

Understanding Module 4.3 – Emergency Shelter Program

Core Area 4 Demonstrating understanding and adherence to program delivery				
Module 4.3 Emergency Shelter Program				
Group 4.3.1 Program Administration Requirements are Fulfilled in Accordance with the Agreement				
Element	Description	Unaware - Developing	Aware - Developing	Meets
4.3.1.a	Data entry for the Emergency Shelter Program in HIFIS is timely, complete, and accurate. Client consent and authorization is obtained.	HIFIS reporting is always late and incomplete. Consent forms are not completed, and rights and responsibilities are not reviewed with clients during intake.	HIFIS reporting is often not timely or complete. Consent forms are sporadically completed, and rights and responsibilities are sometimes reviewed with clients at intake.	Basic client info recorded nightly. The consent field is completed. Supplemental info (e.g., case planning, housing history, contributing factors & health) is entered within 5 days of meeting the client. If the client is to be assessed, a VAT tool will be offered, and results entered in the database. If required by agreement, Drop-In data is shared on a semi-annual basis.
4.3.1.b	Key Performance Indicators (KPIs) are tracked, reported, and reviewed for ways to achieve	Data entry mistakes persist and are usually not corrected.	Data entry mistakes persist and take a long time to correct.	Current key performance Indicators for the Emergency Shelter Program are tracked and reported per agreement. Steps are taken towards achieving KPIs E.g: Clients are housed within 60 days Clients experiencing chronic homelessness are housed within 100 days Clients who are housed remain housed at 6 and 12 months
Group 4.3.2 Emergency Shelter Programs are Delivered in Accordance with the Agreement				
Element	Description	Unaware - Developing	Aware - Developing	Meets
4.3.2.a	All Essential Services for shelter provision are provided in accordance with the agreement	The stated number of funded emergency year-round shelter beds is often not fully available. The hours of operation are often not in accordance with the agreement. Food service is not in compliance with local health authorities (high risk of being shut down). Food storage inadequate causing food spoilage.	Essential services are sometimes not provided as required in the service agreement because of lack of staffing or resources. There are instances of non-compliance for food service with local health authorities, which are resolved.	Stated number of emergency year-round shelter beds are provided and hours of operation in accordance with the agreement. Efforts are made to connect with clients where they are. Clean linens, personal hygiene items and no cost laundry provided on-site or off-site. 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 license is obtained, the current license is posted

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				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.
4.3.2.b	All Gateway Services for shelter provision are provided in accordance with the agreement.	Clients do not receive case planning or assistance to find appropriate housing, nor do they receive referrals and connections to needed support services and resources. They also receive no help accessing Income Assistance and other income supports.	Assistance finding housing for clients is limited and largely ineffective. Case planning for clients is ad hoc. Those with more complex challenges, are not effectively assisted. Records for case planning goals and housing data not kept, or inadequately maintained.	Clients are assisted to obtain appropriate housing including referrals to housing providers and assistance completing housing applications. Clients participate in case planning which can include: Developing a personal plan for each client including: VAT assessments – where necessary, goal setting, referrals to services or resources including but not limited to medical services, mental health services, alcohol and drug treatment services, culturally appropriate services, gender appropriate services, employment programs and life skills training, and assistance in accessing Income Assistance, pension benefits, disability benefits, obtaining a BC Identification card, or establishing a bank account as appropriate, or other forms of IDs. Maintaining records of each client’s plan and the progress each client has made towards the goals in their plan, and whether they remained housed for 6 and 12 months.
4.3.2.c	Coordinated Access and Assessment is used for client housing placement when available.	The provider refuses to participate in the Coordinated Access and Assessment process.	The provider sometimes participates in the Coordinated Access and Assessment. Limited staff and resources result in little focus on housing placement for clients. Alternately, there is no CAA process in the area.	The provider collaborates with outreach providers in the community to support clients in obtaining and maintaining housing using the Coordinated Access and Assessment process, where possible. Building and maintaining relationships with landlords providing housing to clients including providing education and resources to support and maintain client tenancies, where appropriate.
4.3.2.d	Staffing is provided in accordance with the approved staffing model/schedule	Consistently understaffed. Staff do not meet minimum	Staff vacancies take time to fill and staff sometimes do not meet the minimum	All staff positions are filled with qualified personnel. If a 24/7 schedule is in place it is adequately staffed. Staff vacancies are filled as

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		qualification and training requirements.	qualification and training requirements. Staffing is often not reflective of the programs according to their agreement. Budget overruns occur in attempt to fill staffing needs.	soon as possible. Staffing is reflective of the programs according to their agreement (Indigenous programs, case management).
4.3.2.e	The provider develops linkages and partnerships with local service providers to ensure optimal service delivery to clients.	The provider has few functional relationships with local service providers and ongoing antagonisms with several organizations in the community.	Limited staffing and resources make it difficult for the provider to build relationships in the community.	The provider engages in communication, partnerships, and innovative initiatives with other service providers to improve services available to clients, including culturally appropriate services.
Group 4.3.3	The Provider Demonstrates Understanding of the Emergency Shelter Program Approach and Specific Requirements of the Agreement			
Element	Description	Unaware - Developing	Aware - Developing	Meets
4.3.3.a	The provider maintains a high level of client accessibility to the shelter and provides clear and consistent eligibility guidelines.	Eligibility criteria is unclear, and people are turned away even when they know the shelter is not full. They do not know how to become eligible for service. People seeking shelter are consistently not admitted if they have mental health and substance use concerns, or because of how they identify. People are unable to access the shelter because they have a pet, have a large number of belongings, or have a disability that impacts their mobility. No efforts are made to assist with finding alternate accommodation.	Eligibility criteria seems to shift depending on staffing. People seeking shelter are not sure if they will be admitted, especially if they have mental health and substance use concerns. It depends on whether the right person is working that shift. There is no service restriction complaints and appeal process in place.	Those who are experiencing homelessness or are at risk of homelessness are eligible for service. Services are available to those aged 19 and older (or with permission from MCFD for under 19 in care) and families in need. Women and families, gender diverse individuals are able to access safe shelter. Providers seek to reduce restricted access unless otherwise approved by BC Housing (including physical accessibility, addictions and mental health, pets, storage facilities for belongings, access to harm reduction on site and primary care). Referrals are provided to more suitable services if needed. A service restriction complaints and appeal process is in place.
4.3.3.b	Efforts are made to improve or maintain client health and safety while staying at the shelter.	Staff are unaware of potential health and safety risks for clients and have not received basic required training. Physical and	Staff training is sporadic and policies and procedures for client health and safety are dated. To improve client health and safety, increasingly	Staff are well trained to respond to a range of situations including, but not limited to, drug overdoses, health emergencies, accidents, violent incidents with clients/staff, and mental health breaks, etc.

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		program design at the shelter 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.	stringent rules and restrictions are implemented, many of which serve to further stigmatize clients. People who use substances or do sex work are openly criticized or treated disrespectfully by staff. If provided, clients must request specific harm reduction supplies from staff in front of other clients.	Harm reduction services and supplies are provided respectfully, and in a way that effectively improves safety and balances clients' needs. Procedures are in place to address the safety of female and gender diverse clients. Where possible, clear sightlines maintained for observing shelter clients (for substance use and health concerns) and where shelter design warrants, wellness checks are occurring as needed. When issues occur, they are addressed with established policies and procedures.
4.3.3.c	Efforts are made to protect staff health and safety while working at the shelter.	Staff are regularly injured while at work due to lack of safety protocols and procedures. Staff do not have adequate safety training.	Staff safety training is incomplete, and policies, procedures and protocols are dated. There is no follow up procedure for staff safety incidents.	Provider ensures that 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, using a trauma informed lens.
4.3.3.d	Services provided are client-centred, demonstrate understanding of the client's needs (including culture) and support client wellbeing.	Gateway services, including case planning, are seldom provided to shelter clients. The culture and identity of the shelter population is not reflected in the physical environment of the shelter. The shelter operates 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.	Gateway services, including case planning, are provided sporadically to clients. There are a high number of rules and restrictions in place for shelter clients. Evictions and threats of eviction occur regularly for rule breaking. Client input and contributions to programming are discouraged. The shelter environment is institutional and does not reflect the shelter population. Connections to community organizations are limited and do not meet the needs of the shelter clients.	Staff understand and actively support client wellbeing, inclusion, and equity. Gateway services are provided as described in the agreement. Case planning process in place to provide tailored services. Clients are connected to needed resources and service providers partner to improve services available. Cultural and spiritual supports are accessed for clients when appropriate and available. Shelter providers reduce restricted access and stigma. Shelter providers create an environment where people feel safe and included.

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4.3.3.e	Staff training requirements are provided in accordance with the agreement in a timely manner.	Staff training requirements are not being met.	Staff training and upgrading are not occurring in a timely manner most likely because of high staff turnover.	The provider ensures that staff have required training and upgrading to meet the requirements of the service agreement and the specific job descriptions.
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