

Operational Principles of a Fully Managed, Low Barrier Service Model For the
Temporary Outdoor Shelter

There are several distinct components that make an overnight accommodation setting *low barrier*. The following considerations are being made regarding principles of a low barrier operating model to be implemented at temporary outdoor shelter(s):

1. Adequate staffing is required to provide intensive case management and to manage the day-to-day operations of the site. Staff should be trained in trauma-informed care, de-escalation, conflict mediation, crisis response, and harm reduction, including how to administer naloxone.
2. Intake requirements should be minimal. There should be few barriers to accessing the site preventing access for people who actively use substances, couples who want to cohabitate, and people with pets.
3. Operating staff should be more lenient than a medium or high-barrier shelter when applying service restrictions. Instead, the site should focus on de-escalation, conflict mediation, and restorative approaches that avoid discharge if possible.
4. Operating staff are to develop a guest policy that will address client needs by creating a structured approach to permitting guest access.
5. Overly institutional elements of service delivery should be de-emphasized at the site, including the requirement to be within your individual structures at a specific time and to participate in onsite programming.
6. Residents should be encouraged to participate in decision-making processes that affect them, to adapt the service model to the specific needs of residents at the site.
7. Harm reduction is an evidence-based, human-centered approach that utilizes a set of strategies, policies, or programs designed to reduce substance-related harm without requiring abstinence and ensures that individuals using substances are not excluded from a range of supports and services that would be valuable to their health, wellbeing, and housing prospects.
8. Intensive, integrated physical and mental health services and supports are provided onsite to residents via partnership(s) with community health providers, including doctors, nurses, counsellors, social workers, and other professionals with capacity to provide ongoing, preventative, and intensive supports.
9. Housing workers should collaborate with residents to create customized housing plans and provide ongoing, intensive support to each resident to find suitable housing.

10. Sites should partner with other community agencies that provide legal supports, employment supports, ID clinics, income tax clinics, and any other services or supports requested by residents at the site that will benefit their health, wellbeing, and ability to acquire housing.
11. Sites should provide access to basic needs, such as access to potable water, washroom access, and shower access, to ensure residents have a dignified, respectful environment to maintain their health and hygiene.