children and youth; persons involved with the criminal justice system including ex-offenders; persons with developmental disabilities; and older adults.

Office of Inspector General, U. S. Department of Health and Human Services (1992). Emergency shelters for homeless families. Retrieved March 6, 2013 from <http://oig.hhs.gov/oei/reports/oei-07-91-00400.pdf>

Shelter rules are developed with residents and are consistently enforced. Shelter facilities provide a safe, clean, non-institutional setting. Shelters maintain families as a unit and keep sibling or family groups together whenever possible. The shelter monitors the safety and security of its facilities and takes appropriate measures to protect the safety of all individuals in its facilities or on its grounds; establishes safety protocols; trains staff on potential risks; and trains staff on self-protection techniques, as necessary. Support services include, as needed: transportation; legal assistance; case advocacy; help with basic literacy; parent education and family support; and child care.

Peterson, R. W., Baker, G. A., & Weiseth, M. A. (1997). Caring for youth in shelters: Effective strategies for professional caregivers. Boys Town, NE: Boys Town Press.

Shelters that serve homeless and runaway children and youth provide a program that meets their needs for social, emotional, cognitive, and physical development.

Pires, S. A., & Silber, J. T. (1991). On their own: Runaway and homeless youth and programs that serve them. Washington, DC: Georgetown University Child Development Center.

Enhanced shelter services provide an array of services, directly or by referral, that help residents obtain housing and plan for reintegration into community life.

Pollack, K., & Hittle, L. (2003). *Baby abandonment: The role of the child welfare system*. Washington, DC: CWLA Press.

Shelter programs actively collaborate with other homeless services providers and community resources to facilitate access to the continuum of community services.

Walsh, M. E. 1990. Educational and socio-emotional needs of homeless school-aged children. In E. L. Bassuk, R. W. Carman, L. F. Weinreb, & L. F. Herzig, (Eds. ), *Community care for homeless families: A program design manual*, (pp. 103-110). Newton, MA: The Better Homes Foundation.

Ward Family Foundation (2002). *Homeless shelters and programs: Analysis of benchmarks and best practices*. Alexandria, VA.

Enhanced shelter services provide an array of services, directly or by referral, that help residents obtain housing and plan for reintegration into community life. The shelter follows-up, whenever possible, with each person or family regarding their progress and well-being.

Ward Family Foundation. (2005). *Safe haven programs: Analysis of strategies and operating practices*. Alexandria, VA.

Shelter programs actively collaborate with other homeless services providers and community resources to facilitate access to the continuum of community services.

Weinreb, L. F. & Bassuk, E. L. (1990a). Health programs for homeless families. In E. L. Bassuk,, R. W. Carman, L. F. Weinreb, & L. F. Herzig, (Eds.), *Community care for homeless families: A program design Manual*, (pp. 67-77). Newton, MA: The Better Homes Foundation.

Shelter residents participate in an intake assessment within 24 hours of admission that includes: health status; recent housing status; history of homelessness; the potential for violence or victimization; and basic demographic information. Health services include: routine medical care; clinical services including substance use and mental health services; medication management and/or monitoring; age or developmentally appropriate information, including pregnancy prevention, family planning, and prevention of HIV/AIDS and sexually transmitted diseases; and harm reduction.

**SERVICE PLANNING CONTINUUM OF CARE PARTNERSHIP  
AGREEMENT**

The Project

Elizabeth Fry Society of Greater Vancouver (EFry), Keys: Housing and Health Solutions (Keys), and OPTIONS Community Services Society (OPTIONS) will form a partnership to develop a collective protocol to enable the sharing of client information between their shelters in Surrey, BC to enhance the service planning for mutual clients and regional needs.

Objectives

The project will enhance collaboration and service planning among the three parties and has the potential to address the service pressures of the three parties and the Surrey region. The information collected by the parties can form the basis upon which area wide planning considerations can be made; information about clients can be expanded; service to clients can be enhanced to meet their needs more effectively, and even potentially remove the need for redundant interviewing of the client by the different organizations.

Partners' Roles and Responsibilities

As accredited service providers of the Council on Accreditation (COA), EFry, Keys, and OPTIONS agree to adhere to the standards related to the maintenance of client rights specific to the proposed development of a collective protocol to enable the sharing of information between shelters as set out in COA's Client Rights 2.0 standard (CR 2.0) and its sub-standards that outline the requirements and limitations under which information may be shared.

The three parties agree that the development of the proposed Continuum of Care shall be reflexive to the differing tools and/or forms that are used by others and the case management process needs to:

- Support the BC Emergency Shelter Program Logic Model inclusive of Essential Skills, Gateway Services, Partnership and Innovation, and Facilities and Operations that are accountable, effective and responsive to client needs
- Integrate with the three agencies' reporting and data collection processes, to reduce repetitive collection and input of information from clients for the data collection and

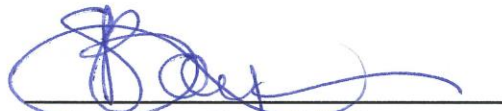
reporting processes of the three service providers and the case management processes with the client

- Enable the development of strategies to address identified gaps; and
- Enable advocacy for needed services and resources to address homelessness

Changes to or Termination of Agreement

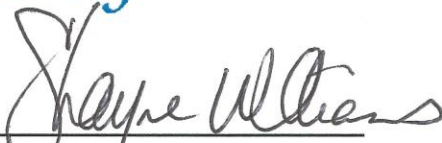
This agreement will remain in place from June 1, 2013 to June 1, 2014 and may be renewed thereafter on an annual basis. The Agreement may be modified if mutually acceptable to all three parties, and may be terminated by any party with thirty (30) days written notice.

Signatures of Authorized Representatives



Shawn Bayes, Executive Director  
Elizabeth Fry Society of Greater Vancouver

July 24/13  
Date



Shayne Williams, Executive Director  
Keys: Housing and Health Solutions

July 24/13  
Date



Darrell Ferner, Deputy Executive Director  
OPTIONS Community Services Society

July 24/13  
Date





## CLIENT CONTINUUM OF CARE AGREEMENT



Keys: Housing and Health Solutions, OPTIONS Community Services, and the Elizabeth Fry Society of Greater Vancouver (EFry) have joined together to create a Continuum of Care for homeless individuals in Surrey. Together we provide homeless services in Surrey. We want to improve the lives of those struggling with and at risk of homelessness. As a Continuum of Care we seek to coordinate activities to meet the needs of individuals and families who are experiencing homelessness. As such, we pool non-identifying client information like age, gender or length of shelter stay that you authorize us to collect so we can develop a deeper understanding of homelessness in Surrey. We also have expedited referral processes for services the others operate to assist homeless individuals.

Whatever doorway – or agency – through which you enter – we ask you consider agreeing to participate in the Continuum of Care with us to enable us to meet your needs more effectively.

Agreeing to participate will have two main benefits. Firstly, it will help us to understand how many times people share our services. Together we believe this information will help us develop shared goals and plans.

This information is confidential. No personal identifying information about you will be shared. It will in no way affect the service you receive, or may potentially receive, now or in the future.

Have you received services from:

- ☐ Keys: Housing and Health Solutions \_\_\_\_\_ estimated times
- ☐ Options Community Services \_\_\_\_\_ estimated times
- ☐ Elizabeth Fry Society (EFry) \_\_\_\_\_ estimated times
- ☐ I do not wish to answer

Lastly, to serve you better, we can contact the other organization to assist you if there are activities previously started, such as applying for identification, completing forms, or a case plan at your direction. Should you agree, we will ask the identified agency for the information through our agency Informed Consent Form for the release of information. If you wish you can request that a copy of your intake package be sent to us so we can collect biographical information to shorten your time spent in an intake interview. The choice is yours and choosing not to do so will in no way affect the service you receive, now or in the future.

Name \_\_\_\_\_

Date \_\_\_\_\_

Witnessed \_\_\_\_\_

Date \_\_\_\_\_