**Program Information**

|  |
| --- |
| Agency Name: Program Name: Program Review Date: |
| Program Supervisor: Person Completing this Report: |
| CHF Funding Allocation for Program: Contract Term: |
|  |
| 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 |  |
|  |
| 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 |
|  |
| Has any of this information changed in the past year? Please specify. |

**Leadership Questions**

|  |  |  |
| --- | --- | --- |
| **Discussion Item** | **Answer** | **Notes** |
| **Strategic Alignment** |  |  |
| Strategic Alignment1. 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?
 |  |  |

|  |  |  |
| --- | --- | --- |
| **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.)
 |  |  |

|  |  |  |
| --- | --- | --- |
| **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?
 |  |  |

|  |  |  |
| --- | --- | --- |
| **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?
 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Front Line Staff Questions**

|  |  |  |
| --- | --- | --- |
| **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?
 |  |  |

|  |  |  |
| --- | --- | --- |
| **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?
 |  |  |

|  |  |  |
| --- | --- | --- |
| **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.)
 |  |  |

|  |  |  |
| --- | --- | --- |
|  **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?
 |  |  |

|  |  |  |
| --- | --- | --- |
| **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?
 |  |  |

|  |  |  |
| --- | --- | --- |
| 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.)
 |  |  |