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FOR THE HOMELESS

Margarita Inn Policies and Procedures – Updated September, 2022

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CLIENT INTAKE AND ONBOARDING PROCESS

Most residents at the Margarita Inn are known to CFTH and referred from other programs, primarily from one of two Drop-In Programs at CFTH. Individuals are referred by program staff using a referral form (Smartsheet) to be added to our wait list. The wait list is divided by household type (single male identified; single female identified; couples; and families) and is “dynamic” meaning we consider additional factors for prioritization other than the date they are added to the wait list. Additional criteria include number and types of disabilities, age, and other considerations. Below is the process for filling openings:

1. Shelter Manager, Shelter Supervisor, Coordinated Entry Manager and Director of Community Programs meet to review the wait list and identify households for the opening.
2. The referring program staff person is then contacted to let them know of the opening and give them a time frame to reach out to the participant to accept or decline.
3. The Shelter Manager or Shelter Supervisor completes the Shelter Intake Checklist which includes the following:
 - a. Review of the Sex offender registry. No one on the sex offender registry is allowed to stay at the Shelter.
 - b. Background check is completed and reviewed. If there are any findings the shelter management team will review appropriateness for the Shelter. This evaluation is done on a case-by-case basis but findings that are more recent AND those that are related to community safety will be strongly considered and a determination will be made on accepting the individual or household based on safety considerations.
 - c. Review of Drop-In Incident Reporting log. If there are any findings, incidents will be reviewed and evaluated on a case-by-case basis again focusing on an individual’s history of past violence, destruction of property or other behavior that can be considered a safety issue.
 - d. Health Screening is completed and reviewed to assess if there are any behavioral health or physical issues that might need a higher level of care than we are able to provide. This screen also provides critical information to Margarita Inn (MI) staff such as existing medical and behavioral health diagnoses, medication history and compliance, mobility, or ambulatory issues. These issues do not exclude acceptance into the program, but a determination is made whether MI staff are able to provide the appropriate level of care.
4. After the check list is completed, a determination is made by the team to 1) approve the individual or household for move in 2) decline the individual or household for move in or 3) request more information from the referring staff person if needed to make a final determination.
5. For those approved for move in, a meeting is scheduled prior to the move in date to review the Participant Handbook focusing on the rules and expectations of the program. This meeting gives the individual an opportunity to ask questions and determine if the Shelter is the right fit for them. If they agree to abide by the program rules and expectations a move in date is set.

STAFF OVERVIEW AND ROLES



STAFF ROLES

Director of Community Programs: Responsible for overall oversight of CFTH’s Community Programs Division which includes the Margarita Inn Shelter. Provides support to Manager of Shelter Programs around daily operations and services at the Margarita Inn (MI).

Manager of Shelter Programs: Responsible for the daily operations and services at the MI. Acts as main community contact for MI participants and services.

Shelter Supervisor: Supports the Manager of Shelter Programs with scheduling, supervision of program staff, and other administrative duties.

Program Operations Specialist: Supports the overall operations of the MI. See shift expectations later in this document for more detailed responsibilities.

Community Nurse: Supervises the MI’s full-time Certified Nursing Assistance and provides basic healthcare services to MI participants.

Certified Nursing Assistance: Assists Community Nurse with providing basic healthcare services and provides medical case management to program participants.

Behavioral Health Specialist: Provides therapeutic interventions and services to participants of the MI including individual and group counseling, crisis intervention, and linkage to community mental health treatment, substance abuse treatment and psychiatric services.

Shelter Case Managers: Provide case management to participants of the MI with a particular focus on locating and working towards a permanent housing solution.

CASE MANAGEMENT AND HOUSING / HOUSING PLAN

Each household is assigned a case manager and are required to meet with them at minimum every other week to work towards a permanent housing solution. Initial activities including helping households become “document ready” to have the necessary IDs and documents required by housing providers.

The case manager works individually with each household to develop a housing plan specific to their needs and works with them to complete the necessary assessments and paperwork to apply for housing. Some households only need shorter term rental assistance while others might need permanent supportive housing. It can take weeks, months, or a year or longer to get “matched” to an appropriate housing solution. Once someone is matched to housing the case manager often helps the participant identify, apply for, and move into a unit in the community. MI participants can be housed all over suburban cook county and even beyond.

USE OF PATIO / COURTYARD

The patio area is the designated smoking area for MI participants intended for short term use (15 minutes) with no more than 5 people at a time. No alcohol or prohibited substance are allowed on the patio. Participants are expected to utilize the provided trash and cigarette disposal receptacles. Playing music and food and beverages are not allowed in the courtyard. Use of the courtyard is a privilege and repeated violation of the rules may result in a participant being restricted from the space.

PROGRAM CURFEW AND QUIET HOURS

A curfew is in effect from 11:00 pm to 5:00am. During this time participants may exit the shelter at any time but entry into the building is at the discretion of CFTH staff.

Quiet hours are in effect from 10:00 pm – 8:00am daily for the building, including the courtyard/patio space.

ROOM INSPECTIONS

Staff should follow the Room Check Policy and complete a Room Check log any time they conduct a room check for any reason including wellbeing checks, scheduled congregate floor checks, as requested by management, or as dictated by a learning agreement. The Room Check Log is a SmartSheet form located on the channel “[Shelter \(Margarita\)](#)” on Microsoft Teams. It can also be found [here](#).

At the start of each shift, staff should review the “Room Check Requests” spreadsheet pinned to the top of the channel “[Shelter \(Margarita\)](#)”’s file tab on Microsoft Teams to ascertain who requires a room check, and at what frequency and why. Room checks are not optional. **If a participant is scheduled for a room check, it must be performed** unless staff feel their safety would be in jeopardy if they completed the room check. In this instance, staff must immediately notify the manager on duty so that the manager on duty can devise a plan to safely complete the room check. Staff would also in this instance complete an incident report. not optional for participants who are scheduled to receive one. It is worth noting that **participants are not required to be present for room checks**.

There are three categories of room checks:

1. **Visual room inspection & Wellbeing Check**
2. **Wellbeing Checks**
3. **Afterhours Wellbeing Checks**

Each category has its own series of procedures described in further detail below.

1. Visual Room Inspection & Wellbeing Check Procedure

The goal of the Visual Room Inspection and Wellbeing check is to not only confirm the health and safety of the participant/s in a specific room, but to also identify any maintenance concerns, housekeeping issues, property damage, or visual evidence of rule violations (such as signs that a participant may be smoking in their room). The procedure is as follows:

- i. **Staff enter the room after knocking.** Wait to be let in first if possible.
 - a. **If participant is present**, staff visually assess the participant to ensure they are breathing, and do not appear to require immediate emergency attention. Staff may also verbally confirm that the participant is feeling well and does not require additional support.
 - b. **If a participant is present but is indisposed** (e.g., the participant is in the bathroom or is undressed), staff should alert the participant that they will return in 15 minutes to check on the participant. Staff should then complete the wellbeing check at that time.
- ii. **Staff should complete a visual inspection of the room, including the bathroom** to look for any maintenance concerns or health or safety concerns. Do not search the room or the participant’s belongings. Do not open drawers or cabinets. Use nonjudgmental language, and do not directly confront the participant about any concerns. The participant/s’ case manager/s will follow up with them directly if the room fails inspection. This is a simple visual inspection.
- iii. **Staff should complete a [Room Check Log](#) as soon as possible.**
 - a. If staff identify nonemergent concerns or rule violations (e.g., a maintenance issue or signs a participant is smoking in the room) staff should file an incident report and a Room Check Log.

- b. If staff find a health or safety emergency during their room check, staff should follow the emergency procedures, then file an incident report along with the Room Check Log.

2. Wellbeing Checks Procedure

A wellbeing check is conducted strictly to confirm that the participant appears to be well and is not experiencing a health or safety emergency that requires immediate intervention. Wellbeing checks should not involve a room inspection. Staff should only do the minimum necessary to confirm that the participant is well, if the participant is present in their room. If the participant is absent during the wellbeing check, staff would note their absence on the Room Check Log but do not have to take any further steps to locate the participant unless they have been specifically directed to do so by the management team.

The Wellbeing Check procedure is as follows:

- i. **Staff knocks on the participant's door.**
 - a. **If the participant answers the door**, staff does not need to go into the participant's room. It is enough for staff to visually assess the participant to ensure they are breathing, and do not appear to require immediate emergency attention. Staff may also verbally confirm that the participant is feeling well and does not require additional support.
 - b. **If the participant does not answer the door**, staff should knock on the participant's door a second time and wait a moment to allow the participant time to respond. If there is still no response, staff should key into the participant's room. Staff should politely announce themselves by politely stating their name, title, and reason for entering the room before stepping inside (e.g., "This is Jane, one of the ops team with Connections, I need to do a quick room check"). **If the participant/s is not in their room, the wellbeing check is immediately over.** Do not complete a visual room inspection.
- ii. **If the participant/s is present**, staff should visually assess the participant to ensure they are breathing, and do not appear to require immediate emergency attention. Staff may also verbally confirm that the participant is feeling well and does not require additional support.
 - a. **If a participant is present but is indisposed** (e.g., the participant is in the bathroom or is undressed), staff should alert the participant that they will return in 15 minutes to check on the participant. Staff should then complete the wellbeing check at that time.
 - b. **If a participant is present and is not in crisis but does appear to be struggling** either with a health, behavioral, or psychiatric concern staff should alert the participant's case manager and note the apparent concern in the shift log. For instance, if Jane Doe answers the door in tears and tells you that she just broke up with her boyfriend, but is alright, you would record the concern in the shift log and alert her case manager so that staff can follow up and provide support as is appropriate and possible.
 - c. **If a participant is present and is in a physical, behavioral, or psychiatric crisis** staff should alert the manager on duty, complete an incident report, and follow the appropriate emergency procedures.
- iii. **Staff should complete a [Room Check Log](#) as soon as possible.** A Room Check Log must be completed promptly every time a room check occurs.

3. Afterhours Wellbeing Check Procedure

An Afterhours Wellbeing Check refers to any wellbeing check that occurs during the shelter’s specified quiet time (i.e., between 10pm-8am). The goal of the Afterhours Wellbeing Checks is to confirm that the participant appears to be well and is not experiencing a health or safety emergency that requires immediate intervention without disturbing participants who may be resting or asleep.

The Afterhours Wellbeing Check Procedure is as follows:

- i. **Staff softly knocks on the participant’s door once.** Staff should take care that the knock is quiet enough to not wake a participant if they are asleep. Staff should then pause briefly so that in the instance that the participant is awake, the participant has an opportunity to respond.
- ii. **Staff should enter the room unless the participant answers the door.** If the participant did not answer the door or verbally respond to staff’s “soft knock,” staff should assume that the participant is resting or is asleep and should take every effort to enter the participant’s room as quietly as possible. Do not turn on the room’s lights. Do not speak loudly.
- iii. **If the participant appears to be asleep or resting, visually confirm that the participant is breathing normally** by watching to see that the participant’s chest or stomach rising and falling regularly. If it is too dark for you to see, you should use the minimum amount of light possible to be able to assess their breathing. (For instance, you might use a flashlight, or phone screen).
 - a. **If the participant does NOT appear to be breathing regularly,** follow the appropriate emergency procedure protocol including but not necessarily limited to trying to awake the participant, calling 911, administering Narcan if an overdose is suspected, alerting the Manager on Duty, and filing an incident report.
 - b. **If the participant/s is absent,** Afterhours Wellbeing Check is immediately over. Do not stay to visually inspect the room.
- iv. **If the participant is awake,** staff visually assess the participant to ensure they are breathing, and do not appear to require immediate emergency attention. Staff may also quietly confirm that the participant is feeling well and does not require additional support.
- v. **Complete a [Room Check Log](#) as soon as possible.**

RULE VIOLATIONS AND ZERO TOLERANCE BEHAVIORS

CFTH uses an incremental process to address behaviors that have a negative impact on the community. This process provides participants an opportunity to change problematic behaviors and includes:

- 1st Incident: CFTH staff will give a verbal warning to reiterate the rule or guideline that was not followed and clarify expectations moving forward.
- 2nd Incident: CFTH staff will complete a Learning Agreement that outlines what the issue is, what is expected of the participant moving forward, how the staff will support the participant, and the potential consequences of continuing the behavior. Staff will provide a copy of the LA to the participant.
- 3rd Incident: Participant will be suspended from the MI for 24 hours. Refusal to leave the MI will result in discharge.
- 4th Incident: Participant will be discharged from the MI.

Zero Tolerable Behaviors result in immediate discharge from the MI and include:

- Possession of a weapon, regardless of whether it is used

- Physical violence or aggression towards CFTH staff, hotel staff, participants, or other individuals involved with its programs (volunteer, etc.). This includes making threats of violence or using hate speech.
- Illegal or illicit activity including, but not limited to, drug dealing or sex work on site.

ON-CALL PROCEDURE

MANAGER ON DUTY (MOD) NUMBER IS (847) 404-0445.

- On call line will be staffed by a weekly rotation of program management staff.
- On call hours are 4:00 p.m. to 8:00 a.m. on weekdays and 24 hours on weekends and holidays.
- If there is no answer leave a voice mail with your contact number and the manager will get back to you within 15 minutes. After 15 minutes if you do not receive a call back contact Tina White (773) 573-5216. As soon as you are able, please complete an incident report (see below).
- Reasons to call:
 - Fire/police reports (both onsite and in the community)
 - Mandated reporting incidents (DCFS; threat to harm self/others)
 - Mental health crises / consultation re: psychiatric petitions
 - All Level 1 incidents (see below)
 - Consultation regarding urgent participant issues
 - Urgent facilities issue
 - Domestic violence incidents
 - Inquiries from the media

INCIDENT REPORTING

When an incident occurs with a participant that needs to be documented, regardless of whether it warrants the need for follow up, staff should complete an Incident Report. Each program location has a designated reporting form, accessible via TEAMS. To submit an incident report, staff should go to the location’s Teams channel and click the tab labeled “Incident Reports”. The form should be completed in its entirety and with as much detail regarding the incident as possible. Once the form is submitted, a manager will determine if follow-up is warranted and, if so, assign it to the appropriate staff member to complete the follow-up. Below is a summary for how to rank incidents.

Level 1
Level 1 behavior encompasses acts of severe aggression or violence within the Margarita shelter, and behavior that puts the Margarita population at risk. All incidents that result in police contact are Level 1. Complete incident report immediately. In addition, during business hours inform the manager immediately. Outside of business hours, the Manager on Duty should be contacted as soon as it is safe to do so (See On-Call Procedure).
Level 2
Level 2 behavior encompasses less severe acts of aggression (non-physical), disrespect, noise violations within the Margarita shelter. It includes victimless rule-breaking, property issues in the community surrounding the shelter. Complete incident report within one hour of the incident.
Level 3
Level 3 behavior encompasses victimless rule-breaking that occurs within the Margarita shelter. Complete incident report within one hour of the incident.

CALL OFF PROCEDURE

	SUN	MON	TUES	WED	THURS	FRI	SAT
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MARGARITA INN POLICIES AND PROCEDURES – UPDATED SEPTEMBER, 2022

12:00a – 8:00a	MOD	MOD	MOD	MOD	MOD	MOD	MOD
8:00a – 4:00p	MOD	SUPVR	SUPVR	SUPVR	SUPVR	SUPVR	MOD
4:00p – 12:00a	MOD	SUPVR	SUPVR	SUPVR	SUPVR	SUPVR	MOD

BLUE SHIFTS: CALL OFFS

STEP 1: CALL the Manager on Duty (847.404.0445). If the call is unanswered, leave a detailed voicemail. Wait ten (10) minutes and call again if the MOD has not called back.

STEP 2 (if necessary): If after two attempts Staff have been unable to reach the MOD, they should CALL their Immediate Supervisor. If the call is unanswered, leave a detailed voicemail.

STEP 3: CALL the on-site phone at work location (Margarita: 224.422.7969 || Our House: 224.531.3607). Staff should inform co-worker(s) that they will not be in and if they have been able to reach Management.

STEP 4: Input PTO request into Paychex within 24 hours.

YELLOW SHIFTS: CALL OFFS

STEP 1: CALL Immediate Supervisor (*at or after 7:00am*). If the call is unanswered, leave a detailed voicemail. Wait ten (10) minutes and call again if the Supervisor has not called back.

STEP 2 (if necessary): If after two attempts Staff have been unable to reach their supervisor, they should CALL a Margarita manager (Keegan Olson, Malik Muhammad or Tina White). If the call is unanswered, leave a detailed voicemail.

STEP 3: CALL the on-site phone at work location (Margarita: 224.422.7969). Staff should inform co-worker(s) that they will not be in and if they have been able to reach Management.

STEP 4: Input PTO request into Paychex within 24 hours.

ALL SHIFTS: LATE ARRIVALS

In the event Staff is going to arrive late to their shift, the following procedure is to be followed.

If arriving less than 10 minutes after start of Shift:

- **STEP 1:** CALL the on-site phone at work location (Margarita: 224.422.7969 || Our House: 224.531.3607) no less than five (5) minutes prior to the start time of their Shift. Staff should inform co-worker(s) that they will be late and the approximate time of arrival.
- **STEP 2:** Send a Teams message to Immediate Supervisor informing them of late arrival and reason.

If arriving more than 10 minutes after the start of Shift:

Staff is to use the Call Off procedure outlined on the previous page to inform Management and co-worker(s) of late arrival. These calls should be initiated as soon as possible in the event that alternate coverage has to be found.

PROGRAM OPERATIONS SHIFT EXPECTATIONS/DUTIES

1ST SHIFT OVERNIGHT (12:00AM – 8:00AM)

Position 1

- Stationed inside the front door on the Entry Landing
 - May not be sitting at the Bar or in the 2nd Floor Lobby
 - Front door required to be always staffed until Front Desk staff arrives
 - Responsible for letting participants in the front door
 - When enforcing curfew (11:00p – 5:00am), an Incident Report must be submitted for any Participant denied entry into the building
 - Responsible for securing the Courtyard Door and allowing participants re-entry
- Responsible for monitoring:
 - Participants entering/exiting the Shelter
 - Participants in the Courtyard
 - General behavior on the 1st + 2nd Floors

Position 2

- Responsible for completing:
 - Laundry pick-up (Sun + Tues)
 - Milk delivery (Mon)
 - Hourly rounds through the entire building, including the back stairwell
 - Hourly rounds outside the building
 - When not doing the above or on break, stationed on the 3rd or 4th Floor
- Responsible for monitoring general behavior on the 3rd, 4th, + 5th Floors
- Responsible for responding to participant issues throughout the building as needed
- Staff will not be in the Office except when on their designated break.
 - When in the Office, the door must remain open unless in the restroom.

2ND SHIFT: DAYTIME (8:00AM – 4:00PM)

Position 1

- Responsible for preparation, distribution, and clean-up of Breakfast (8:30a – 10:00a)
 - Take out the kitchen trash after the meal
 - Clean and organize the fridge
 - Toss any perishable leftovers that are dated more than 2 days old
 - Put away any leftovers after breakfast, mark the date on any leftover food
 - Sanitize surfaces (e.g., kitchen counters used during meal prep/distribution)
 - Mop kitchen
- Responsible for tracking and inputting AM attendance in the Shelter Census
- Responsible for checking trash on each floor and emptying, as needed, at 11:00am
- Responsible for delivering returned laundry to participants (Tues + Thurs)
- Responsible for hourly rounds outside the building from 12:30p – 3:30p

Position 2

- Responsible for hourly rounds outside the building from 8:30a – 11:30a
- Responsible for the outgoing and incoming laundry pick-ups and deliveries (Mon, Tue, Wed, Thurs)
 - Including the processing of returned laundry (Tues + Thurs)
- Responsible for receiving lunch deliveries and recording on Lunch Log
- Responsible for the preparation, distribution, and clean-up of Lunch (12:30p – 2:00p)
 - Take out the kitchen trash after the meal

- Clean and organize the fridge
- Clean out the coffee pot and put it away
- Put away any leftovers after lunch, mark the date on any leftover food
- Sanitize surfaces (e.g., kitchen counters used during meal prep/distribution)
- Mop kitchen
- Responsible for tracking and inputting NOON attendance in the Shelter Census
- Responsible for checking trash on each floor and emptying, as needed, at 3:00pm

Shared responsibility for overall monitoring of participant behavior throughout the building, including the Courtyard

3RD SHIFT: EVENING (4:00PM – 12:00AM)

Position 1

- Responsible for receiving dinner deliveries and recording on Dinner Log
- Responsible for the preparation, distribution, and clean-up of dinner (5:45p – 7:15p)
 - Including purging any leftover perishable dinner foods from the day before
- Responsible for tracking and inputting PM attendance in the Shelter Census
- Responsible for notifying Management of any Ptps absent more than 48 hours
- Responsible for checking trash on each floor and emptying, as needed, at 11:00pm
- Responsible for hourly rounds outside the building from 8:30p – 11:30p
- After 9:00pm, when not doing the above, stationed on the 3rd or 4th Floor
- Responsible for monitoring general behavior on the 3rd, 4th, + 5th Floors
- Responsible for responding to Ptp issues throughout the building as needed

Position 2

- Responsible for hourly rounds outside the building from 4:30p – 7:30p
- Responsible for checking trash on each floor and emptying, as needed, at 7:00pm
- Responsible for receiving breakfast deliveries
- After 9:00pm, stationed inside the front door on the Entry Landing
- Responsible for letting Participants in the Front Door once Front Desk staff leaves
- When enforcing curfew (11:00p – 5:00am), an Incident Report must be submitted for any Ptp denied entry into the building
- Responsible for monitoring:
 - Pts entering/exiting the Shelter
 - Ptps in the Courtyard
 - General behavior on the 1st + 2nd Floors

From 4:00p – 9:00p, shared responsibility for overall monitoring of participant behavior throughout the building, including the Courtyard

ALL SHIFTS

- Respond to Behavioral, Health, and Operational issues that arise throughout the building, as well as on the exterior property
- Notify MOD of all Level 1 Incidents

- Assist Ptps with accessing basic needs, including clothes, food, hygiene products, etc. Record on designated log forms, when required
- Verbally de-escalate situations with and between Ptps
- Ensure the maintenance of a clean environment, both in general communal areas and individual participant rooms, as well as the exterior property
- Ensure that the environment is safe and community-oriented by helping the Ptps adhere to general and program-specific rules
- Engage and collaborate with Ptps to explore their case management needs and make appropriate referrals
- Responsible for completing room checks
- Responsible for maintaining required documentation and records (e.g., room check logs, shift logs). This additionally includes submitting comprehensive and detailed Incident Reports for all Ptp Behavioral and Health issues and/or Operational issues.
 - Level 1 Incidents to be reported immediately, once it is safe to do so
 - Level 2 + 3 Incidents to be reported within one (1) hour of the incident

SHELTER RADIO COMMUNICATION PROTOCOLS

Radios are used to facilitate better and more efficient communication between staff throughout the building.

Radio Locations:

- Front Desk
- Operations Staff x 2
- Shelter Supervisor
- Shelter Manager

Protocols:

Staff will operate with the understanding that the radios act not as a telephone, but rather as a loudspeaker throughout the shelter. Therefore, the radios will be strictly used as follows:

- Radios are for business use only. Personal conversations should be conducted via phone, text, or in person.
- Participants shall be referred to by room number only whenever possible. If names are essential, only first names are to be used.
- The nature of the issue will be kept as brief and generic as possible.
- If an issue requires a lengthy discussion and/or explicit details, the staff involved should move the conversation to the phone or in person after connecting on the radio.
- Once the radio call has been concluded, one staff member will say “293 clear” to indicate that the conversation has completed, and a new call may be initiated.
- Staff will have the radio always turned on and in their possession during their shift. This includes when going out to the exterior of the shelter.
- Volume will be kept at a reasonable level, ensuring that staff can easily monitor calls but without broadcasting any louder than necessary.
- Radios will always operate on Channel 1, unless otherwise directed by the Operations Supervisor/Manager.
- Radios do not leave the shelter property at any time.
- Staff may be held liable for any damage and/or loss caused to the radio while it is in their possession.

CONGREGATE FLOOR POLICY

The first-floor participant rooms of the Margarita Inn (i.e., 105, 106, 107, and 108) comprise our “Congregate Floor” space and are reserved for participants who have a recent history of health or safety incidences such as overdose, property damage, or other higher risk concerns. Staff must conduct daily scheduled room checks on all participants who are housed on the Congregate Floor for health and safety reasons.

Participants roomed on the congregate floor for health or safety reasons always have the following room check schedule:

Time of inspection	Inspection type*
11am	Visual Room Inspection & Wellbeing Check
3pm	Wellbeing Check
7pm	Wellbeing Check
11pm	Afterhours Wellbeing Check
3am	Afterhours Wellbeing Check
7am	Afterhours Wellbeing Check

- *Note: Participants are not required to be present during any inspection.

On occasion, participants on other floors may also require the same schedule of inspections. Please review the “Room Check Policy” below for a detailed description of the procedures.

Currently, our Congregate Floor rooms are additionally reserved for participants who use wheelchairs or who otherwise cannot navigate the elevator or stairs until we can expand the accessibility of the building. Participants who are housed on the Congregate Floor solely for accessibility reasons (e.g., they use a wheelchair) do not require room checks unless there are additional health or safety concerns and room checks have been specifically requested for them by management.

MENTAL HEALTH EMERGENCIES

SUICIDAL IDEATION:

If someone expresses thoughts of suicide staff should complete a [Suicide Risk Assessment June, 2022](#)

in addition to immediately consulting with a manager or a member of the Health Team. If the incident occurs outside of regular business hours call the Manager on Duty at (847) 404-0445. After the incident, the form should be given to the Behavioral Health Specialist at the Margarita for follow up and an incident report completed.

PETITIONING PARTICIPANTS:

Psychiatric petitioning is the process in which a person hospitalizes another person against their will. This occurs because the individual is (a) deemed as a potential harm to themselves or others; or (b) because their mental

illness prevents them from taking care of themselves. The person being petitioned must have current symptoms of a mental illness; however, it does not have to be diagnosed. To petition a participant, the petitioning individual must witness behaviors that indicate potential harm and must complete a petition immediately.

EXAMPLES OF BEHAVIORS WHICH MIGHT GIVE RISE TO PETITIONING:

- Comments or behaviors that indicate someone may cause harm to themselves. For example, an individual who makes suicidal comments.
- Comments or behaviors that indicate someone may cause harm to someone else. For example, an individual who makes comments about wanting to hurt or kill another person or group of people.
- Behaviors that indicate that someone with a mental illness is unable to care for themselves because of their mental illness. For example, an individual who stops taking their insulin for diabetes because they think it is poison.

For behavioral health issues that are NOT emergencies complete an Internal Referral Form for Margarita's Behavioral Health Specialist to further assess the individual and provide appropriate follow up.

See [Emergency Procedures](#) for information on how to petition someone and a link to the forms.

MEDICAL EMERGENCIES

9-1-1 EMERGENCY SERVICES SHOULD BE CALLED FOR THE FOLLOWING MEDICAL EMERGENCIES:

- Chest pain
- Loss of consciousness
- Difficulty breathing or shortness of breath
- Severe bleeding or unable to stop bleeding
- Signs of Stroke
- Seizure
- Falls where head, neck, back involved
- Suicidal thoughts/plan
- Medication/Drug Overdose- overly sedated, not responding to attempts to call name.

For medical issues that are NOT emergencies complete an Internal Referral Form for Connections' Nurse to follow-up with the participant to assess the medical issue and link to appropriate care.

OVERDOSES / USE OF NARCAN

Narcan blocks or reverses the effects of opioids, including extreme drowsiness, slowed breathing, or loss of consciousness. It is used to treat a narcotic overdose in an emergency. It is only effective for opioid overdoses (heroin, fentanyl, and certain prescription pain medications).

Multiple doses of nasal Narcan are kept in a red bag in the Health + Operations office (Fabbri room) at the Margarita. All CFTH staff are trained at the new employee orientation on how to administer Narcan. if you did not receive the training contact the Margarita Health program staff for a brief overview on how to use Narcan. instructions are also found on the packaging. You will not harm someone by administering Narcan even if it turns out that they are not experiencing an opiate overdose at that time. Always call 911 and complete an incident report when you utilize Narcan at the Margarita.

SIGNS OF AN OPIOID OVERDOSE INCLUDE:

- Slow or weak breathing
- Gradual increase in breathing followed by a decrease in breathing and airflow
- Trouble breathing or not breathing
- Deep snoring or gurgling noises
- Dizziness, confusion, drowsiness including extreme drowsiness
- Passing out
- Collapse and coma
- Unable to be woken up by touch, shaking of shoulders or shouting
- Slow or no heartbeat
- Cold, pale, clammy skin
- Very small pupils, like a pinpoint

FACILITY EMERGENCIES

FIRE/FIRE ALARM

In the event of a fire alarm, all participants should be directed to the stairwells to exit the building and gather across the street. The elevator should not be used. Once the building has been cleared, staff should go outside to wait for the fire department to arrive. Upon arrival, staff should inform the Fire Department of any Participants known to be unable to exit via the stairs due to physical handicap.

If there is an active fire in the building, the staff member at the front door should contact the Manager on Duty once participants are safely gathered outside the hotel.

INCLEMENT WEATHER/TORNADO WARNING

Participants should be encouraged to remain inside the building until the weather passes. Any participants waiting outside for services should be brought into the building until the weather passes.

In the event of a tornado warning, participants and staff should shelter away from any exterior windows and doors. If a tornado is sighted, all persons should shelter in the lower-level area of the building.

FLOODING

If there is flooding, the Operations Manager should be called immediately as well as completing an incident report. If the Operations Manager is not available, contact the MOD number.

DE-ESCALATION

Definition: Reduction of the intensity of a conflict or a potentially violent situation using verbal and non-verbal techniques. Primary goal in reducing a conflict is using these techniques to build rapport/trust and a sense of connection with the agitated person.

All Margarita staff receive an initial de-escalation training overview during the new employee orientation in addition to attending and completing a Handle with Care certification class within 90 days of their employment with the agency. Staff should first try to deescalate a non-emergency situation before contacting police. If possible, pull in another staff member and Manager or contact the MOD number if additional assistance is needed.

See [Emergency Procedures](#) for more information on de-escalation techniques and [Niche Academy](#) for additional on-demand training on de-escalation.

CALLING LAW ENFORCEMENT

CFTH seeks to have a constructive working relationship with the Evanston Policy Department to mutually serve our community. At the same time, participants have a right to privacy and CFTH has an obligation to protect participant confidentiality. To this end police will not be allowed past the entrance with the following exceptions:

- If MI staff have contacted the police or emergency responders for assistance for an on-site incident
- If a participant has requested police or emergency responders for assistance
- The officer(s) presents a subpoena and/or warrant authorizing access to the-site.

When the police are called, please meet the police outside to brief them on the concern and stay present with the police throughout their time on site. If you feel the police are screening for other criminal activity in the space beyond the reason you called them, please advocate for them to focus on the issue at hand or ask a co-worker to assist if you do not feel safe doing so. **An incident report must be completed any time police is called by both staff and participants.**

EXAMPLES OF WHEN TO CALL 9-1-1 (THIS LIST IS NOT EXHAUSTIVE):

- Imminent safety risk on site such as a participant threatening to harm another resident or staff-person and person is unable to be de-escalated by staff
- Medical or behavioral health emergency/psychiatric emergencies when there is a threat to harm self or someone else
- Overdose

See [Emergency Procedures](#) for more guidance on working with law enforcement and ICE

MANDATED REPORTING

Staff providing services at Connections for the Homeless are mandated reporters for both minors (children aged 17 and younger) AND adults aged 60 or older and people with disabilities aged 18-59. Mandated reporters are required to call the appropriate Hotline to make a report if they suspect, or if there is evidence of, abuse or neglect by a caretaker. The Hotline worker or agency will determine if the information given by the reporter meets the legal requirements to initiate an investigation. In addition to making a hotline report you should also complete an incident report and let your direct supervisor know or the MOD if it is not during regular business hours.

MINORS/CHILDREN

Illinois Child Abuse Hotline: 1-800-25-ABUSE (1-800-252-2873)

See [Emergency Procedures](#) for additional information on mandated reporting requirements and child abuse and neglect.

SENIORS

24-HOUR ADULT PROTECTIVE SERVICES HOTLINE: 1-866-800-1409, 1-888-206-1327 (TTY).

MEDIA INQUIRIES

Per the Connections Employee handbook all media inquiries should be directed to the Director of Development. If the Director of Development is not available, the inquiry should be directed to a Development staff member, or in their absence, the Executive Director. If there is no one available at the time of the call/visit by person representing a media outlet, inform the person that you will pass along their contact information, and someone will get back to them as soon as possible. This process will assure that Connections has a clear and coordinated response to any incoming inquiries.

APPENDIX 1



SHELTER INTAKE CHECKLIST

Date:

Name:

Referring Program:

- 1) Sex offender registry was checked. Anyone currently on the sex offender registry will not be able to be served at the Margarita Inn.
- 2) Background check was completed. If any findings summarize below:
- 3) Drop-In Incident Reporting Log reviewed. If any findings summarize below:
- 4) Health Screening Completed. If any issues summarize below:

Outcome:

If not approved for move in or if more information is needed summarize below:

Person Completing Form:

APPENDIX 2

SUICIDE RISK
ASSESSMENT

If someone expresses thoughts of suicide this tool should be completed in addition to immediately consulting w/ a manager or member of the health team. For after-hours consultation call the MOD # at (847) 404-0445. After the incident, the form should be given to the Behavioral Health Specialist for your program and an incident report completed.

NAME:

DATE:

PROGRAM:

- Recent Suicidal threats
- Recent Suicidal Ideation
- Has a plan for how to commit suicide
- Has access to firearms, drugs, or other common means of suicide
- Previous suicide attempts
- Current substance use
 - If yes, substance use has recently increased
- Recent Stressors (e.g., loss of relationship, illness, etc.)

Depression				
1	2	3	4	5
Not at all depressed				Very depressed
Hopelessness				
1	2	3	4	5
Optimistic				Hopeless

Social Support				
1	2	3	4	5
High social support				No social support
Impulse Control				
1	2	3	4	5
Calm				Highly agitated/anxious

**EXHIBIT G: LETTER FROM CONNECTIONS BOARD PRESIDENT PAUL KALIL;
ADDITIONAL EMAILS OF SUPPORT**