

## Understanding Modules

Core Area 4 Demonstrating understanding and adherence to program delivery				
Module 4.5 Supportive Housing Programs				
Group 4.5.1 Program Administration Requirements are Fulfilled in Accordance with the Agreement				
Element	Description	Unaware - Developing	Aware - Developing	Meets
4.5.1.a	Key Performance Indicators (KPIs) are tracked, reported, and reviewed for ways to achieve	Key performance indicator data is not adequately tracked and reported.	Key performance indicator data is reported but local conditions make it difficult to take any steps to achieve targets.	Current KPIs are tracked and reported per agreement, Steps are taken towards achieving KPIs e.g: RRH, RHI, SHF Number and percentage of residents who are verified remain housed at twenty-four (24) months. Reasons for resident leaving the development (e.g., found alternate housing) PHI SRO with Support Services Percent of residents who remain housed after six (6) months/length of residency at exit/ reasons for resident leaving (e.g., found alternate Stable Housing; abandoned; street; shelter; hospital; detox; other).
Group 4.5.2 Supportive Housing Programs are Delivered in Accordance with the Agreement				
Element	Description	Unaware - Developing	Aware - Developing	Meets
4.5.2.a	All food services and other essential services for the Supportive Housing Program are provided in accordance with the agreement.	The number of units available is inconsistent with the agreement. Understaffing is common. Evidence of unsafe food handling. Food storage inadequate causing food spoilage. Not in compliance with Local Health Authorities (high risk of being shut down).	Some units are occupied by people who are not eligible. Meals served according to the agreement but with limited variation. No dietary or cultural needs addressed. Local health officials have raised concerns about the food service.	Provider is compliant with local health authorities for food service. Where food service is required in the agreement: Food handling, preparation, storage and serving practices meet provincial requirements, including staff Food Safe certification. Where meals are prepared and served on site a Food License Permit is required, the current license is posted and there are no outstanding violations. Rotating menus are reviewed annually by a Registered Dietician (where available); efforts are made to ensure menus and meal selections address a variety of dietary needs.

## Understanding Modules

4.5.2.b	All Support Services required for the provision of supportive housing are provided in accordance with the agreement.	Eviction and self-discharge to homelessness rates are high at the development. The provider does not offer regular supportive activities. There are no client referrals to outside organizations. No case planning is available to clients. Residents do not know if they are entitled to income and the often do not have required ID. Staff are not adequately trained in overdose prevention. Wellness checks do not occur.	If a resident cannot be successfully housed in the development, the provider does not try to find alternate housing options. The supportive activities offered are limited and not of interest to residents. They are not attended. The provider has a small selection of service providers in their external network. Clients are rarely referred to outside organizations. Limited case management is available to clients. Residents often do not have required ID and many are not receiving the income they are entitled to.	Support services include: Support for residents to maintain residency. Individual or group support services. Connecting residents to community supports and services 4. Case planning and resident needs assessment (as applicable) as needed. Assistance with Income Assistance (PWD, CPP, OAS, GIS), ID replacement, and bank accounts as needed.
4.5.2.c	A harm reduction strategy, which includes harm reduction supply, wellness checks, and overdose prevention services, is in place. Guest policies are clearly defined and communicated.	Staff are not adequately trained in overdose prevention. Wellness checks do not occur. Resident overdoses are occurring regularly and some are fatal.	Residents must ask for harm reduction supplies which are stored in the staff area. Wellness check procedures are not clear or written and are often not conducted. Procedures for over consumption are punitive and shaming.	Residents can readily access harm reduction supplies and sharps disposal. Wellness check procedures are developed, conducted as needed and recorded in a log. Overdose prevention services are provided in accordance with the agreement. Depending on the site and agreement – may include an Overdose Prevention Space (funding for staffing may be from Health).
4.5.2.d	Staffing is provided according to the approved staffing model/schedule.	Positions are often not filled by qualified staff. Staff shortages are common. Some positions are vacant for an extended period.	Staff turnover is high and sometimes staff must work in positions for which they are not qualified to ensure minimal coverage.	All staff positions are filled with qualified personnel Staff vacancies are filled as soon as possible. Staffing is reflective of the programs according to their agreement (Indigenous programs, case management).
4.5.2.e	The provider accepts resident referrals from Coordinated Access and Assessment (CAA), where applicable and available.	The provider does not accept referrals from CAA when applicable and available.	The provider selectively accepts some CAA referrals or there is no local CAA process.	The provider participates in Coordinated Access and Assessment (CAA) initiatives, where available.
Group 4.5.3	The Provider Demonstrates Understanding of the Supportive Housing Programs Approach and Specific Requirements of the Agreement			
Element	Description	Unaware - Developing	Aware - Developing	Meets

## Understanding Modules

4.5.3.a	The provider maintains a high level of client accessibility to the Supportive Housing Program and provides clear and consistent eligibility guidelines.	Eligibility criteria is unclear, and applicants are turned away even when the facility is not full. Applicants do not know how to become eligible for service. Some are unable to access the housing because they have a pet, have many belongings, or have a disability that impacts their mobility.	Eligibility criteria seems to shift depending on staffing. People seeking housing are not sure if they will be admitted, especially if they have mental health and substance use concerns. There is no service restriction complaints and appeal process in place.	Programs meet community need by being as accessible as possible. Residents, who are absolute homeless or at risk of homelessness are selected in a fair, consistent, and transparent manner. Providers seek to reduce restricted access. Services are culturally safe and language barriers are addressed. Services are accessible to, and perceived as safe by, women and gender diverse clients.
4.5.3.b	Efforts are made to improve or maintain client health and safety while residing in supportive housing.	Staff are unaware of potential health and safety risks for clients and have not received basic required training. Physical and program design contributes to the occurrence of critical incidents. The provider is often experiencing health and safety crises on site and there are regular instances of clients being harmed. There are few relevant policies and procedures for maintaining client health and safety.	Staff training is sporadic and policies and procedures for client health and safety are dated. To improve client health and safety, increasingly stringent rules and restrictions are implemented, many of which serve to further stigmatize clients. If provided, clients must request specific harm reduction supplies from staff in front of other clients.	Staff are well trained to respond to a range of situations including, but not limited to, drug overdoses, health emergencies, accidents, violence amongst clients, and mental health breaks. The provider is able to effectively refer residents to a range of health services. Harm reduction practices and supplies and overdose prevention guidelines in place, including naloxone training, wellness checks, and intake procedures for ascertaining substance use.
4.5.3.c	Efforts are made to protect staff health and safety while working at the supportive housing development.	Staff are regularly injured while at work due to lack of safety protocols and procedures. Staff do not have adequate safety training.	After experiencing staff safety incidents, the provider implements stricter rules and restrictions to prevent more situations from occurring. Staff training remains incomplete, and policies, procedures and protocols are dated.	Adequate staff protocols, procedures, policies, and training are in place to protect staff from harm. When an incident does occur, the provider uses the situation as a learning opportunity to prevent similar situations from occurring in the future.
4.5.3.d	Services provided are client-centred, demonstrate understanding of the client's needs (including cultural) and support client wellbeing.	Case planning is seldom provided to clients. The culture and identity of the supportive housing clients is not reflected in the physical	Case planning is provided sporadically to clients. There are a high number of rules and restrictions in place for supportive housing	Staff understand and actively support client wellbeing. An atmosphere of dignity, compassion and respect is maintained in the supportive housing development. Case planning and supports are accessible and

Understanding Modules

		<p>environment of the development. Staff operate in a way that excludes or negates some identities. The shelter has few established relationships with community organizations which could provide support and resources to clients (including cultural and spiritual). Clients have no opportunity to provide input into programming or procedures at the shelter.</p>	<p>clients. Evictions and threats of eviction occur regularly in response to "rule breaking". Client input and contributions to programming are discouraged. The supportive housing environment is institutional and does not reflect the client population. Connections to community organizations is limited and does not meet the needs of the clients.</p>	<p>provided in a client-centred manner to meet resident needs. Clients are connected to needed resources and service providers partner to improve services available. The provider offers a culturally safe and inclusive environment with a focus on wellness. Providers reduce restricted access and stigma. Staffing and management is reflective of the diversity of the community and the resident population.</p>
4.5.3.e	<p>Staff training requirements are provided in accordance with the agreement in a timely manner.</p>	<p>Staff training requirements are not being met on a regular basis.</p>	<p>Staff training and upgrading are not occurring in a timely manner most likely because of high staff turnover.</p>	<p>The provider ensures that staff have required training and upgrading to meet the requirements of the agreement and the specific job descriptions.</p>