**Program Information**

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| Agency Name: Program Name: Program Review Date: | | | | | | | | | | | | | | | | | |
| Program Supervisor: Person Completing this Report: | | | | | | | | | | | | | | | | | |
| CHF Funding Allocation for Program: Contract Term: | | | | | | | | | | | | | | | | | |
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| Primary target population(s) | | | | Families | | Singles | | Both | | Target # | | | | | | | |
| Priority target population(s) (check all that apply) | | | | Chronically Homeless | | Episodically Homeless | | Youth | | Aboriginal | | Women | | At Risk | | Other (specify) | |
| Additional Description | | | |  | | | | | | | | | | | | | |
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| Program Type  (check only one) | Prevention | Emergency Shelter | Short-term Supportive Housing | | Permanent Supportive Housing | | Housing & Intensive Supports | | Rapid Re-Housing | | Housing Location | | Outreach | | Support Services Only | | Affordable Housing |
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| Has any of this information changed in the past year? Please specify. | | | | | | | | | | | | | | | | | |

**Leadership Questions**

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| **Discussion Item** | **Answer** | **Notes** |
| **Strategic Alignment** |  |  |
| Strategic Alignment   1. How does your agency strive for strategic fit and alignment with the CHF Plan to End Homelessness, Alberta Plan to End Homelessness, Youth Plan to End Homelessness and/or HPS Community Plan Program? |  |  |
| 1. How would you define your program type, target population and role in the System of Care? |  |  |
| 1. What is your agency vision, mission and values? |  |  |
| 1. How are these, reflected in the CHF funded programs? |  |  |
| **Client Rights and Responsibilities** |  |  |
| 1. What is your program’s client grievance process?  How are clients made aware of the grievance process? |  |  |
| 1. How does your program’s process for tracking and reporting Critical Incidents.  Are all Critical Incidents reported to CHF? |  |  |
| 1. How does your program explain rights to clients?  What kind of rights are explained to them? |  |  |

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| **Discussion Item** | **Answer** | **Notes** |
| **FOIP** |  |  |
| 1. How informed is your agency of FOIP legislation? To what extent is your program compliant with FOIP legislation? |  |  |
| 1. How do you inform and train staff of FOIP related agency policies and procedures? |  |  |
| 1. How does your agency monitor for FOIP compliance? (collection of information, client consents, disposal of records, security of information, records retention of 7 years, etc.) |  |  |
| **Reporting** |  |  |
| 1. How does the program ensure that data is being collected and reported on in a consistent, complete and timely manner? |  |  |
| 1. To what extent has the program been able to meet HS and/or HPS reporting requirements (progress reporting and financial reporting) |  |  |
| **Performance Management** |  |  |
| 1. How does the program assess program performance? (program logic model, evaluation plan, measurement tools, etc.) |  |  |
| 1. To what extent is the program on track to meet outcome measures and output targets? |  |  |
| 1. How does the program analyze and interpret program data? (client demographics, survey data, trends analysis, outputs, etc.) |  |  |

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| **Outcomes** |  |  |
| 1. How does the program measure client satisfaction? |  |  |
| 1. How does the program’s short, intermediate and long term outcome align with CHF System and Program Performance Benchmarks? |  |  |
| 1. How does the program work towards positive destinations? |  |  |
| 1. How does the program support and measure (1) decrease in evictions and (2) increase program and/or housing retention? |  |  |
| 1. How does the program support and measure self-sufficiency in clients? |  |  |
| 1. How does the program support and measure community integration and social inclusion? |  |  |
| 1. How does the program support and measure increase/ stabilization of income and if applicable, increase employability? |  |  |

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| **Organizational Infrastructure** |  |  |
| 1. How does your agency determine and manage fringe benefits? |  |  |
| 1. How does your agency support and encourage professional development with staff?  Has program staff been attending CHF training opportunities?  What other training would be beneficial for your staff, program, and/or agency? |  |  |
| **Financials** |  |  |
| 1. What are the program’s other funding sources, what are the funding stipulations attached to these sources and how does the program calculate and allocate surplus/deficit? |  |  |
| 1. How does the agency report budget variances greater than 10% as defined in your funding agreement? |  |  |
| 1. Do you ever cover the cost of repatriation (moving “home” or out of town) and how do you ensure the client is housed and supported in the community they are re-locating to? |  |  |
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**Front Line Staff Questions**

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| **Discussion Item** | **Answer** | **Notes** |
| Strategic Alignment |  |  |
| 1. How would you define your program type, target population and role in the System of Care? |  |  |
| 1. What is your agencies vision, mission, values? |  |  |
| 1. How do these fit with CHF funded program(s)? |  |  |
| **Program Design** |  |  |
| 1. What are your program’s eligibility criteria? |  |  |
| * 1. Do you feel it is appropriate for the program type and target population? |  |  |
| 1. What are your programs screening and intake processes? Are the processes effective to ensure appropriate client fit in the program? |  |  |
| 1. How does your program ensure that client files are complete? (intake form, assessments, consents, etc.) |  |  |
| 1. How does your program prioritize access for your target population? How does your program manage waitlists? |  |  |
| 1. Who are your primary sources of referral into your program?  How does your program operate within the system of care to enhance access to appropriate services/interventions? |  |  |
| 1. Does the program have housing readiness requirements? |  |  |
| 1. What types of rules are established through tenant agreements or house rules? |  |  |
| 1. Do clients have the ability to exercise choice regarding the location or type of housing they receive? |  |  |
| 1. Can clients refuse housing placements? |  |  |
| 1. Are clients required to engage with case management services? |  |  |
| * 1. In what way? |  |  |
| * 1. Are clients required to engage with other services? |  |  |
| 1. Is sobriety or abstinence a requirement for the program? Can tenants be evicted for substance use only? What are some typical reasons for discharge/program exit? |  |  |
| 1. Does your program use a harm reduction approach to work with consumers when they relapse? What typically happens when a client relapses? |  |  |
| **Cultural Practices** |  |  |
| 1. How does your program ensure that services for Aboriginal people are culturally appropriate? |  |  |
| 1. How does your program ensure that services are culturally sensitive to meet the needs of immigrants? How does your program monitor for legal immigration status for Housing First programs? |  |  |
| 1. How many aboriginal and new immigrants does your program currently serve? |  |  |
| **Program Discharge** |  |  |
| 1. What are your program’s exit and graduation processes and criteria? |  |  |
| * + - * 1. For both planned and unplanned discharges? |  |  |
| * + - * 1. How is this information communicated to clients? |  |  |
| 1. How many evictions do you experience monthly and what do you do to re-house evicted clients? |  |  |
| 1. How do your discharge/eviction guidelines and procedures ensure that all reasonable efforts have been made to prevent discharge/eviction into homelessness? Is there a formal follow-up process?  What do you do if a client needs help after graduation? How many 6 month/12 month post Grad? |  |  |

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| **Client Rights and Responsibilities** |  |  |
| 1. What is your program’s client grievance process?  How are clients made aware of the grievance process? |  |  |
| 1. How does your program’s process for tracking and reporting Critical Incidents.  Are all Critical Incidents reported to CHF? |  |  |
| 1. What are the client’s rights and responsibilities with your program?  How are the clients made aware of his/her rights and responsibilities? |  |  |
| **FOIP** |  |  |
| 1. Can you please describe what efforts are made to ensure your practice is FOIP compliant? |  |  |
| **Information Security** |  |  |
| 1. How does your agency ensure for the protection of information on computers and servers accessing HMIS? |  |  |
| 1. Does your agency have policies and procedures to ensure information security?  What is the agency protocol for reporting the loss of client files/information? |  |  |
| 1. Who is responsible for inputting data in the HMIS System? |  |  |

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| **Outcomes** |  |  |
| 1. How does the program measure client satisfaction? |  |  |
| 1. How does the program work towards positive destinations? |  |  |
| 1. How does the program support and measure (1) decrease in evictions and (2) increase program and/or housing retention? |  |  |
| 1. How does the program support and measure self-sufficiency in clients? |  |  |
| 1. How does the program support and measure community integration and social inclusion? |  |  |
| 1. How does the program support and measure increase/ stabilization of income and if applicable, increase employability? |  |  |
| **Performance Management** |  |  |
| 1. How are you, as front line staff engaged in evaluating program performance? (program logic model, evaluation plan, measurement tools, etc.) |  |  |

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| **Case Management** |  |  |
| 1. Can you tell us about your assessment and intake process? |  |  |
| * 1. (An initial client assessment is completed in 30 days of intake and a copy of the assessment is on the client file.) |  |  |
| 1. Can you tell me how you go about creating a client service plan? |  |  |
| * 1. (An initial client service plan is completed within 45 days of intake and is signed by both the case manager and the client.) |  |  |
| 1. How often do you review service plans with your clients? What does that process look like? |  |  |
| 1. How often do you review service plans with your clients? What does that process look like? |  |  |
| * 1. (The service plan is reviewed with the client every 90 days following the initial service plan.) |  |  |
| 1. How often do you see clients? (i.e. home visits) |  |  |
| * 1. (The client file includes progress notes including the frequency of case manager and client contact.) |  |  |
| 1. What core trainings are offered to frontline staff? |  |  |

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| **Housing** |  |  |
| 1. How does the program determine placement of clients in scattered-site/place-based housing units? |  |  |
| 1. How does the program ensure client choice is respected in housing placements? |  |  |
| 1. Income testing: How does the program monitor that clients are not paying no more than 30% of income on rent (heat and water included)? |  |  |
| 1. How does the program ensure that client files include lease agreements and rent contributions? (if applicable)? |  |  |
| 1. How does the program ensure that rent is collected? What do you do if a client falls into rent arrears? |  |  |
| 1. How does the program ensure that damage deposits are collected and returned to program revenues? |  |  |

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| 1. What (if any) are your maintenance/damage costs?  What are the common types of damage incurred? |  |  |
| 1. How does the program ensure that rental arrears are resolved in a timely manner (45 days)? |  |  |
| 1. How does the program maintain relationships with landlords? |  |  |
| 1. How does the program ensure (place-based programs such as PSH and STSH) that safety plans and good neighbour agreements are in place? |  |  |
| 1. Do you ever cover the cost of repatriation (moving “home” or out of town) and how do you ensure the client is housed and supported in the community they are re-locating to? |  |  |
| 1. How often do you review service plans with your clients? What does that process look like? |  |  |
| * 1. (The service plan is reviewed with the client every 90 days following the initial service plan.) |  |  |