

**Region of Waterloo
Community Homelessness Prevention Initiative
Supportive Housing Program
Standards**



Region of Waterloo
COMMUNITY SERVICES

A Commitment to Service Excellence

June 2015

Region of Waterloo Community Homelessness Prevention Initiative (CHPI)
Supportive Housing Program Standards
by
Housing Services, Region of Waterloo

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Disclaimer:

The Region of Waterloo CHPI Supportive Housing Standards (“the Standards”) outline service expectations and quality assurance processes in the redesigned CHPI Supportive Housing Program (“the Program”) beginning April 1, 2016. The Standards are intended to complement any federal, provincial, and municipal legislation. The Standards are not intended to provide legal advice. It is the responsibility of Program providers to be in compliance with all federal, provincial, and municipal legislation, or other regulatory authority or statute applicable to supportive housing. Any reference to a statute herein shall include any successor legislation thereto. The Standards do not supersede any such statute or regulation.

The Region may, at its discretion, amend or abridge any provision or standard in the Standards from time to time and/or as it applies to a particular CHPI Supportive Housing Program provider or circumstance, provided that all minimum requirements of any federal, provincial and municipal legislation or other regulatory authority or statute are maintained. The Region would typically seek input from Program providers before making changes to the Standards.

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PART ONE: CONTEXT TO STANDARDS

1.0 INTRODUCTION

The Region of Waterloo (“the Region”) Community Homelessness Prevention Initiative (“CHPI”) Supportive Housing Standards (“the Standards”) outlines the new performance expectations and quality assurance processes that will be implemented within the CHPI Supportive Housing Program (“the Program”) beginning April 1, 2016.

The development and monitoring of local Standards is a requirement of the CHPI funding through the Ministry of Municipal Affairs and Housing (MMAH) for the Housing with Related Supports service category as outlined in the [CHPI Program Guidelines \(2012\)](#) and the [CHPI Guide to the Housing with Related Supports Service Category \(2014\)](#). The development of the Standards also addresses Action 31 within the local Homelessness to Housing Stability Strategy to “explore and implement additional quality assurance measures within general Supportive Housing programs”.

These Standards will:

- Ensure the Region meets its obligations under CHPI as identified by MMAH (refer to Appendix A);
- Clarify roles and expectations related to the Program;
- Promote quality assurance within the Program in the context of a housing stability system that values both service excellence and housing-based outcomes toward ending homelessness; and ultimately
- Support tenants’ rights, health, safety and quality of life.

This document is organized into two parts. The first part provides context to the standards and includes sections 1-4. The second part outlines the actual standards expectations and included sections 5-10. For a glossary of terms used throughout the document, refer to Appendix B.

1.1 Program Description

In summary, the Program includes permanent, affordable, rental housing with attached, on-site supports for people living on a low-income who require at intake, medium to high levels of housing based support to maintain housing stability. A broad range of tenant

populations may be served within the overall Program including: individuals, couples, families, youth, adults and/or seniors. Each Program provider will focus on a particular tenant population(s) and/or housing based support need(s) and design their services accordingly. Providers will be coordinated within the Program and be connected with the broader housing stability system. See the [Region of Waterloo CHPI Supportive Housing Program Framework](#) (“Framework”) for a more detailed description of the Program including background information, principles, outcomes and features.

1.2 Scope of the Standards

The Standards apply only to Program providers funded by the Region through the CHPI Housing with Related Supports service category. The Standards will be attached as a schedule of the Agreement between Program providers and the Region.

These Standards serve as a common reference point for both the Region (as Service Manager for Housing and Homelessness) and Program providers, reinforcing their mutually supportive roles with respect to continuous quality improvement. The Standards complement the Program Framework by outlining roles, responsibilities, and expectations related to service excellence in supportive housing. In addition, the Standards identify specific operational policies that must be developed by Program providers. A summary list of Program provider policies is included in Appendix C for ease of reference.

The Standards address a wide range of Program features. Some elements and expectations of the Standards will be shared among all Program providers. However, as each Program provider may serve different populations and offer different services, some elements and expectations within the Standards may be unique to a smaller number of providers. The goal of the Standards is not to make all programs “look the same” but to create common expectations related to service excellence across the CHPI Supportive Housing Program as a whole, based on current promising practices.

There are generally three housing models funded through CHPI: self-contained units, shared self-contained units, and group living. Depending on a number of factors, each housing type is subject to different legislation, regulations, by-laws, and licencing. It is the provider’s responsibility to be knowledgeable about and in compliance with these requirements. Some examples of these requirements are listed in Appendix D for information purposes only.

1.3 Standards Development Process

These Standards were developed over 2014/15 by the Region in consultation with local programs (representing current CHPI Supportive Housing providers and other complementary programs in the community), community members, and tenants. The following informed the development of the Standards:

- Domiciliary Hostel Standards and monitoring processes from 2007 to 2012;
- Concerns and complaints received from tenants, family/friends, community service providers, and the community from 2009 to 2014;
- Nine focus groups with tenants living in current CHPI Supportive Housing programs (67 participants);
- Twenty-one site visits with current CHPI Support Housing providers;
- Three site visits with local Ministry of Health and Long Term Care funded supportive housing program providers;
- Five site visits with other municipalities to review and discuss their quality assurance processes within their supportive housing programs;
- “Raising the Bar” quality assurance initiative in Children’s Services;
- “Housing Programs Performance Standards Matrix” in Housing Services;
- Four local pilots (i.e., Quality of Life, the Connect project, HIFIS, and SPDAT); and
- Feedback from an open community consultation forum (98 participants).

Sections of the draft Standards were then presented and discussed during five consultation meetings, over May to October 2014 with the 2014/15 CHPI Supportive Housing program operators. The draft Standards were then finalized and presented to Regional Council for approval in June 2015. At this time, a number of areas within the Standards are identified as requiring further development (e.g., monitoring processes, coordinated intake, common assessment, priority list, database implementation, and housing based support). These areas will be further developed in consultation with Program providers participating in the redesigned CHPI Supportive Housing Program, beginning April 1, 2016.

Recognizing that the Standards may significantly shift supportive housing delivery for some Program providers, the period between April 1, 2016 and March 31, 2018 will be an “implementation phase”, with the expectation that the Standards will be further developed and all Program providers meet expectations outlined in the Standards by

the end of this two year period. During this implementation phase, the Region will be working closely with Program providers to support this process.

2.0 ROLES AND RESPONSIBILITIES

This section provides an overview of the roles and responsibilities of the Region, Program providers, and other governing bodies with respect to quality assurance.

2.1 Role of the Region

The Region has been designated the Service Manager for both Housing and Homelessness by the Province of Ontario. This role includes responsibilities for system planning, resource allocation, quality assurance, and accountability. As part of the Service Manager role, the Region administers the provincial CHPI and provides overall planning, development, coordination, and monitoring of the supportive housing programs funded in the “Housing with Related Supports” category. Through this role, the Region, in partnership with Program providers, seeks to provide people with the housing and support services they need to maintain housing stability over the long term.

As identified above, one of the roles of a Service Manager is quality assurance. The Region has experience with quality assurance across a broad range of programs within Community Services (e.g., Children Services, Seniors’ Services, Employment and Income Support, and Housing Services). This experience has been incorporated into quality assurance approaches identified in the Standards. The Region fulfills its quality assurance role through the Program Agreement, including developing Standards implementing monitoring processes that support Program providers to align with the Standards. Ultimately, the Region seeks to move the Program beyond simply meeting basic requirements to achieving service excellence.

In addition to the role of Service Manager, the Region is designated as the Community Coordinator for the federal Homeless Individual and Family Information System (HIFIS) database. The Region facilitates the Waterloo Region HIFIS Working Group, consisting of key staff from each of the programs utilizing HIFIS. Locally developed materials help to support training and technical needs, as well as data integrity and reporting.

The Region will facilitate further development of the Program over time, as part of ongoing system evolution, through activities that include but are not limited to:

- Facilitating CHPI Supportive Housing provider meetings (to create opportunities for collaboration and knowledge exchange, and to support Program implementation);
- Facilitating HIFIS/SPDAT Working Group meetings (to coordinate use of these tools and to provide training and resource materials);
- Supporting the development and implementation of various Program-wide elements (e.g., coordinated access, common assessment, housing-based support coordination practices, memorandums of understanding with other community services);
- Gathering and disseminating information on promising practices that align with service excellence in supportive housing;
- Facilitating peer review processes that promote capacity building; and
- Facilitating further development of the Standards and other tools such as operating manuals.

In all its work, the Region is committed to supporting fair, open and cooperative processes. As such, Region staff will establish and maintain positive, collaborative working relationships with Program providers. Region staff is guided by both the Region values (service, integrity, respect, innovation, and collaboration) and the values of the local housing stability system as articulated in the Homelessness to Housing Stability Strategy (collaboration, accessibility, respect, and excellence). Ensuring value for investment is a priority, as is providing tenant choice, respecting diversity, and protecting safety.

2.2 Role of CHPI Supportive Housing Program Providers

The role of Program providers is to provide quality, affordable housing and support services to eligible tenants, as outlined in the Framework and in alignment with the Standards and Agreement with the Region. In signing the Agreement, Program providers agree to comply with the Standards, which may, from time to time, be amended by the Region.

Program providers must cooperate with the Region in carrying out the Region's obligations with respect to its roles (as outlined in section 2.1). This includes allowing Region staff to enter the building at any reasonable time, with or without notice, in order to observe and monitor the premises, services provided, and building operations, pursuant to the Standards and Agreement with the Region. Program providers are

responsible for being meeting the expectations outlined within the Standards at all times. Any requests for a deviation to the Standards (i.e., a request to have their supportive housing program operate differently than what is outlined in the Standards), must be made in writing to the Region including the rationale for the request.

Program providers must be knowledgeable about their responsibilities across a wide range of roles, including but not limited to: business or not-for-profit organization, landlord, support program, and employer. Moreover, the building must be maintained and operated in compliance with all legislation, regulations, by-laws, licencing, requirements, and guidelines as set out by federal, provincial, municipal, and/or other regulatory bodies within the scope of the respective program. Furthermore, Program providers will ensure that no structural alteration to a premises shall be undertaken prior to the approval of the proposed changes by the following: Building Department (for building and zoning); Medical Officer of Health (for alterations to the food preparation area, private sewage system and well water supply); and Municipal Fire Department. Program providers will also notify the Region where renovations will significantly impact the operations of the building (e.g., access to a common room). It is the Program provider's responsibility to be knowledgeable about and in compliance with all of these requirements, as part of maintaining their quality supportive housing program.

Program providers agree to support further development of the Program over time, as part of ongoing system evolution. To this end, Program providers will remain knowledgeable of promising practices, philosophies that align with service excellence in supportive housing, and relevant research that could improve service to tenants. In addition, Program providers will collaborate with the Region with respect to quality assurance and continuous quality improvement. For example, CHPI Supportive Housing Program providers will:

- Participate in CHPI Supportive Housing Network meetings.
- Participate in HIFIS meetings, attend HIFIS training, utilize HIFIS resource materials, and work toward increasing levels of data integrity.
- Participate in the coordinated implementation of all CHPI Supportive Housing programs (e.g., through coordinated access, common assessment).
- Submit reports as required, including quarterly data and financial submissions.

Finally, Program providers will work cooperatively with the Region and other service providers and will be guided by the local housing stability system values (collaboration, accessibility, respect, and excellence).

2.3 Role of Other Governing Bodies

Other bodies provide oversight on various aspects of the Program. This section currently outlines the role of Municipal Fire Departments, Region Public Health and Emergency Services and Municipal Building Inspections. During the 2016-2018 implementation period, further developments and refinements are expected in this section, particularly with respect to the role that other governing bodies play (e.g., Electrical Safety Authority, Municipal By-law, elevator licencing, fire prevention and suppression systems, and building condition audits).

2.3.1 Municipal Fire Departments

Municipal fire departments ensure compliance with provincial Fire Code. Within Waterloo Region, each City has a fire department ([Cambridge](#), [Kitchener](#), [Waterloo](#)) and each township has a volunteer fire department ([North Dumfries](#), [Wellesley](#), [Wilmot](#), [Woolwich](#)). Program providers will work with local fire departments as needed and shall adhere to and comply with the provisions of the Fire Code, made pursuant to the *Fire Protection and Prevention Act, 1997*.

2.3.2 Board of Health

Ontario Boards of Health provide health programs and services as outlined in the *Health Promotion and Protection Act, 1990*. There are three primary divisions within the [Region of Waterloo Public Health and Emergency Services](#) department with which Program providers may interact: Health Protection and Investigation; Tobacco and Cancer Prevention; and Communicable Disease.

Health Protection and Investigation is responsible for ensuring the existence of safe drinking water, safe food, increased awareness of infection prevention and control practices, and reducing exposure to health hazards by:

- a. Conducting an annual inspection(s) of buildings that fit within their mandate;
- b. Ensuring compliance with the Health Protection and Promotion Act;
- c. Providing support and necessary information with respect to creating healthy policies related to reducing exposure to health hazards, the application of infection prevention and control measures, safe food handling, and safe drinking water;

- d. Providing support and necessary information with respect to issues pertaining to environmental health in a timely manner; and
- e. Implementing control measures to prevent or reduce exposure to health hazards.

Tobacco and Cancer Prevention is responsible for enforcing the Region of Waterloo Smoking By-Law (1996) and Smoke-Free Ontario Act (2006). This area also provides information about tobacco legislation or developing smoke-free policies in communities and at workplaces in Waterloo Region. The Communicable Disease program provides surveillance, response and control of reportable diseases and respiratory outbreaks.

Program providers will work with Region of Waterloo Public Health and Emergency Services as needed in order to comply with the provisions of the *Health Promotion and Protection Act, 1990* and associated regulations.

2.3.4 Other Building Inspections

Municipalities are responsible for ensuring compliance with the Ontario *Building Code Act, 1992* and associated regulations. Within Waterloo Region, each City and township has a department or division responsible for building permits and inspections ([Cambridge](#), [Kitchener](#), [North Dumfries](#), [Waterloo](#), [Wellesley](#), [Wilmot](#) and [Woolwich](#)). Program providers will work with their local municipality as needed in order to comply with the provisions of the Ontario *Building Code Act, 1992* and associated regulations.

3.0 PROGRAM AGREEMENTS

Program Agreements (the Agreement) between the Program provider and the Region outline contractual obligations related to the Program. The Standards are attached as a Schedule to the Agreement. This section outlines the annual Agreement process, information related to the individual program's Description and Profile, as well as insurance requirements.

3.1 Annual Agreement Process

The Agreement is generally executed on an annual basis with an expiry date of March 31. In order to enter into a new annual Agreement, Program providers must meet contractual obligations outlined in the current Agreement, including meeting expectations outlined in the Standards, and submitting the required Agreement materials.

The following Agreement materials are required on an annual basis. This list may be amended from time to time by the Region:

- a) A program Description completed on the Region's template;
- b) A program Profile completed on the Region's template;
- c) A program Budget completed on the Region's template;
- d) A copy of the most current public health inspection reports for both the building and food safety (if inspected). If there are any outstanding infractions, a written plan must be submitted that outlines how the infractions will be addressed in a timely fashion;
- e) A copy of the municipal fire inspection report (if the building is inspected). Alternatively, a copy of the certificate(s) that all fire prevention and suppression systems have been inspected is required. If there are any outstanding infractions, a written plan must be submitted that outlines how the infractions will be addressed in a timely fashion;
- f) A copy of the approved fire safety plan;
- g) A copy of a valid master business licence (applicable for for-profits only);
- h) Notice and documentation related to any changes in corporate structure (e.g., Article of Incorporation, By-laws, Board of Directors);
- i) A copy of the mortgage lender agreement or rental/lease agreement for the program building;
- j) Confirmation of up-to-date mortgage/rental/lease payments;
- k) A copy of the retirement home licence (applicable for retirement homes only);
- l) A copy of the municipal licence for boarding/lodging rooms (applicable for boarding/lodging homes only);
- m) A copy of the elevator licence (if the building has an elevator);
- n) A copy of the Workplace Safety Insurance Board (WSIB) clearance certificate;
- o) A copy of training records demonstrating that all employee, agents, volunteers, or others for whom the Proponent is at law responsible to train related to the Accessibility Standards for Customer Services as per the Accessibility for Ontarians with Disabilities Act, 2005;
- p) A copy of any other relevant municipal, provincial or federal licencing or requirements.
- q) A copy of any accreditation certificates (e.g., Ontario Retirement Communities Association, Imagine Canada);

- r) A copy of the most recent municipal property tax assessment;
- s) Verification of up-to-date municipal tax payments;
- t) Rent roll report for tenants;
- u) Valid insurance certificate(s) providing proof of public liability and property damage insurance coverage, and if applicable, valid insurance certificate(s) for all owned or non-owned vehicles used to transport tenants (as detailed in section 3.2); and
- v) Information related to any insurance claims made in the past year.

Region staff will send a letter requesting Agreement materials each year. The Region will not enter into a new Agreement and/or flow funding until basic requirements have been met, satisfactory materials have been received, and the Agreement has been executed by officers of the corporation with authority to bind the corporation and returned to the Region.

The Agreement cannot be transferred or assigned. If a Program provider no longer wishes to participate in the Program, the Agreement may be terminated, as per the Agreement.

3.2 Program Description and Profile

Each provider's supportive housing program will be described in a program Description and program Profile (in standard forms provided by the Region) and will be updated annually and attached to the Agreement. Any changes to the program Description or Profile must be negotiated with the Region and agreed upon in advance, prior to implementation. These changes would then be reflected in an updated program Description and/or Profile.

3.3 Insurance Coverage

Insurance requirements are outlined in the Program Agreement. The following are the current insurance coverage requirements which may be amended in the Agreement from time to time:

- a) The Program provider shall take out and keep in force until the Agreement is no longer in effect, a policy of public liability and property damage (i.e., Commercial General Liability Policy) insurance acceptable to the Region providing insurance coverage in respect of any one claim to the limit of at least \$2,000,000.00 per occurrence exclusive of interest and costs, against loss or damage resulting from

bodily injury, death, loss of or damage to property. If an aggregate is applied to the policy, it shall be in an amount of not less than two times the required coverage.

- b) Owned and Non-Owned Automobile Liability Insurance: The Program provider shall maintain liability insurance on all Owned, Non-Owned and Leased Automobiles used in the performance of this work to a limit of \$2,000,000 per occurrence throughout the term of this Agreement from the date of commencement of work and until one year after the date of substantial performance of work.
- c) The insurance policy(ies) as required in the Agreement shall name The Regional Municipality of Waterloo as an additional insured thereunder and shall contain a Cross Liability endorsement, with a severability of interests clause, Personal Injury Liability endorsement, Contractual Liability endorsement and that it is primary coverage and will not call into contribution any other insurance available to the Region and shall protect against all claims for bodily injury or property damage resulting from or arising out of any act or omission on the part of the Agency. Further, the policy, at the Agency's option, should contain an Abuse and Sexual Misconduct Liability endorsement.
- d) All insurance required pursuant to this Agreement shall be with an insurer licensed to sell insurance in the Province of Ontario. Upon execution of this Agreement, the Program provider shall provide certificate(s) of insurance evidencing such insurance policies and thereafter any renewals thereof and such policies shall contain a thirty (30) day prior notice to the Region of cancellation clause.
- e) The minimum amount of insurance required herein shall not modify, waive or otherwise alter the Program provider's obligation to fully indemnify the Region under this Agreement.
- f) The Program provider shall be responsible for all deductibles under its insurance. It shall be the sole responsibility of the Agency to determine what additional insurance coverage, if any, is necessary and advisable for its own protection and/or to fulfill its obligations under this agreement. Any such additional insurance shall be obtained and maintained at the sole cost of the Agency and the City shall be added as additional insured or loss payee where applicable.
- g) The Region reserves the right to modify the insurance requirements contained herein at its sole discretion, as deemed suitable.

4.0 STANDARDS MONITORING

This section provides an overview of the various processes and measures to support alignment to the Program Standards. The monitoring process includes three inter-related monitoring activities that contribute to continuous quality improvement: professional inspections, peer review, and operational review. Remedies are identified to support alignment with the Standards. Monitoring approaches and processes will be further developed over the 2016-2018 implementation period.

4.1 Professional Inspections

Professional inspection authorities may include but are not limited to: Fire Department Public Health; Municipal Building Code, Municipal By-law; Electrical Safety Authority; and the Retirement Home Regulatory Authority. Professional inspections will vary across the individual Program providers depending on the type of housing, type of kitchen, and how a building or program is classified under various legislation, regulation or by-laws.

It is the expectation that Program providers be in compliance with all legislation, regulations, by-laws, licencing, requirements, and guidelines as set out by federal, provincial, municipal, and/or other regulatory bodies within the scope of the respective program. Where required by these bodies, Program providers must, on an annual basis, and at such other reasonable time as requested by the Region, provide proof of inspections that have occurred. In addition, the Program provider must inform the Region of any fines, repeated warnings, or tickets issued by a regulatory body. If an infraction/concern is noted on a professional inspectors report, the Program provider must make plans to address the infraction/concern within the time frame indicated. If the Region, at its discretion, determines that the Program provider is not addressing the infraction/concern, the Region may undertake further action, as outlined in 4.4 until the infraction/concern is adequately addressed.

4.2 Peer Review

Peer review processes focus on supporting continuous quality improvement by supporting Program providers to learn about other approaches to service excellence, thereby enhancing skills and knowledge base, and creating a learning culture to support innovation and implementation of promising practices. Peer review processes will be further developed and defined during the 2016-2018 implementation period.

4.3 Operational Review

The operational review is a formal process conducted on-site by Region staff to review the Program provider's operations and practices. These reviews are designed to assess whether the Program provider is meeting the terms of the Agreement and Standards.

An operational review will focus on those areas of the Standards that are not monitored by professional inspection authorities (3.3.1). An operational review will typically be undertaken once every two to three years per Program provider and may include a full review or may concentrate on particular area(s). However, an operational review may also occur at any time Region staff is concerned that the Program provider is not meeting its obligations as outlined in the Agreement or Standards or if requested by the Program provider.

The operational review will utilize the following Quality Improvement Scale.

DOES NOT MEET	DOES NOT MEET	MEETS	EXCEEDS	ESCEEDS
Critical Issue	Improvement Needed	Meets	Mastery	Mentorship
<p>Found to have serious issue(s) not meeting the minimum requirements in a Standard Item area.</p> <p>Issues or practices are having significant negative impacts to: tenant health and safety, operations, finances, and/or maintenance of the building.</p>	<p>Found to be not meeting the requirements in a Standard Item area.</p> <p>The practices raise concerns that are/will impact the operations, finances, and/or maintenance of the building.</p>	<p>Found to be meeting the minimum requirements in the Standard Item area.</p> <p>Can carry on normal business.</p>	<p>Found to be exceeding the minimum requirements in the Standard Item area.</p> <p>Consistently meets the requirements and has demonstrated that they exceed the expectations through their policies/practices.</p>	<p>Found to be exceeding the minimum requirements and demonstrate years of exceeding expectations in the Standard Item area.</p> <p>Demonstrates a deep understanding of the requirements and has the ability to mentor, teach, or educate others.</p>

Supporting notes from the operational review will provide a rationale for the rating on the Quality Improvement Scale. All Program providers must achieve, at minimum, a “meets” level on the scale. A Program provider may initially score lower on the scale. Through specific “remedies” (e.g., interventions, tasks and/or a plan) they must be able to achieve at minimum the “meets” level within a defined timeframe. It is the expectation that the Program provider maintain, at minimum, the “meets” level at all times. Any critical issues identified during the site visit that may impact tenant health and safety will be discussed and documented with the Program provider during the site visit including the steps required to address the issue(s).

A full monitoring report will be emailed electronically, typically within 15 business days, following the site visit. The report will provide feedback regarding alignment with the Standards. Where necessary, the monitoring report will outline any remedies to meet minimum Standards (for further information see Remedies 4.4). Program providers have the opportunity to review the report prior to a meeting with Region Staff to further discuss and finalize the report.

Those Program providers exceeding expectations and achieving Mastery or Mentorship along the Quality Improvement Scale will have the opportunity to share their approach with other Program providers. These processes will be identified during the implementation period 2016-2018.

4.4 Remedies

Remedies, where needed, are identified to support achieving the minimum requirement of “meets” along the Quality Improvement Scale. Wherever possible, remedies will begin with support for capacity development. However, remedies are influenced by the cause and degree of concern and will increase in severity, intervention, and/or reporting requirements in relation to that degree of concern and level of Program provider cooperation.

The Program provider is responsible for meeting the expectations within the identified compliance timelines. If the Program provider identifies the submission timelines cannot be achieved, and requests an extension in advance, the Region will consider a negotiated extension of timelines.

If the Program provider fails to complete and/or submit requirements by the identified timelines, the Region will pursue steps to support the Program provider to meet

requirements. This process typically begins with a meeting, followed by a written letter further outlining expectations and next steps. If these expectations are not met, the Program provider may be placed on probation. If a Program provider is placed on probation, the Region (at its discretion) will determine which of the following measures will be used:

- a. Additional training or capacity building requirements; and/or
- b. Additional site visits and/or other monitoring requirements; and/or
- c. Temporarily suspend admission of new subsidized tenants; and/or
- d. Temporarily reduce or suspend monthly payments; and/or
- e. Enter into a shorter or time limited Agreement.

Probation and the use of these identified measures are considered serious by the Region and should not be a regular occurrence. Ultimately, failure to meet expectations, may, at the Region's discretion, include termination of the existing Agreement and/or not entering into a new Agreement.

PART TWO: STANDARDS

5.0 PROGRAM ADMINISTRATION

This section includes information on how the Program will be administered including coordinated access, funding, data collection, documentation, confidentiality, serious occurrence reporting and .

5.1 Coordinated Access

Coordinated access includes tenant eligibility, common assessment, priority list and the intake process into individual programs.

5.1.1 Tenant Eligibility

Eligibility involves an assessment of financial, housing and support needs. The goal is to serve people experiencing or at-risk of homelessness with the lowest level of income that require medium to high levels of support at the time of intake. Coordinated intake and common assessment tools will be developed through the implementation period of 2016-2018 which will assist in service prioritization and eligibility.

Tenant eligibility will include the following at intake:

- a. Must be on, or be eligible to be on, the Community Housing Access waiting list (see Appendix E for eligibility criteria);
- b. Must be experiencing homelessness or housing instability;
- c. Where other income assessments are not already required (e.g., Community Housing), financial eligibility is based on a level of income at intake that does not exceed the maximum Old Age Security/Guaranteed Income Supplement/Guaranteed Annual Income System (OAS/GIS/GAINS) (e.g., typically less than \$1,500 dollars a month) (see Appendix F for a sample list of income);
- d. Verification of the allowable asset level (currently set at the ODSP maximum asset levels) (see Appendix F for a sample list of assets);
- e. Must require medium or high level of housing-based support which may arise from a variety of conditions or situations including a history of homelessness or housing instability, trauma, physical health issues, mental health issues, substance use issues, physical disabilities, and/or cognitive issues (e.g., developmental disability, acquired brain injury, or learning disability);
- f. Must have completed the Service Prioritization Decision Assistance Tool (SPDAT) to identify acuity which informs eligibility and priority and any other common assessment tools that may be required to support eligibility;
- g. Must want to live in a supportive housing environment and be willing to participate in services offered by the Program; and
- h. Must need permanent supportive housing (tenants who have other housing options and require short term respite or convalescent care are not eligible).

The Program is not intended to duplicate existing, or replace the need for, other supportive housing and community services designed for specific populations (e.g., tenants with serious mental health issues). Rather, the Program seeks to complement these services while fulfilling its purpose. As such, the Program seeks to serve people within the eligibility criteria listed above that are either:

- Not eligible for other permanent, dedicated or disability-specific supportive housing programs; or
- Not currently able to access other supportive housing programs for which they may be eligible.

5.1.2 Common Assessment

The Service Prioritization Decision Assistance Tool (SPDAT) will serve as the common assessment tool for the Program. Standards related to this section will be further developed in the implementation period from 2016-2018.

5.1.3 Priority List

Eligible applicants will be offered tenancy within the Program through a priority list informed by the SPDAT common assessment tool. Standards related to this section will be further developed in the implementation period from 2016-2018.

5.1.4 Intake Process

Program providers will intake tenants into their program through a defined process. This process and standards related to this process will be further developed in the implementation period from 2016-2018.

5.2 Funding Administration

The Region will not fund 100% of the program budget. It is expected that Program providers will contribute towards total expenditures through negotiated partnerships, other government or grant funding, fund raising, donations, contributions in-kind, debt-free assets, mixed model (private and subsidized tenants), or other sources of funding.

The Region's Program contribution will be allocated to Program providers as a grant distributed on a monthly basis and negotiated on an annual basis as a pilot over the implementation period 2016-2018. The funding amount will be determined through:

- Submission of an annual program budget form (template provided by the Region) which will show projected and actual expenses and revenues associated with both the physical building and the support services;
- Submission of the previous years audited program financial statements;
- Analysis of the program budget form and audited program financial statements;
- A review of the Program provider's annual vacancy loss/occupancy; and
- A discussion with Region staff to negotiate and discuss funding levels.

Program providers:

- Will unless otherwise agreed in writing between the parties, use the funds provided through the Agreement solely for the specific activities described in the Agreement;
- Will submit separate financial reporting on the funding dedicated to “Community Inclusion and Belonging” on a quarterly basis;
- Must follow the *Residential Tenancies Act, 2006* as it relates to abandoned units;
- Will collect rent from the Tenant at the current ODSP maximum shelter allowance rate (currently \$479) where other rent collection arrangements are not in place (e.g., rent geared to income or rent supplement);
- Will collect a food contribution amount from the Tenant if they are being provided medium or high level food support by the program;
- May charge the Tenant for additional services not otherwise covered by another source (e.g., laundry and linen supplies, toiletries and household items, additional personal care services provided at retirement homes);
- Will not charge any additional monies for support or services that are not included in the Program Description attached to the Agreement; and
- Will ensure that Tenants retain a monthly allowance for their personal use that must be no less than the amount for personal needs set out in paragraph 1 of section 32(1) of the Ontario Regulation 222/98 (General) under the *Ontario Disability Support Program Act, 1997* (currently \$138) plus an additional \$39 for a total of \$177.

Programs will be required to submit written requests and receive approval for any significant changes within their budgets during the year. If during the year, it is identified that there will be under expenditures, the Program provider’s budget may be amended. If a Program provider is overpaid for the previous year based on their audited financial statements or other reporting, their current year budget may be adjusted to reflect the difference (over expenditures will not be reimbursed).

The pilot funding approach will be evaluated with feedback from Program providers and a review of the submission of annual budget requests and audited program financials. Results of the evaluation will inform the funding approach beyond 2018. This section will be further developed in the implementation period from 2016-2018.

5.3 Vacancy Loss

Program providers should aim to achieve zero days of vacancy loss and create administrative property management systems to ensure that the tenant intake process is efficient, effective, and responsive. Program providers should not exceed 30 consecutive days of vacancy loss on a unit/space unless there is an exceptional circumstance. If the Program provider is anticipating that a unit/space will be vacant for more than 30 consecutive days, the Program provider must notify the Region and provide a rationale and a plan for when the unit/space will be available. If the Program provider has considerable unexplained vacancy loss their funding level may be adjusted.

5.4 Electronic Data Collection

All Program providers will use the Homeless Individual and Family Information System (HIFIS). The HIFIS database meets a wide variety of day-to-day operational needs and data vital to the Program. Standards for this section will be further developed in the implementation period from 2016-2018.

5.5 Documentation and Recording

Having a well organized documentation system is critical for staff to be able to access the information they need to do their job effectively and to support continuous quality improvement. For example, documentation supports continuity of service between staff shifts or when there is staff turnover. The practice of writing process notes can help reveal patterns over time about the effectiveness of support interventions and to monitor and support the work of staff.

Program providers must develop a policy related to documenting their work with tenants that considers the following:

- Expectations and processes regarding documentation required during each shift; and
- Expectations and processes for updating information in tenant file's on regular basis.

5.6 Tenant Files

Program providers shall ensure that there is an individual file for each tenant living in the building. This file must be maintained in an orderly fashion and reflect up-to-date information regarding the tenant. This file can be maintained electronically in HIFIS and/or through paper copy in a locked filing cabinet. Tenant files must be accessible and available on-site for staff, tenants, and Region staff to review at any reasonable time.

Program providers shall ensure that all tenant files include at minimum the following:

- a. The Intake or Admission form (template provided by the Region) and copies of supporting documentation;
- b. A signed copy of the Tenancy Agreement;
- c. A signed copy of the Supportive Housing Information Package (SHIP);
- d. A signed consent form outlining any provisions of sharing personal information (e.g., signed by both the tenant and Program provider) that is up to date and relevant;
- e. A signed copy of the Support Services Agreement between the tenant and Program provider;
- f. A copy of a completed and up to date Housing Based Support Plan (template provided by the Region);
- g. A copy of the each completed SPDAT;
- h. A signed copy of the Medication Management Agreement form (if managing medication);
- i. Copies of completed Medication Administration Records Sheet (MARS) that reflect accurate records and clear recording if a medication error occurred (if managing medication);
- j. A signed copy of the Voluntary Trustee form (if managing finances);
- k. A copy of all documentation related to the Program provider's management of the tenant's finances (if applicable);
- l. The record of any hospital/treatment admissions and related dates (when left and returned) while living at the building;
- m. All information related to Community Housing Waitlist requirements (if applicable).
- n. Any information required to be collected through HIFIS that is not covered above.

It is recognized that some tenants may refuse to complete the information identified above. If this is the case, note attempts to complete the information on the respective form and include the form in the tenant's file. It is expected that, as a part of the ongoing support provided, staff will continue to engage with the tenant to complete the information above as applicable.

The Program provider must handle any request by a tenant for their personal health information in accordance with the *Personal Health Information Protection Act, 2004* (PHIPA).

5.7 Confidentiality

The Program provider agrees to comply with any and all laws regarding the confidentiality of tenant information. Any release of tenant information which requires consent must be documented in a consistent form that is signed by the tenant and witnessed. Disclosures of tenant information which are made without consent, but which are allowed or required by law must be documented in the tenant's file.

The Program provider will develop a policy or policies that address:

- a. Tenants gaining access to their records;
- b. Storage of records;
- c. Disclosure or transmission of tenant records;
- d. Disclosure or transmissions of tenant information to the police with documentation of the request for disclosure noted on the tenant's file;
- e. Destruction of records of former tenants (on a retention schedule of ten years);
- f. Disclosure of information when there is a risk of harm; and
- g. Access by external support programs with tenant consent.

For more information about the rules governing confidentiality and privacy please review *Municipal Freedom of Information Privacy and Protection Act, 1991* (MFIPPA) and PHIPA.

5.8 Serious Occurrence Reporting

The reporting of serious occurrences is an avenue for communication with the Region when there are serious or unusual circumstances or incidents that occur within the Program.

A serious occurrence is defined as one or more of the following:

- Death of a tenant;
- Disaster, such as a fire, flood, extended power failure, or extreme weather damage to the building;

- Serious/unusual situation where the police are called regarding the actions of tenants, staff, volunteers, or a visitor/guest, that result in criminal charges being laid or a person being removed from the building (e.g., assault, allegations of abuse, property damage, theft, “do not trespass” order);
- Missing person reported to police or may receive media coverage (see Section 5.4 Missing Persons for further information);
- Any complaint(s) received from the surrounding neighbours or issues related to the Program’s co-existence in the neighbourhood;
- Issues related to bed bugs, rodent, or insect infestation;
- Significant issues or changes to building operations that will disrupt services to tenants for an extended time (e.g., significant elevator repair, closing common spaces, major repair or renovations);
- Outbreak of a communicable or infectious disease(s) that results in a disruption of service or operations (e.g., visitor restrictions, quarantine); and
- Potentially sensitive media coverage or involvement of politicians as it relates to the operations of the Program (e.g., neighbourhood complaints, tenant conflict, politician investigating a complaint).

When a serious occurrence takes place, the Program provider must complete a “Serious Occurrence Report” (standard form provided by the Region) that includes a complete description of the occurrence and actions taken by the Program provider. The Program provider must submit the Serious Occurrence Report to the Region within 24 hours of the occurrence or, if on a weekend or statutory holiday, on the next business day. Reports should be submitted electronically via email and must identify a contact person for the Region to follow up with for more information.

If it is unclear if a situation qualifies as a serious occurrence, please contact the Region to consult.

5.9 Feedback and Complaints

Feedback and complaint processes provide opportunities for people (e.g., tenants, staff, volunteers, other community programs, family members, friends, community members) to give feedback about the Program and/or to express complaints and is an important component of continuous quality improvement. Receiving such information affords the opportunity to learn more about how the Program provider is being received and whether or not improvements are needed. Many organizations have found that such processes lead to better tenant quality of life and well-being.

Program providers must create a policy that outlines how feedback and complaints will be received, followed-up, and documented that that incorporates the following:

- a. Responsibilities from other funders and licensing bodies (e.g., Retirement Home Regulatory Authority);
- b. A step by step process of how feedback and complaints will be handled and what options are available if the person is unsatisfied with the response;
- c. That the people identified in the policy have the knowledge, skill, and authority to effectively respond;
- d. Ensure that the feedback and complaint process is free of any coercion, intimidation or bias, either before, during, or after receiving the feedback or complaint;
- e. Ensure that feedback or complaints by or on behalf of a tenant do not result in that tenant experiencing a reduction or elimination of service, unfair treatment, or eviction;
- f. A recognition of the Housing provider's power and authority and options to mitigate (e.g., utilize a neutral third party at any point in the process if the nature of the feedback or complaint is sensitive and/or poses a conflict of interest);
- g. Taking all complaints seriously and reviewing and investigating as appropriate while recognizing there is not an expectation to resolve complaints that are determined to be frivolous or vexatious;
- h. Identify the types of complaints that will be investigated and those that will be referred to the police or other community programs;
- i. Create multiple avenues for feedback and complaints to be received, including options for anonymity. For example:
 - Offering the opportunity to speak in private;
 - Providing telephone number or e-mail address of staff;
 - Providing opportunities to discuss in a small group (e.g., tenant meetings);
 - Providing a feedback template to be submitted in writing;
 - Setting up a committee to address service improvement ideas;
 - Setting up a comments or suggestion box;
 - Creating a tenant association or council that has a role in the policy;
 - Offering access to a computer to type out feedback;
 - Setting up an anonymous email address;

- j. Compliance with the requirements set out in the Accessibility Standards for Customer Services, Ontario Regulation 429/07, made under the *Accessibility for Ontarians with Disabilities Act, 2005*;
- k. A poster/flyer to be posted in the common area(s) that outlines in plain language how a person can provide feedback and/or a complaint, including who to contact and the typical response time they can expect (e.g., within 24 hours someone will contact them);
- l. Creating a tracking form that records all complaints;
- m. Informing the person with feedback or a complaint of the option to contact the Region if the feedback or complaint has not been adequately addressed;
- n. Responding to the Region's request(s) for information or documentation regarding any feedback or complaints in a timely and cooperative manner;
- o. Providing a copy of their policy to any person that requests it;
- p. Conducting an annual tenant survey to gather feedback (using a standard template provided by the Region); and
- q. Conducting an annual review of any feedback and complaints received and implement recommendations from this evaluation.

Region staff will notify the Program provider when they receive feedback or a complaint. Region staff would seek to address any conflicts of interest on the part of Program providers for which they are made aware.

6.0 SAFETY AND SECURITY

This section outlines the various expectations related to tenant safety and security including creating a safe environment (trauma informed approaches, addressing abuse and supporting freedom from discrimination and harassment), health and safety, infection prevention and control, building security and access, conflict resolution, crisis prevention, and how to prepare for an emergency.

6.1 Creating a Safe Environment

Program providers are responsible for creating an environment that is safe, respectful, and inclusive for all tenants, particularly those protected through the *Ontario Human Rights Code, 1990*. Program providers must consider that tenants may have experienced some form of trauma and/or abuse in their lives and ensure a trauma-informed approach to providing support.

As such, the Program provider must:

- a. Implement trauma informed practices;
- b. Create a policy that identifies roles and responsibilities related to handling potential abuse allegations as it relates to tenants, volunteers, and staff (abuse can include: physical, sexual, emotional, financial, and neglect or acts of omission) that incorporates relevant legislative responsibilities (e.g., *Employment Standards Act, 2000* and the *Occupational Health and Safety Act, 1990*); \
- c. Create policies and procedures for staff to report, document, and investigate threats to personal safety; and
- d. Establish policies and practices to support inclusion of tenants protected through the Ontario Human Rights Code (e.g., age, ancestry, creed, religion, disability, family status, gender expression, gender identity, race, sex, sexual orientation, receipt of public assistance, and record of offences); and
- e. Implement the following promising practices as it relates to serving people who are transgendered/transsexual:
 - i. Serve tenants in their self-defined gender; and
 - ii. Create policies around confidentiality that do not require transgendered individuals to disclose their status - if they do disclose, that the Program provider will discuss with the individual how they would like the topic to be addressed if it is raised, and how the Program provider will maintain confidentiality.

6.2 Health & Safety

- a. Program providers shall have health and safety policies in place related to:
 - Weapons in the building;
 - Precautions for violent behaviour/diffusing difficult situations;
 - Security response plan beyond relying on local law enforcement agencies;
 - Safe storage and disposal of hazardous materials;
 - Safe handling of soiled laundry and other materials;
 - Pest control;
 - Harm reduction and substance use; and
 - Substance use overdose prevention and response.
- b. All premises shall maintain compliance with applicable health and safety legislation, regulations, and municipal by-laws including, but not limited to, the *Health Protection and Promotion Act, 1990* and the *Occupational Health and Safety Act, 1990*.
- c. A First Aid Kit must be located in a safe and easily accessible location for staff. The contents of the First Aid Kit should include items identified by the [Canadian Red Cross](#) and be checked and updated on a regular basis.
- d. Automated external defibrillator (AED) unit(s) should be installed in a safe and easily accessible location.

6.3 Infection Prevention and Control

Program providers shall have infection prevention and control policies in accordance with routine and additional precautions for infection prevention and control as identified through Region of Waterloo Public Health and Emergency Services including but not limited to:

- a. Best practices for hand hygiene must be followed to reduce the transmission of illness from one person to another;
- b. Cleaning schedules along with specific directions as to the frequency of cleaning and the type of product to use;
- c. Reporting gastrointestinal outbreaks to Region of Waterloo Public Health and Emergency Services by calling 519-575-4400; and
- d. Staff who has a communicable disease which might place tenants and/or other staff at risk shall not continue to work in the building until such staff is free of the communicable disease.

6.4 Building Security and Access

- a. Program providers are encouraged to consider building security measures including but not limited to the following:
 - Controlled entry (e.g., all doors are locked and can only gain entry through a key or passcode);
 - Front desk coverage;
 - Intercom systems;
 - Security lighting;
 - Closed circuit TV (CCTV) cameras should be considered for installation around the perimeter of the premises, common areas and hallways;
 - Staff carrying a cell phone; and
 - Encouraging tenants to keep their units/spaces or belongings locked when they are not present.
- b. Program providers must develop a policy and procedure for reasonable 24 hour access for tenants to gain entry into the building, which must be acceptable to the Region and included in the tenancy agreement. The program will consider the following to be included in the policy and procedure:
 - Times that the building is open and not open (e.g., locked for the night);
 - How to gain access if the building is locked;
 - Who has access and when (e.g., friends, family and community workers);
Circumstances under which access will be denied and the proper authorities notified;
and
 - When locks or additional security features can be installed (e.g., only with the approval of the Program provider).
- c. The program will ensure that tenants have open access to their unit/space for personal use throughout the day.
- d. Program providers must provide a secured place for tenants to store valuables. This will look differently depending on the physical set-up of the building. For example, if a tenant is sharing a bedroom the program must have a secured place in each bedroom for tenants to store valuables (e.g., a safe, locked drawer, locked closet).
- e. The program must have secured mailboxes for each tenant.
- f. The program will ensure that all mail is delivered to tenants unopened and they have a right to open their mail in private.

- g. The program will ensure that there is a “master key” for each unit/space, closet, bathroom, etc. that can be locked that is available for staff to gain entry in the event of an emergency.

6.5 Conflict Resolution and Crisis Prevention

Conflict and crisis is a part of everyday life. In a supportive housing context, conflict and crisis can create a negative impact on the environment and a tenant’s sense of safety and security. The program must intentionally consider how to prevent, reduce and manage any negative effects of conflict or crisis. Strategies that anticipate and prevent conflict and crisis are essential, as are effective interventions to manage them when they happen.

Often, staff can reduce the intensity of crisis situations through advanced planning and by intervening at crucial points. Interpersonal conflicts can also lead to crises and can occur in between tenants, staff, volunteers, and the program. When conflicts erupt into heated disputes, threatening behavior, or a disregard for rules and norms, they should be promptly addressed, particularly if they have the potential to escalate.

Program providers must establish a policy for how conflict and crises will be identified, managed, prevented, and addressed within the building with consideration for the following:

- a. The various types of conflict that can occur (e.g., between staff and tenants, volunteers and tenants, tenants and tenants, or with the neighbourhood or other community programs);
- b. Identifying the different types of conflict or crisis that may occur as informed by individual tenant support needs (e.g., medical, substance use incidents, and mental health incidents) and creating steps to address these various situations;
- c. Identifying possible locations of conflict and tension (e.g., common areas) and ensuring adequate safety measures;
- d. Identifying and anticipating times of stress and transition, and providing additional support to ensure that staff can adequately respond (e.g., end of month, holidays, moving in or out, reducing substance use, funerals);
- e. How staff will be trained to support conflict or crisis intervention including training to identify and respond to aggressive behaviours, mental health crisis, intoxication, overdose and withdrawal.

- f. How staff will communicate and document the steps taken during serious conflicts and how this information will be shared among staff (e.g., transferring knowledge between staff shift changes);
- g. Debriefing serious conflicts with everyone involved including a discussion about what occurred, steps taken, a critical analysis of policy, and a plan for next time should a similar situation arise;
- h. Create procedures for staff to report, document, and investigate suspected threats to personal safety; and
- i. How the program will maintain positive relationships with the surrounding neighbourhood and other community programs should conflict arise.

6.6 Missing Persons

Program providers must establish a policy and procedure for missing persons that includes:

- a. When a person will be reported as missing to the Waterloo Region Police Service (reviewed by a Waterloo Regional Police Service representative with feedback incorporated);
- b. When a person will be reported as missing to family, friends, and community programs and how they will be notified; and
- c. Notifying the Region of any missing person reported to the police or that may receive media coverage as a Serious Occurrence.

6.7 Emergency Planning

Program providers must create a realistic and actionable emergency plan with clear roles and responsibilities for how tenants will be supported in the event of an emergency (e.g., medical emergency, fire, flood, loss of essential services, extended service disruption, power failure, extreme weather conditions, and pandemic/disaster).

7.0 HOUSING RETENTION AND QUALITY OF LIFE

This section outlines the components that support housing retention and increasing tenant quality of life including: the tenancy agreement or lease; supportive housing information package; rent collection and arrears; visitor/guest access; pets; tenant privacy; inspection of units; tenant meetings, financial inclusion and housing stability; and community inclusion and belonging.

7.1 Tenancy Agreement or Lease

Program providers must:

- a. Create a standard written tenancy agreement and have it reviewed by independent legal council before being submitted to the Region for review;
- b. If changes are made to the tenancy agreement (including any appendices), provide them to the Region for review before implementation;
- c. List the “rent amount” and any other “financial contributions” in the tenancy agreement (e.g., food contribution amount, personal care items, and additional support services) clearly identifying the amount the tenant is responsible for paying each month on time;
- d. Ensure that there is a description of what services and utilities are included in the “rent amount” and any other “financial contributions” identified in the tenancy agreement;
- e. Ensure the tenant understands what is in the tenancy agreement which may involve providing the document in accessible formats, finding a translator, reading the document with the tenant, etc.;
- f. Enter into a standard written tenancy agreement with each tenant (with a strong preference for this to occur prior to the tenant moving in but no later than within 7 days of the tenant entering the building);
- g. Make two copies of the tenancy agreement and have the tenant and Program provider sign both copies and provide a copy immediately to the tenant as per the *Residential Tenancies Act, 2006*;
- h. Provide a copy of the document “Information for New Tenants” that is available on the Landlord and tenant board website: <http://www.sjto.gov.on.ca/ltb/> to each tenant with the tenancy agreement;
- i. Provide a copy of the Supportive Housing Information Package (SHIP) to the tenant and have the tenant sign acknowledging that they have received a copy;

- j. Maintain a copy of the signed tenancy agreement in the tenant file along with the signed acknowledgement for the SHIP; and
- k. Adhere to tenant rights and responsibilities as legislated in the *Residential Tenancies Act, 2006*.

The Region encourages the inclusion of the Support Services Agreement, Supportive Housing Information Package, and any other supporting documents as appendices in the tenancy agreement to streamline administrative practices.

7.2 Supportive Housing Information Package (SHIP)

Program providers must ensure that all tenants receive a Supportive Housing Information Package (SHIP) as a part of the intake/admission process. The following information must be included in the SHIP:

- a. Overall orientation and description of the program (e.g., program philosophy, confidentiality, garbage and recycling process);
- b. Description of the type of rental units/spaces available in the building;
- c. Description of the staffing support model (e.g., staff qualifications, ratio/level, how to access, code of conduct);
- d. Description of support services available (e.g., what types are available, how often they can be used, how to gain access, what are the service expectations, can the tenant refuse service, and any costs);
- e. Description of emergency safety features and procedures in the building (e.g., fire safety, drills, exiting building in an emergency, smoke detectors and heat detectors, fire alarm testing);
- f. Description of the amenities available (e.g., cable TV, computer, internet, telephone) and if there are any costs;
- g. Description of how the intercom, paging system, call bell system, controlled entry, or emergency response system works (if applicable);
- h. Description of the rights, responsibilities of tenants and their visitors/guests in the building (e.g., building common room rules, visitor policies, pet policies).
- i. Description of the feedback and complaint process;
- j. Identify if the building is designated as non-smoking or smoking;
- k. Description of role and purpose of tenant meetings and/or the tenant council;
- l. Description of how to report property management issues or request a repair;

- m. Description of when the landlord can enter a unit and annual inspections; and
- n. Description of rules or guidelines to ensure that all tenants can have reasonable enjoyment of their home (e.g., ensuring noise levels are reasonable, substance use, smoking).

The SHIP must include a signing page for the tenant to sign acknowledging they have been made aware of the information in the SHIP. The Program provider keeps a copy of the signed SHIP in the tenant file and provides a copy to the tenant. This section will be further developed in the implementation period from 2016-2018.

7.3 Rent Collection and Arrears

Tenants who experience multiple barriers to housing stability may need support to pay their rent. Program providers must create a policy for the collection of rent and how rent arrears will be managed. This policy must align with the *Residential Tenancies Act, 2006* and consider how to support tenants with housing retention. If a program receives additional funding to provide affordable housing (e.g., operating subsidy, Rent Supplement) through Housing Programs and there is a discrepancy between the Standards and their affordable housing funding agreement, this must be documented and negotiated with the Region.

The following must be included within the policy:

- a. Program providers will not request payment for last month's rent at intake;
- b. All tenants will be strongly encouraged to set up direct payment of rent at intake to the program (e.g., direct deposit, or preauthorized withdrawal). The direct payment would occur automatically each month to ensure the tenant's housing stability;
- c. For tenants who do not agree with direct payment of rent, the Program provider is responsible for offering other payment options (e.g., e-money transfer, cheques, and cash);
- d. Program providers will inform tenants of their responsibility to pay the full rent amount on time every month;
- e. Program providers are responsible for engaging tenants and being informed of any income changes (e.g., employment earnings changing, OAS/GIS/GAINS amounts increasing);
- f. Program providers must work with the tenant when there are income changes to make any necessary adjustments to the direct payment amounts to ensure that rent arrears do not occur;

- g. Program providers must advise Region Housing Services of any income changes that affect funding subsidy levels;
- h. Program providers will be responsible for installing a secured (locked) mailbox available in a common area of the building for tenants to drop off any paperwork and/or rent cheques;
- i. Program providers will have a designated “property manager” who is responsible for collecting rent and following up with tenants if rent is not paid on time or in full. Staff with a property management role can still be supportive with tenants but their primary role/function is not providing direct support;
- j. If a tenant is late in paying their rent, the property manager must arrange to discuss the rent arrears with the tenant immediately;
- k. If the matter is not resolved through a conversation, a standard letter (developed by the Program provider and reviewed by the Region) will be sent to the tenant. This letter must clearly outline the amount of rent owing, payment options available, possible consequences of not paying rent, and a date by which they must respond;
- l. It is the responsibility of the property manager to inform the “direct support staff” of any rental arrears;
- m. The direct support staff will support the tenant to pay their rent and when necessary, will make referrals and encourage the tenant to access available community resources (e.g., Lutherwood, Region Employment and Income Support);
- n. The tenant, direct support staff, and property manager are responsible for creating a reasonable plan for the rent arrears to be addressed;
- o. The property manager (acting reasonably) must consider the rent arrears re-payment plan proposed by the tenant, direct support staff, or any community program(s) and must be flexible with their expectations for repayment when tenants are on a fixed low income. If the property manager is not in agreement with the plan they must provide a clear explanation and rationale why this option would not be considered to all parties involved;
- p. If the tenant is not responsive to creating a plan or is not following through on the plan, it is the responsibility of the property manager to follow up with the tenant by the date outlined in the standard letter and discuss the matter with the tenant, and if needed, to issue an eviction notice in a timely fashion;
- q. If the tenant and/or direct support staff are not satisfied with the property manager’s response they must follow the program’s complaint policy/procedure to address this matter further;

- r. It is the responsibility of the Program provider to ensure staff are trained in creating flexible and adaptable rent arrears plans and that staff are working together to ensure rent arrears are addressed quickly so they do not accumulate;
- s. Tenant evictions for rent arrears should be considered a last resort and should not be a surprise to the tenant or any of the supports; and
- t. Evictions may occur only after all other viable options and resources have been exhausted.

7.4 Visitor/Guest Access

A visitor or guest is defined as a person who visits a tenant, but is not identified on the tenancy agreement, and who has a principle address is outside of the program's building.

Allowing tenants to invite visitors and guests into their home provides a sense of control and ownership that is critical to overall tenant satisfaction.

Program providers must create a policy that clarifies how visitors and guests can access the building that includes the following:

- a. Tenants have a right to have visitors and guests in their unit/space;
- b. Tenants are responsible for the behaviour of their visitors and guests while on the property and must be accompanied by the tenant when accessing common spaces of the building;
- c. Tenants may have visitors or guests stay overnight but they are not to exceed more than 7 days without permission;
- d. A process for considering tenant requests for visitors and guests who may wish to stay longer than 7 days;
- e. A process for determining when a tenant's visitors and guests may have a financial cost associated with accessing the support services (e.g., accessing meals); and
- f. If the housing model involves tenants sharing bedrooms, the development of some parameters around protecting the privacy, security, and reasonable enjoyment of the shared space with roommates.

7.5 Pets

Having a pet or the ability to interact with a pet can increase a tenant's sense of home or attachment to a space and help support long term housing stability. There are a number of ways to consider providing access to a pet, including but not limited to the following:

- Tenants have their own pet;
- Having a "house pet";
- Developing a partnership with a local rescue organization to foster animals; and
- Developing a partnership to bring in pet therapy animals.

The Program provider must develop a policy related to pets that considers the legal expectations in the *Residential Tenancies Act, 2006*, the housing model and physical set-up of the building, intensity of support services, and tenant population. For tenants sharing a bedroom or apartment, additional factors will need to be considered in the development of the pet policy. The following must be included in the pet policy:

- Whether or not the program allows pets and the rationale;
- In what circumstances and ways pets are allowed;
- How tenant or roommate concerns with pets can be addressed;
- What will happen if a tenant can no longer care for a pet; and
- How staff may get involved if they are concerned about an animal's welfare.

7.6 Tenant Privacy

Program providers must create an environment that respects a tenant's right to privacy as outlined in the *Residential Tenancies Act, 2006*. This means that a program must only enter a tenant's room or unit only in accordance with the provisions of the *Residential Tenancies Act, 2006* and/or their agreed upon support arrangement with the tenant. Tenants must understand that their unit/space is their private space protected from others coming in without their consent (unless they share a bedroom), even though supportive housing can involve frequent support visits from staff. How the support services are delivered should always protect the tenant's right to privacy and security.

Program providers must create a policy and procedure around entering units that addresses the following:

- a. When can the program/staff enter a tenant's unit/space with and without consent (e.g., to provide support, in the event of an emergency);
- b. How will the program/staff enter a tenant's unit/space (e.g., knocking first, verbally announcing their presence); and
- c. What will happen if a tenant refuses support and does not agree to all the program/staff coming in (e.g., the tenant may not participate in support services).

For tenants sharing a bedroom, the Program provider must consider how a tenant's privacy and quality of life can be supported and encouraged through:

- Setting up the furniture in the room so that a tenant has the most privacy possible;
- Considering the use privacy curtains, half walls, and room dividers; and
- Providing a locked space in the room to secure valuables and belongings.

7.7 Inspections of Units

Regular inspection of units/bedrooms assists tenants with early detection of issues that may impact their housing retention.

- a. The program will create an inspection schedule for the units/bedrooms in their building that is in alignment with tenant support needs. The frequency of inspections is at the Program provider's discretion, but should occur at least annually.
- b. The Program provider must create a check list for the items in the unit/bedroom that they are inspecting (e.g., fire/smoke/carbon monoxide detectors, heating/cooling, water pressure, furnishings). The program will provide a copy of the inspection check list and comments to the tenant if requested.
- c. The Program provider will ensure that they provide legal notice as per the *Residential Tenancies Act, 2006* to enter units for the inspection.

7.8 Tenant Meetings

Tenant meetings are a valuable tool for the program and tenants to discuss the operations of the building and provide feedback to improve service. Tenant meetings provide opportunities for tenants to be involved and have leadership in the meetings. The purpose of the meeting is to give tenants the opportunity to:

- Build leadership skills with facilitation and meeting preparation;
- Discuss the operations of the building;

- Discuss service improvement ideas;
 - Discuss safety issues or security concerns within the building;
 - Learn about activities/programs/events planned for the month;
 - Have a forum for information sharing and mutual support;
 - Learn about community services and resources; and
 - Discuss topics of interest.
- a. The Program provider shall offer regular tenant meetings (no less than four times a year) and intentionally build tenant capacity to participate in the meetings. Some examples of roles or duties that tenants can be involved with include:
 - Generating ideas to discuss at the meeting;
 - Setting up and cleaning up after the meeting;
 - Establishing the meeting agenda;
 - Co-leading the meeting;
 - Presenting or co-presenting a topic on the agenda;
 - Facilitating discussion; and
 - Taking notes.
 - b. The Program provider will consider how a tenant council, staff, community programs, family, friends, etc. could be involved in the meeting to support tenants in their involvement and participation.
 - c. The Program provider will consider ways to encourage tenant participation and involvement in meetings by providing incentives, when necessary. Tenant attendance is not mandatory but strongly encouraged.
 - d. The Program provider must ensure minutes/notes are taken for each meeting, kept on file, and distributed to tenants (e.g., post in common area).

7.9 Financial Inclusion and Housing Stability

The Program provider should design financial support programs that align with the tenant population they serve. The Program provider may consider offering any of the following financial inclusion services or referring tenants to relevant resources in the community to support a tenant with housing retention:

- Assistance with obtaining identification;
- Assistance with storing/holding identification;
- Assistance with storing/holding banking cards or deposit book;

- Providing a voluntary trustee program onsite;
- Referring to a voluntary trustee program offsite;
- Providing re-payable emergency small loans;
- Assistance and support with filing income tax;
- Assistance and support with budgeting;
- Bill payment reminders (e.g., utilities, cable);
- Referral to credit counselling programs;
- Referral to public guardian, trustee, and/or legal guardian; and
- Holding/storing of valuables or money.

The Program provider must create policy(s) for any financial inclusion services provided that clearly outline the expectations, accountability measures, and risk management practices that will be in place to effectively provide financial inclusion services. The Program provider will support tenants without a public guardian, trustee, or a legal guardian to open a bank account upon intake, if they do not have one already.

7.9.1 Voluntary Trustee Program

If the Program provider is providing a voluntary trustee program onsite they must ensure their program is transparent, accountable, and manages risk effectively.

- a. If the Program provider and tenant agree to have the Program provider manage the tenant's finances, the program must create a "Voluntary Trustee Agreement" that clearly outlines the expectations, boundaries, responsibilities, of both the tenant and program in how the finances will be managed.
- b. The Voluntary Trustee Agreement must clearly articulate how the agreement can be cancelled and when finances would be returned to the tenant (e.g., within 30 days).
- c. The Voluntary Trustee Agreement must be signed and dated by both the tenant and program.
- d. The Program provider is required to keep a record in the tenant's file that includes a running total of the finances dispensed and signatures of both the tenant and program when finances are issued and a comment section for explaining the transaction. The Program provider must ensure the tenant signs the financial ledger every time there is a financial transaction.
- e. If the Program provider is paying for goods and services on behalf of the tenant receipts/invoices must be kept to verify the expense.

- f. If the Program provider has a Voluntary Trustee Agreement with a tenant, they are responsible for ensuring the tenant receives the monies as agreed upon and that the Region can readily monitor all financial transactions and records between the tenant and program.
- g. If the Program provider is carrying forward a balance of the tenant's finances at the end of the month, the Program provider must establish and maintain one or more non-interest bearing trust accounts in a Chartered bank, trust company, Credit Union or Province of Ontario Savings Office in which the tenant's finances will be managed by the Program provider and held in trust for and on behalf of tenants.
- h. The Program provider must retain the deposit book, deposit slips, passbooks, monthly bank statements, cheque books and cancelled cheques applicable to a trust account on the tenant's behalf.
- i. The Program provider must make part or all of the money held in the trust account available to a tenant upon request or as per the terms in the Voluntary Trustee Agreement.
- j. The Program provider will not:
 - i. Deposit any money received in trust for and on behalf of a tenant in an account other than the trust account;
 - ii. Use any money in the trust account to pay for other services that the tenant has not authorized; or
 - iii. Co-mingle any monies with the programs (both personal and business/organization accounts).

7.9.2 Monthly Allowance for Personal Use

Where Program Providers are supporting tenants through the retention or provision of the monthly allowance for personal use:

- a. The Program provider ensures that every tenant retains from their income the minimum monthly allowance for personal use; and
- b. If the Program provider and tenant agree to have the Program provider dispense the monthly allowance, the procedures and expectations related to Voluntary Trusteeship Program (7.9.1) will apply.

7.10 Community Inclusion and Belonging

Community inclusion and a sense of belonging have an important role to play in housing retention as they can strengthen a person's attachment to the space they call home. An

inclusive community ensures that everyone can access and fully participate in community life regardless of their personal resources or economic status. Many tenants accessing the program have been excluded from community life due to multiple challenges (e.g., living with a low income, having a disability, experiencing homelessness). The Strategy broadly identifies the following areas as impacting a person's ability to access the community: built environment, contribution, cultural, financial, health, political, recreation and social. Each one of these areas contributes to community inclusion and should be considered by the Program provider in their design, implementation, and evaluation of their activities/programs/events/workshops /classes that aim to increase participation in the community and foster a deeper sense of belonging.

- a. The Program provider must submit annual a "Quality of Life Plan" (QOL Plan) for the program overall (form will be provided by the Region) that clearly outlines the budget and high level outline of the types of activities/programs/events/workshops/classes, etc. that may be offered to enhance tenant quality of life. The QOL Plan will be submitted annually as a part of the Agreement Process. The program will be required to submit detailed quarterly updates (form will be provided by the Region) reporting both on their budget and the activities completed.
- b. It is the responsibility of the Program provider to consult with tenants in the design, implementation and evaluation of quality of life activities. The activities should align with tenant Support Plans, interests, skills, and abilities. The following should also be considered when the program is developing their QOL Plan:
 - Providing a mix of onsite and offsite activities;
 - Providing a mix of free and low cost activities;
 - Providing a variety of regularly scheduled activities and special one time activities;
 - Providing a mix of 1:1, small group, larger group activities;
 - Providing a mix of staff supported, peer led, and independent activities;
 - Providing opportunities for tenants to connect socially and recreationally;
 - Supporting tenants in exploring and enhancing their life skills;
 - Providing a mix of activities that may appeal to a variety of ages, interests, skills and abilities;
 - Considering and managing any potential health and safety issues/concerns;
 - Leveraging other funding/resources and seeking opportunities to lower the costs of activities; and

- Involving other supportive housing programs or other community agencies to partner and collaborate in activities.
- c. The Program provider's budget must include \$240 dollars annually per unit/space to directly support tenant quality of life activities. If a program is serving families and the occupancy of a unit/space may change an average of the total people served or a proxy will be used to calculate the funding. This funding is specifically dedicated for this purpose and cannot be used for other purposes. It is at the Program provider's discretion if they want to combine the funding together for the building or manage the funding per unit/space. This funding must be managed by the Program provider and cannot be provided directly to the tenant in the form of cash or gift cards.
- d. The Program provider will create a monthly schedule of events that list activities available to all tenants. The monthly schedule can be either posted in a common area or be distributed individually to each tenant. All activities offered need to clearly identify how the tenant can sign-up to participate (if they need to), any costs associated with participating, what transportation will or will not be provided, estimated time commitment, and how they can cancel. It is the responsibility of the Program provider to create inclusive and effective communication tools that meet tenants' needs.
- e. Program providers must regularly engage with tenants and encourage them to attend community inclusion activities. The Program provider is encouraged to create tools/methods/avenues/incentives to support tenant participation in community inclusion activities. The following is a non-exhaustive list of eligible activities:
- Arts/cultural activities (e.g., galleries, music shows, theatre, museums).
 - Destination activities (e.g., CN Tower, Zoo, Science Centre, African Lion Safari, Butterfly Conservatory, festivals).
 - Movie nights.
 - Social activities (e.g., coffee house, dinners out, birthday lunches, theme nights, holiday parties, barbeques, music nights).
 - Special Classes (e.g., cooking, yoga, pottery, sewing, conflict resolution).
 - Sports/Recreation (e.g., swimming, snowboarding, fishing, basketball, Go-Karts, gardening, crafts).
- f. Any direct program related capital expenses (e.g., purchasing craft/recreation supplies and materials, board games, DVD player, sport equipment) are not to be included within the QOL Plan, they will be recorded in a separate budget line. In addition, the following is a non-exhaustive list of ineligible items: capital purchases,

personal gifts or clothing, medical procedures or equipment, dental work, glasses or hearing aids, alcohol, tobacco, or lottery tickets for tenants.

8.0 HOUSING QUALITY COMPONENTS

This section outlines the components of quality for the physical housing and amenities including common areas, kitchens, bedrooms, bathrooms, furnishings, telephone, heating and cooling, water, laundry room, smoking area, accessibility features, garbage and pest control, cleaning, and property maintenance.

8.1 Common Areas

Having at least one common area in the building provides essential space for tenants to interact with one another and participate in social/recreational programming. Common areas will look different in each building because of the physical set-up and housing model of the program. Some examples of indoor common areas are: lobby, dining room, living room, sitting room, kitchenette, television room, game or recreation rooms. The following spaces are not considered common rooms: a hallway, closet, kitchen, office, attic, furnace room or utility room. There should be multiple common areas available in the building for tenants to access at reasonable times to socialize with other tenants or to entertain their guests.

The following requirements must be in place in common areas:

- a. The common area must have at least 1.1148 square metres (12 square feet) of floor space for each tenant; or have the total floor area shall be at least 11.148 square metres (120 square feet); whichever is the greater.
- b. The program will ensure that the common rooms are safe and comfortable environment for tenants, ensuring noise levels are within a safe range that does not disturb other tenants.
- c. The common areas must be designated as non-smoking and have rules or expectations that are posted for tenants and their visitors and/or guests to be aware of them.
- d. A separate common dining area shall be provided for the tenants in shared living environments where food is being provided by the program.
- e. A dining common area must be able to accommodate at least 50% of the tenants at any one time, the minimum floor area shall be calculated at the rate of 1.394 metres (15 square feet).
- f. There shall be a sufficient number of exits with appropriate travel distances to those exits. Two or more exits shall be provided for common rooms with more than 60 persons.

- g. The program will ensure that there is enough furniture in the common areas to accommodate at least 50% of the tenants at one time.
- h. The furniture must be well structured, clean, safe, and maintained in good working order, and comfortable.
- i. The program will ensure that the furniture in the common areas is accessible for tenants and aligns with their support needs (e.g., chairs with arm rests).
- j. The program will ensure that tenants have access in the common area to:
 - i. a radio,
 - ii. a television with basic cable,
 - iii. a VHS/DVD/CD/Blue Ray media player, and
 - iv. a computer with internet access.
- k. The program will create protocols/guidelines so tenants know when they can have access to the home entertainment items.
- l. The program will ensure that access to stairwells and exits are free from obstruction and flammable materials at all times as required by legislation/fire code regulations.

8.2 Kitchens

Each program has a different physical set-up and provides different levels of food services which all impact whether or not their kitchen or kitchenette will be inspected by Public Health. Some buildings in the program will have a common kitchen/kitchenette for the building or tenants have their own individual kitchens. There are typically four different categories that a program will fall into:

KITCHEN/FOOD SERVICE SET-UP	RESPONSIBILITY
<ul style="list-style-type: none"> a. Provide food services from a common kitchen with 10 or more tenants b. Do not provide food services but has a common/community kitchen c. Provide food services from a common kitchen with 9 or fewer tenants d. Do not provide food services but has a kitchenette/servery 	<ul style="list-style-type: none"> • Public Health will inspect the kitchen. • Must comply with the Food Premises Regulation pursuant to the <i>Health Protection and Promotion Act, 1990</i>. • Public Health will not inspect the kitchen. • Must comply with the expectations in the Standards set out below for program's not inspected by Public Health.

Expectations for programs not inspected by Public Health:

- a. Refrigerators must be maintained at a temperature of 4°C or colder;
- b. Freezers must be maintained at -18° C or colder;
- c. Hazardous food items shall be cooked, hot held and reheated, to the proper temperature as follows:

Whole Poultry	82°C
Poultry/ground poultry	74°C
Pork/pork products	71°C
Ground Meat (other than poultry)	71°C
Fish	70°C
Eggs	63°C
Food mixtures	74°C
Other hazardous food	74°C
Hot holding	60°C
Reheating	To at least a minimum internal cooking temperature within 2 hours.

- d. All refrigeration units shall be provided with accurate indicating thermometers;
- e. Equipment for the cleaning and sanitizing of utensils shall consist of a commercial mechanical dishwasher, a three compartment sink or a two compartments sink (not to be used for multi-service articles) of corrosion-resistant material of sufficient size to ensure thorough cleaning and sanitizing of utensils;
- f. May have a two compartment sink or two sinks where washing can be done effectively in the first sink and the second sink is used for sanitizing;
- g. There shall be a separate hand washing basin in each processing, preparation and manufacturing area equipped with soap in a dispenser and clean single service towels in a dispenser;
- h. All foods shall be protected from potential contamination (e.g. separate raw foods from ready-to-eat foods during storage and handling, food covered, labelled, off floor, and chemicals/pesticides stored separately from food);
- i. Food contact surfaces and non-food contact surfaces shall be properly designed, constructed, installed and maintained in a sanitary manner;

- j. Food contact surfaces must be washed-rinsed-sanitized after each use and following any operations when contamination may have occurred;
- k. The floor and floor coverings shall be tight, smooth and non-absorbent and maintained in a sanitary manner;
- l. The walls and ceilings shall be readily cleanable and maintained in a sanitary manner; and
- m. The kitchen shall be maintained in a clean and sanitary manner at all times.

8.3 Units/Bedroom Sizes

- a. Private rooms are available and considered the preferred option. Where this is not possible, a maximum of two (2) tenants per bedroom will be allowed.
- b. Generally, single bedroom space has a minimum of 13.92 square metres (150 square feet) of floor space (excluding closet space). Smaller single bedroom spaces can be requested as a deviation to the Standards (see section 2.2).
- c. Generally double bedroom space has a minimum of 20.88 square meters (225 square feet) of floor space (excluding closet space). Smaller single bedroom spaces can be requested as a deviation to the Standards (see section 2.2).
- d. In shared rooms, beds shall be a minimum of .91 metres (36 inches) apart.
- e. No area designated as a lobby, hallway, closet, bathroom, attic, stairway, cellar, kitchen, office, sitting room, dining room, furnace room or utility room shall be used by any tenant for sleeping purposes.
- f. Self-contained unit sizes and bedroom sizes should generally conform with the following:

Unit Sizes (Number of Bedrooms)

Unit Type	Bachelor	1-Bed	2-Bed	3-Bed	4-Bed
SELF CONTAINED Square feet	233 ft ²	650 ft ²	850 ft ²	1,000 ft ²	1,200 ft ²
BEDROOM Square feet	N/A	150 ft ²	225 ft ²	N/A	N/A

8.4 Bedrooms

The Program provider shall ensure that:

- a. The bedroom has flooring that is in good working order, readily cleanable, and maintained in a sanitary manner. It is recommended that bedroom flooring is hard surfaced instead of carpeted;
- b. The Program provider will ensure that if a tenant is better supported with hard surface flooring due to their support needs that this occurs in a timely fashion (e.g., if a tenant is incontinent, urinates on floor, accessibility issues);
- c. The bedroom walls and ceilings must be readily cleanable and maintained in a sanitary manner;
- d. Every bedroom has one or more windows to the outside:
 - i. That can be opened to provide ventilation except where another means of ventilation is provided.
 - ii. Is screened.
 - iii. Window coverings that provide privacy, block out sunlight, and are adjustable;
- e. Smoking is prohibited in programs where the housing model is shared living; Smoking is also prohibited in self-contained buildings in the common area, as per the *Smoke-Free Ontario Act, 1994*;
- f. If a tenant needs support cleaning their bedroom/unit, the program will arranged for this support to be provided;
- g. The unit/bedroom must have either a number or letter posted on the outside so it is clearly identifiable;
- h. The Program provider will encourage tenants to decorate their unit/space and hang up wall adornments/posters/art to their own taste unless such

adornments/posters/art are deemed offensive to others sharing the unit/space or pose an immediate safety hazard to the resident or others;

- i. The Program provider will ensure that tenants are provided with separate clothes closet or personal space for storage of personal effects; and
- j. The program will encourage tenants to have their own radio, television, clock or computer in their own unit/space in keep with safety requirements.

8.5 Bathrooms

Each building in the Program has a different physical set-up which impact whether or not tenants have their own private bathrooms, share bathrooms, or have access to public/common bathrooms.

The following is required for all bathrooms regardless of the physical set-up of the building:

- a. Toilet facilities are provided in the ratio of one wash basin, one flush toilet and one bath tub or shower for every eight (8) tenants;
- b. At least one bathroom, toilet and shower room shall have some accessibility features to accommodate someone with a physical disability (e.g., grab bars, walk in shower, wider doorways to accommodate mobility devices);
- c. One wash basin and one flush toilet are provided on each floor that is used by tenants;
- d. No toilet is located within a bedroom (this does not apply to prohibit a toilet in a separate room off a bedroom);
- e. The bathroom must have a door that locks to provide privacy and security. Staff must have a key to the bathroom readily accessibility in case of an emergency.
- f. The bathroom must have hard surface flooring that is smooth, non-absorbent, readily cleanable, and maintained in a sanitary manner. The bathroom cannot be carpeted;
- g. The walls and ceilings shall be readily cleanable and maintained in a sanitary manner;
- h. Bath tubs or shower stall floors must be made of non-skid/slip material or alternative safety measures are provided (e.g., bath mat);
- i. A separate staff or public washroom must be provided when more than four staff members are on duty at one time;

- j. Hot and cold running water must be reasonably available at all times;
- k. If there is a window in the bathroom it must have either an opaque window covering and/or opaque tinting/frosting on the glass that provides privacy;
- l. The bathroom shall be adequately ventilated by natural or mechanical means (at least 50 cfm intermittent or 20 cfm on a continuous run fan) so as to remove excess heat, humidity, and odours; and
- m. The mirror must be securely attached to the wall and made out of glass/material that if broken would not cause bodily harm (e.g., laminated safety glass).

If the Program provider offers shared/public bathrooms the following additional requirements must be met in order to support the privacy, security, and safety of tenants:

- n. Shared washroom fixtures are cleaned and sanitized at least once each day and upon soiling;
- o. Shared bathtubs and showers are cleaned and sanitized at least once each day and upon soiling;
- p. Bathroom/washroom facilities are equipped with:
 - i. A supply of toilet paper.
 - ii. A supply of facial tissues or Kleenex.
 - iii. A non-absorbent receptacle which can be cleaned and adequately contain disposable waste material.
 - iv. A posted sign outlining best practices for hand hygiene.
 - v. A sufficient number of hooks or bars for each tenant to store a towel and face cloth (alternatively, this can be provided in the tenant's room).
 - vi. Liquid hand soap in a dispenser (bar soap is not permitted).
 - vii. A single service paper towel dispenser;
- q. The program must ensure that reusable cups are not stored in the bathroom as to prevent tenants have drinking from a common cup (Program providers are able to provide disposable cups in the bathroom if desired);
- r. The program must provide a container for each tenant to store their personal care products, grooming supplies and/or equipment (e.g., tooth brush, razor, comb/brush) either in the bathroom or in their bedroom with their name on it; and

- s. It is recommended that the program install clearly marked biohazard hazard puncture resistant containers in bathrooms which must be disposed of according to the Region's Public Health standards for biohazard waste.

8.6 Furnishings

Each Program provider will identify in their Program Description (template provided by the Region through the Agreement process) if furnishing will be provided in their building in partnership with the tenant.

If providing furnishings, the Program provider will:

- a. Consult with the tenant regarding their preferences for their bedroom and/or common area furnishings;
- b. Create a list that details all of the furnishing provided to the tenant at intake (e.g., kitchen supplies/ furnishings/linens, bathroom supplies/furnishings/linens, bedroom supplies/furnishings/linens, living room furnishing, clean supplies, bedside light) and the list must be signed by both the Program provider and the tenant;
- c. Create a policy outlining how unit/spaces will be furnished, identify roles and responsibility of the program and tenant when furnishings are damaged and how replacements and repairs will be addressed;
- d. Provide comfortable bedroom and common area furnishings that are well constructed, clean, and in good repair;
- e. Ensure that the tenant is provided a bed with mattress and/or box spring with a bedframe (it is strongly recommended that the program install a moisture resistant material covering for each mattress to ensure the hygiene, longevity, and protection of the mattress from pests such as bed bugs);
- f. Ensure there is space for the personal effects of each tenant; and
- g. Ensure all furnishings and personal storage spaces are cleaned upon change of occupancy.

8.7 Telephone Access

- a. The Program provider shall ensure that tenants have reasonable access to a telephone for local calls. A separate telephone line must be provided for every 20 tenants in the building if private or semi-private rooms are being provided.
- b. The tenant telephone should be located in a private location (preferably a separate room/space with a door) to ensure tenants have privacy when using the telephone. If

there is not a private location available in the building, the Program provider will ensure arrangements are in place to ensure that tenants have privacy (e.g., cordless phone, staff office).

- c. The Program provider can limit time on the telephone to ensure all tenants have reasonable access. However, this time limit must be collaboratively decided upon by the Program provider and the tenants.
- d. The Program provider must have a separate telephone line for the staff in the building from which to conduct regular business.
- e. The Program provider will answer and take messages from tenants' community programs, medical professionals, family, friends, etc. on the staff/regular business line and provide messages to tenants in a timely fashion.
- f. The Program provider is not responsible for answering or taking messages on the tenant telephone line for which tenants are responsible.
- g. The Program provider is encouraged to explore other avenues to support tenants in their communication needs including but not limited to the following:
 - Setting up a community voicemail (each tenant has their own private voicemail box connected to the main telephone line);
 - Setting up a community message board; and
 - Supporting tenants to record messages and put them in the appropriate tenant mailbox, locker, or posted on their door.
- h. The Program provider will post beside the tenant telephone a list of emergency and important telephone numbers (e.g., fire, police, ambulance, poison control, property standards).

8.8 Heating and Cooling

- a. The Program provider will ensure that the building maintains a minimum air temperature of 21°C (70°F) at all times. The temperature reading shall be measured at a distance of 91.44 cm. (3 feet) or more from exterior walls and at a height of 60.96 cm (2 feet) above the floor level.
- b. Every room shall be adequately ventilated by natural or mechanical means so as to remove excess heat, humidity and odours.
- c. In rooms ventilated by mechanical means, the following minimum rates shall be provided:
 - i. Kitchen -100 cfm intermittent or 25 cfm on a continuous run fan.
 - ii. Bathroom - 50 cfm intermittent or 20 cfm on a continuous run fan.

- iii. Other Rooms –adequate ventilation shall be provided.
- d. A fly screen shall be provided on all windows that open.
- e. The program will ensure that tenants have access to air conditioned common and sleeping spaces in the building during the summer months. How this is achieved will look differently across each program depending on the physical set-up, housing model, and support models. The program will submit a Heating and Cooling Description Form (a standard template form provided by the Region) to detail the specifics of how air conditioning will be provided in the building.
- f. The program will supply a personal fan to tenants that request one. The Region encourages the use of ceiling fans instead of personal fans.

8.9 Water

Every premise shall be constructed and maintained so that there is, at all times, an adequate supply of hot and cold potable running water which:

- a. Conforms in quality to the Guidelines for Canadian Drinking Water Quality, established by the Federal-Provincial-Territorial Committee on Drinking Water and published by Health Canada, as amended from time to time.
- b. Complies with all applicable Legislation and Regulations thereto including, without limitation, the Ontario Drinking-Water Quality Standards made pursuant to the *Safe Drinking Water Act, 2002*; and does not exceed 49°C (120°F) in fixtures other than those in the kitchen or laundry area, and shall be controlled by a device inaccessible to the tenants, that regulates the maximum temperature.

8.10 Laundry Room

- a. The laundry room must have hard surface flooring that is smooth, non-absorbent, readily cleanable, and maintained in a sanitary manner. The laundry room cannot be carpeted and be located outside of the kitchen, common areas, and/ or storage areas, where tenants have easy access.
- b. The laundry room must be a separate room. The walls and ceilings must be readily cleanable and maintained in a sanitary manner.
- c. The laundry room must have a table and water faucet with a sink so that staff or tenants can have separation of soiled and clean laundry during collection, sorting and storage of laundry.
- d. The Program provider will ensure that the laundry equipment is maintained in good working order and is cleaned on a weekly basis, as per manufacturers' instructions (e.g., cleaning of lint screens, vent/duct to the exterior wall).

- e. The Program provider must post instructions on how to use the laundry equipment in the room.
- f. The Program provider must post hours that the laundry room is available.
- g. It is recommended in shared living environments that the Program provider create a laundry schedule with times that each tenant can do their laundry. The time slot must be at least 4 hours in length.
- h. The Program provider will supply a clothes drying rack, iron, and ironing board that tenants can borrow upon request.
- i. The Program provider will ensure that there is one washing machine and one drier for each 15 tenants. The Program provider can suggest a deviation to this ratio.

8.11 Smoking Area

- a. The Program provider must clearly identify in either their tenancy agreement or SHIP if the building is designated as non-smoking or smoking.
- b. The Program provider will ensure that there is green space available on the property for tenant use that includes both non-smoking area(s) and designated smoking area(s).
- c. The Program provider will provide an outdoor chairs and tables for tenants to use.
- d. The Program provider must contact Public Health to designate a place on the property for smoking (e.g., at least eight meters from the entrance of the building) and provide non-combustible containers for cigarette disposal. The designated smoking area must be approved by Public Health and be in compliance with *Smoke-Free Ontario Act, 1994*.
- e. The Program provider shall ensure smoking only occurs in a designated area.
- f. Smoking is prohibited in any common areas of the building.
- g. If the building is a shared living environment, smoking is prohibited in the entire building, including tenant bedrooms.

8.12 Accessibility Features

- a. The Program provider must create a plan and train staff to ensure compliance with the AODA accessibility requirements.
- b. The Program provider will ensure that elevators are maintained and inspected and display valid licenses at all times.

- c. The Program provider must accommodate tenants with disabilities or functional limitations.

This section will be further developed over the 2016-2018 implementation period.

8.13 Garbage and Pest Control

- a. All garbage shall be removed from the building daily, stored and disposed of in a manner satisfactory to the local municipality.
- b. All garbage containers must be cleaned and disinfected regularly and be stored in receptacles which are:
 - i. Insect and rodent proof;
 - ii. Water tight; and
 - iii. Provided with a tight fitting cover.
- c. Combustible debris shall be stored in a fire proof container outside the building.
- d. Adequate protection must be observed against the entrance of insects, vermin, and rodents.
- e. An approved sewage disposal system shall be provided and maintained to comply with applicable Legislation and Regulations.
- f. It is recommended that the Program provider has a contract with a licensed pest control operator and has a scheduled inspection and treatment plan in place.

8.14 Cleaning Schedules

- a. The Program provider will create a cleaning schedule for the common areas of the building.
- b. If the Program provider is assisting tenants with housekeeping they will create a cleaning schedule for tenant bedrooms.
- c. The Program provider will ensure that the common areas of the building are cleaned and well maintained at all times.

8.15 Property Maintenance

- a. The Program provider will create a policy and procedure for how property maintenance will occur in the building.

- b. The Program provider will create a “work order process” for tenants to file when their unit/bedroom is in need of repair, renovation, or maintenance issue.
- c. The Program provider will ensure that their property and building is well maintained (e.g., grass cut, landscaping) and blends into the surrounding neighbourhood.
- d. The Program provider will ensure that the snow and ice is removed as per the municipality by-laws.
- e. The Program provider will encourage tenant involvement in the maintenance and repair of the property and building. The Program provider will ensure that when tenants are involved that they are well supervised and any concerns or risks are managed.
- f. The Region encourages Program providers to have clear signage identifying the street name and number at the front of the building. The Region discourages signage that identifies the building as a supportive housing program.

8.16 Lighting

- a. The Program provider will ensure that the levels of illumination required under the *Ontario Building Code* and the *Ontario Fire Code* are maintained during all hours of operation in all cases.
- b. The Program provider will ensure that all lighting equipment provides illumination for the use of all indoor and outdoor spaces, including all hallways, stairways, landings, ramps and at all entrances and exits (including the exterior of the front and back doors) to ensure the safety of residents, staff, volunteers and visitors at all times.

9.0 HOUSING BASED SUPPORT QUALITY COMPONENTS

This section outlines the tools and processes in providing quality housing based support as it relates to a person-directed plan, medication, food, transportation and housekeeping. This section will be further developed over the 2016-2018 implementation period.

9.1 Housing Based Support

- a. The Program provider must provide housing based support. One primary housing-based support worker will be assigned to each tenant.
- b. The Program provider must create a housing based support plan for each tenant. The housing based support plan will support tenants in identifying their personal goals and seek to address safety, basic needs, relationships, daily activities and life skills, social and community integration, risk and crisis triggers, managing tenancy, economic and wellness opportunities, promoting a healthy lifestyle, community integration, and goals for greater independence including discharge from active support as appropriate.
- c. Housing based support includes meeting with each tenant in the home and/or unit room (to the level needed by the tenant but expected to be at least once per week for the first year). These regular visits will be completed focusing on specific activities and outcomes from the housing based support plan that result in tenants decreasing their domain scores within SPDAT over time.
- d. To support the tenant to see change and as a quality assurance tool, Program providers will complete and share with the tenant results of the full SPDAT to be completed as part of intake and at prescribed intervals (e.g., at move in, three months, six months, nine months and one year) to identify goal planning areas, ongoing housing issues, and the degree of supports required. Aggregate (non-identifying) scores will be shared with the Region.
- e. As part of the plan, the Program provider is responsible for engaging with and connecting tenants to other dedicated or disability-specific supportive housing programs for which they may be eligible (e.g., for people with mental health or substance use issues). Tenants will be encouraged to access waitlists for these services as a way to increase choice and access to more appropriate/specialized community resources when space becomes available.

A further description of housing based support will be discussed and developed and a Housing Based Support Plan template form will be created over the 2016-2018 implementation period.

9.2 Medication Support

There are various ways that medication support services can be provided in the Program depending on the support needs of the tenants and the physical set up of the building. Each Program provider needs to determine the level(s) of medication support they will provide, according to tenants support needs.

- a. The Program provider will ensure each tenant's medication support needs are known, acknowledged and accommodated.
- b. The Program provider will ensure that they are providing adequate levels of medication support to align with tenant support needs. Program providers should not exceed the level of support that a tenant needs. Independence and autonomy should be encouraged.
- c. The Program provider's medication support services must acknowledge that support services are voluntary and tenants have a right to refuse medication.
- d. Medication support services will not reflect a custodial or institutional approach to service delivery - they should be person-directed and support a culture of choice, empowerment and independence.
- e. Tenants are responsible for covering all costs associated with purchasing the medication, dispensing fees, delivery, refills, and packaging. Tenants are not to be charged for staff support in delivery this support service.
- f. Where tenant's level of independence is declining due to age or ability the Program provider will gear their supports to maintaining independence and promoting a sense of dignity and control in their environment.
- f. The Program provider will work cooperatively with their designated Pharmacist and implement any policy and procedures that promote service excellence.
- g. The Program provider will ensure that puncture resistant biohazard containers are readily available and clearly marked and disposed of according to the Region's Public Health standards for bio-hazardous waste.
- h. Tenants are expected to come to the designed Program provider area or staff office to take medication as prescribed and dispense the medication themselves through a disposable cup.
- i. Tenants facing the prospect of incarceration should have their medication records accompany them so required medications can be administered throughout the course of their incarceration.

9.2.1 Lower Level Medication Support

Lower level medication support is geared towards tenants that are able to manage medication independently but require some assistance from time to time. Some examples of lower level medication supports are as follows:

- Staff may provide reminder prompts to tenants to take their medication throughout the day;
- Staff may hold medication and provide a prompt for a tenant to come to the staff office and take their medication;
- Staff may store medication in the staff office for safe keeping;
- Staff may hold “drug cards” for safe keeping when needed and/or requested; and
- Staff may provide assistance/support to renew a Health Care.

9.2.2 Medium Level Medication Support

Medium level medication support is geared towards tenants that need some assistance with managing their medication. Some examples of medium level medication supports are as follows:

- Staff will create an individualized plan to support the tenant to manage their medication with the support of staff. This plan must be signed by the tenant;
- Staff will provide opportunities for the tenant to take on additional responsibilities and build skills towards greater independence and possibly managing their medication independently from staff support;
- Staff may work directly with the pharmacy to organize medication supports or the tenant may have this responsibility (e.g., refills, delivery, dropping off prescriptions);
- Staff provides medication to tenants as prescribed times for tenants to self administer their medication;
- Medication could be stored either in the tenant’s unit/space in a secured space (e.g., locked cabinet, drawer, safe) or with the staff;
- Staff may liaise with the tenant’s physician or medical professionals;
- Staff or tenants will document on the mar sheet developed by the pharmacist that includes the following: client identifiers, medication name, dose, route, time and signature of person administering the medication; and
- Staff or tenants will organize medical appointments.

9.2.3 Higher Level Medication Support

Higher level medication support is geared towards tenants that are not able to manage their medication independently and require staff support to safely administer their medication. Some examples of higher level medication support are as follows:

- Staff will create an individualized plan to manage their medication. This plan must be signed by the tenant;
- Staff will provide opportunities for the tenant to take on additional responsibilities and build skills towards greater independence;
- Staff would work directly with the pharmacy to manage the tenant's medication (e.g., refills, delivery, dropping off prescriptions);
- Staff will document on the mar sheet developed by the pharmacist that includes the following: client identifiers, medication name, dose, route, time and signature of person administering the medication;
- Staff will organize medical appointments and liaise with medical professionals around healthcare of tenant; and
- Staff will provide accompaniment to medical appointments and assist the tenant with recalling any health issues (or arrange with a community program).

9.2.4 Managing Medication Risks (Medium and High Level Medication Support)

- a. The Program provider will create medication support policy and procedure(s) for the safe managing, handling, and recording of tenant medication.
- b. The Program provider is responsible for ensuring that all staff managing medication are trained effectively and will seek out additional professional and community based training related to medication supports.
- c. The Program provider must document all tenant medications on MAR sheet developed by the pharmacist that includes the following: client identifiers, medication name, dose, route, time and signature of person administering the medication if they are providing a higher level of support.
- d. The Program provider will encourage tenant's to record on the MAR sheet to document when they have received their medication.
- e. The Program provider will develop a policy for the reporting of medication errors and adverse reactions.

- f. All prescription and non-prescription medication must be stored in a locked cabinet/drawer/cart/safe at all times in a location that is only available staff (e.g., staff office).
- g. Any registered nursing staff administering medications will do so in accordance with the College of Nurses of Ontario Medication Standard (revised 2014; http://www.cno.org/docs/prac/41007_Medication.pdf);
- h. Any other staff that is not regulated under a professional designation will deliver medication support services by a medical system that is developed and maintained by a pharmacist or another professional medical health practitioner. Typically this is done through a bubble pack, pre-packaged diskette/dosette, blister pack that was developed by the pharmacist.
- i. Any medication support must be agreed upon between both the tenant and Program provider and documented in a signed acknowledgement detailing the type(s) of support the tenant will be receiving.
- j. All prescription medication will be made available only to those tenants for whom they have been prescribed.
- k. All needles/sharps/syringes/vials/ampoules will be safely disposed of in appropriate puncture resistant biohazard containers immediately after use.
- l. The Program provider will not place the cap back on needles/syringes but dispose immediately in puncture resistant biohazard containers.
- m. The Program provider shall develop a policy and procedure as it relates to the reporting of medication errors and adverse reactions to the pharmacist.
- n. The Program provider will develop a policy and procedure for how unused/out-dated medications will be returned to the pharmacy.
- o. The Program provider will not supply or give out any “over the counter medication” (e.g., Advil, Tylenol, Imodium, cough syrup) to tenants.
- p. The Program provider will review the promising practices related to managing medication from the Institute for Safe Medication Practices.

9.3 Food Support

There are various ways that food support services can be provided in the Program depending on the support needs of the tenants and the physical set up of the building. Each Program provider must ensure that their individualized food support services align with their identified tenant population.

9.3.1 Philosophy and Approach

- a. The Program provider will create a “home like” atmosphere where each tenant’s dietary preferences are known, acknowledged and accommodated. Food support services will not reflect a custodial or institutional approach to service delivery. They should be person-centered and reflect the diversity and variety of tenant interests in the Program.
- b. The Program provider must create opportunities for tenant involvement and skill building in how their food support services are delivered to foster a culture of choice, empowerment and independence. Where tenant’s level of independence is declining due to age or ability the Program provider will gear their supports to maintaining independence and promoting a sense of dignity and control in their environment.
- c. The Program provider will ensure that they are providing adequate levels of food support services that align with tenant support needs. Program providers should not exceed the level of food support that a tenant needs. Independence and autonomy should be encouraged.
- d. The Program provider must discuss with their Public Health Inspector what level of involvement tenants can have in the kitchen and any risks adequately managed through training and supervision.

9.3.2 Food Financial Contribution

- a. Tenants must be charged a cost recovery fee towards the Program provider’s grocery expenses for medium or higher levels of food support services.
- b. The Program provider’s food support packages (e.g., low, medium, or high) and related costs must be detailed in both the Tenancy Agreement and the Supportive Housing Information Package (SHIP). These costs can be increased according to the provisions listed in the *Residential Tenancies Act, 2006*.
- c. The Program provider must notify the Region if they are increasing tenant’s financial contributions towards grocery expenses.
- d. Each Program provider must determine the costs related to grocery expenses as they will vary depending on the community partnerships.
- e. The Program provider must arrange with a tenant how grocery expenses will be paid on time each month. It is strongly encouraged that the Program provider arranges for direct payment for grocery expenses with the tenant upon intake.

9.3.3 Lower Level Food Support

Low level food support ideally would be arranged through a community partnership (e.g., the Waterloo Region Food Bank, social enterprise, fundraising). To complement the Program provider's efforts, other low level food support services not covered by other community partnerships or funding arrangements may be eligible to be funded through the Program provider.

Low level food support services are geared towards tenants that are able to live independently and able acquire and prepare their own food without staff assistance but may need some supports to increase their food security. Some examples of lower level food support services are:

- Providing access to an emergency food supplies onsite;
- Making referrals and providing support to access community food supports (e.g., the food bank, low-cost meal programs, Christmas Hampers);
- Providing access to skill building cooking or nutrition classes either on or offsite;
- Providing access a community garden for tenants to grow food either onsite or offsite;
- Providing temporary staff assistance with meal preparation until other community support services can be arranged (e.g., volunteer program, Meals on Wheels) for tenants who may be experiencing an illness or unusual circumstance; and
- Providing community meals/community kitchen/community events that provide food and tenant build capacity.

9.3.4 Medium Level Food Support

Medium level food support services are geared towards tenants who need some level of staff assistance with acquiring and/or preparing food. Some examples of medium level food support services are:

- Tenants pay a food amount to the Program provider that would purchase and/or arranged for food to be delivered (e.g., staff support tenants to set aside a pre-paid amount for groceries each month); and
- Tenants organize themselves around how food is provided in the home and everyone has a role (e.g., grocery shopping, menu development, cooking).

Tenants may prepare meals as a group or independently (e.g., tenants are responsible to make breakfast and lunch independently and they make supper together as a group).

- Staff support through coaching, teaching, and/or facilitating food support in the areas of menu preparation, nutrition, grocery shopping, budgeting, meal preparation, food safety either onsite or offsite.
- Tenants are involved in all areas listed above and are encouraged to take on responsibilities with increasing amounts of independence.
- Tenants can access the kitchen without staff supervision.

9.3.5 Higher Level Food Support

High level support services are geared towards tenants who need intensive support and are unable to independently acquire or prepare food. Some examples of higher level food support services are:

- Food would be purchased and prepared by the Program provider;
- Staff organize the menu, nutrition, grocery shopping, budgeting, and meal preparation and invite tenants with interest to participate;
- Tenants are involved in areas of low-risk food preparation and are encouraged to take on responsibility with increasing amounts of independence;
- Staff encourage tenants to have a role in supporting food preparation (e.g., setting the table, serving the food, assisting with cleaning up, helping create the menu);
- Tenants are not typically able to access the kitchen without staff supervision; and
- Tenants have open access to healthy snacks and water through a kitchenette or food station (e.g., fresh fruit and veggies, coffee/tea).

8.3.6 Medium/High Food Support Requirements

Program providers offering medium or higher levels of food support services are responsible to ensure that nutritious healthy food support services are being offered. Tenants receiving medium or higher levels of food support will contribute towards the costs of delivering food support services and rely on the Program provider for adequate support. If the Program provider intends to only serve food that is vegetarian, halal, kosher, etc. this needs to be clearly outlined in the Supportive Housing Information Package and explained to each tenant before admission.

The following requirements are for Program providers that are providing medium or higher level food support services:

- a. The Program provider will provide regular opportunities for tenants to have input into menu planning;
- b. The Program provider shall develop a four week menu rotation that will be revised quarterly to provide tenants with choice, variety, and reflect their dietary preferences;
- c. The Program provider will ensure that minimal duplications of meals occur within a four week menu rotation unless specifically requested by a tenant;
- d. The Program provider will post a seven day menu plan for the week in the dining room and record any changes or substitutions on the weekly menu plan;
- e. Every menu shall bear the date of posting and shall be retained on file for 90 days following such date;
- f. The Program provider shall make every effort to minimize changes or substitutes to the posted menu as to provide tenants a certain amount of predictability;
- g. The Program provider shall provide three (3) meals per day at scheduled times that are convenient to the majority of the tenants. Desirable times are:
 - Breakfast: not before 7:30 a.m. and no later than 9:00 a.m.
 - Lunch: not before 11:30 a.m. and no later than 1:00 p.m.
 - Supper: not before 4:30 p.m. and no later than 6:00 p.m.;
- h. The Program provider will daily offer at least one hot entrée, as the main meal served for either lunch or supper;
- i. The Program provider will weekly offer at least two hot breakfast meals in addition to the hot entrée for lunch or supper;
- j. The Program provider shall ensure menus conform to Canada's Food Guide with the goal of providing nutritious food for good health;
- k. The Program provider will ensure at least eight cups of fluids are available each day and ensure that fluids include a variety of juices, coffee, tea, pop, water that align with tenant preferences;
- l. The Program provider will offer two snacks that are available in between meals (i.e., one in the morning and one in the evening);
- m. The Program provider will offer alternative meal choice at the lunch and supper meal time for tenants that may not like what is available;

- n. The Program provider will provide meals that are healthy, appetizing, cooked and stored at the correct temperature, as per the Ontario Food Premises Regulations, under the *Health Protection and Promotion Act, 1990*;
- o. The Program provider will provide high quality food that is nutritious and desirable to tenants;
- p. The Program provider will ensure that there are variety food choices on the menu that reflect the diversity of tenant's dietary preferences;
- q. The Program provider shall ensure that they provide special dietary accommodations to tenants with a doctor's note for treatment or maintenance of good health (e.g., hypertension, diabetes, allergies, weight loss, and difficulties with swallowing or chewing);
- r. The Program provider shall provide at least one fresh fruit and/or fresh vegetable choice at each meal;
- s. The Program provider shall ensure milk or a dairy free substitute (e.g., soy milk) option is available according to tenants' preferences. For example, if a tenant does not like powdered milk and prefers fresh milk, the Program provider will serve fresh milk;
- t. The Program provider must provide open access to a refrigerator located in an accessible location within the building (e.g., in the common room, the tenant's unit/room, kitchenette);
- u. If a Program provider only serves food that is vegetarian, halal, kosher, etc. the Program provider must provide access to both a refrigerator and microwave. This will ensure that tenant's have the opportunity to store and heat food of their choice independently;
- v. The Program provider will ensure that tenants have open access to healthy nourishing snacks between meals;
- w. The Program provider will ensure snack foods are made available according to the tenants' needs (e.g., higher caloric, nausea); and
- x. The Program provider will consider how family and friends can participate during meal times with the tenant for a nominal cost.

9.4 Transportation Support

- a. The Program provider's role in transportation support is to help the tenant access community programs to apply for subsidized or reduced fare transportation programs (e.g., GRT reduced fare bus pass, mobility plus, friendly visiting).

- b. The Program provider will not provide transportation to the tenant directly unless it is a part of the support plan. For example, the Program provider and tenant may agree, as identified in the tenant's support plan, that the Program provider will accompany tenants to medical appointments. The Program provider may provide transportation as a part of this support service.
- c. If a tenant has regular appointments/programming (e.g., for mental health/ substance use issues or medical reasons) she/he may be eligible for assistance from Ontario Works or Ontario Disability Support Program. The Program provider will assist the tenant to receive all benefits they are entitled to and advocate on their behalf to access them.
- d. The Program provider may consider offering the use of Program provider owned bicycles, motorized scooters, electric bikes, etc. to support tenant transportation and independence.
- e. The Program provider may consider offering to pay the membership fee for community programs that support active transportation (e.g., communal bike share program).

9.5 House Keeping Support

The Program provider may provide house keeping support as a part of supporting tenant in their housing stability. The Program provider may directly offer this service or connect eligible tenants to community programs for service.

This section will be further developed in the implementation period from 2016-2018.

10.0 STAFFING QUALITY COMPONENTS

This section outlines expectations related to staff qualifications, training, supervision, levels, and conduct. “Staff” primarily includes paid staff but may apply to volunteers or student placements where appropriate.

10.1 Qualifications

- a. The Program provider must hire and retain staff that have the appropriate qualifications, experience, and skills for working with vulnerable individuals, so as to provide a safe, respectful, positive and supportive environment for tenants.
- b. The Program provider must create job descriptions for each staff position that clearly outline the job duties, expectations, roles, responsibilities, etc.
- c. The Program provider must confirm appropriate qualification, experience and skills for all staff before they start their employment that at minimum includes:
 - i. confirming candidates are at least 18 years of age;
 - ii. reviewing a copy of their resume;
 - iii. confirming candidates whose job will involve provision of housing based support to tenants have a high school diploma with a preference for candidates with some post-secondary experience;
 - iv. conducting an interview;
 - v. conducting a minimum of three reference checks; and
 - vi. reviewing and determining if a staff’s Police Vulnerable Sector Check is satisfactory to the Program provider (following a conditional offer of employment and be cleared by the Program provider to work in the building before starting their employment).
- d. The Program must create a policy for on-going monitoring of staff maintaining a satisfactory Police Vulnerable Sector Check.
- e. The Program provider must maintain a personnel file for each staff. This file must contain copies of all relevant documentation for the staff before they start their employment:
 - i. a copy of their resume;
 - ii. copies of documentation related to their interview (including a minimum of three completed reference checks, and any other verification of their qualification, skills and experience);
 - iii. completed Police Vulnerable Sector Check; and

- iv. the offer of employment letter.
- f. It is recommended that all staff have:
 - a 2-step TB skin test, initiated at a minimum within 1 week of their start date;
 - an annual influenza vaccination; and
 - immunization against Hepatitis B and documented immunity (for all staff and who may be exposed to blood or are at risk of injury by instruments contaminated by blood).
 - It is recommended that a documented immunization history be kept on file for all staff. For those receiving Hepatitis B vaccination it is recommended a documented protective antibody level (serum Anti-HBs - ideally measured between 1 and 6 months after completion of the immunization series) be kept on file.

10.2 Staffing Levels

- a. The Program provider, acting reasonably, shall ensure a sufficient number of qualified staff are available to ensure that the health and safety and support needs of the tenants are maintained at all times.
- b. The Program provider will consider using a variety of staffing models to support tenants including using staff that are awake onsite, asleep onsite, and on-call.
- c. Program providers are encouraged to utilize volunteers, students, tenants (as peer support) to provide additional support services in the building recognizing that any support services and/or programing provided by volunteers, students, and tenants is in addition to the regular staffing model.
- d. The Program provider must create a staffing plan (to be approved by the Region) that provides a rationale for how the staffing level aligns with tenant support needs and effectively manages tenant health and safety concerns.
- e. The Program provider must follow the approved staffing plan. If the Program provider would like to make changes to the staffing plan it must be approved in advance of implementation by the Region.
- f. In situations of single staffing, an “on-call” staff must be reasonably available to provide additional assistance if required.

10.3 Staff Supervision

- a. The Program provider must provide regular supervision to all staff and opportunities for the staff to discuss support planning of individual tenants with all staff to support a learning environment.
- b. The Program provider will ensure that all volunteers, Students, and tenants providing support are adequately supervised and any risks effectively managed.
- c. The Program provider must follow the *Employment Standards Act, 2000* and Regulations and Ontario's *Human Rights Code, 1990* related to all staff and volunteers.

10.4 Training

- a. The Program provider must create a staff orientation manual and have all staff sign off acknowledging they have read the manual. The staff orientation manual must adequately train and inform staff for working in the building.
- b. The following training must be completed by staff within three (3) months of being hired and before they can work unsupervised:
 - i. Standard First Aid;
 - ii. CPR "A" certification (if working with adults) and/or CPR "C" certification (if working with youth and children);
 - iii. Food Handler Training/Certification (for those involved in food preparation); and
 - iv. The Workplace Hazardous Materials Information System (WHMIS) training.
- c. The following training must be completed within six (6) months of being hired for staff that directly support tenants:
 - i. Housing Stability 102 or another orientation to the Housing Stability System;
 - ii. Mental Health Training;
 - iii. Suicide Prevention Training; and
 - iv. Non-Violent Crisis Intervention (NVCI).
- d. The Program provider will arrange for all staff to have an additional eight (8) hours of relevant professional training each year (March to April) that align with their job-

related duties. The following are some examples of relevant training for direct support workers:

- motivational interviewing;
 - stages of change model;
 - learning about mental health and substance use issues and associated symptoms and behaviours;
 - managing medication;
 - applying the recovery model of practice;
 - trauma informed support;
 - harm reduction and relapse prevention;
 - outreach and engagement;
 - case management/support planning; and
 - non- violent crisis intervention techniques.
- e. The Program provider must obtain a copy of all training certificates and ensure they are maintained in the staff's personnel file.
- f. The Program provider must make arrangements for staff to renew or re-certify themselves before their training expires.
- g. The Program provider must maintain a "Staff Training Tracking Form" (a standard form provided by the Region) that reflects up-to-date staff training information and submit it quarterly to the Region as a part of their reporting.
- h. The Program provider may request an extension to the timing of the training requirements set out above (e.g., part time or relief staff). The Program provider must include with their request verification that the staff have been registered for the required training and are not to work unsupervised until they have completed their training.

10.5 Staff Conduct

- a. The Program provider will develop a staff "Code of Conduct" in a form acceptable to the Region outlining professional behaviour that is expected of staff at all times.
- b. The staff Code of Conduct must be posted in a common area of the building.
- c. All staff must sign that they agree to abide by the Code of Conduct upon commencing their employment with the Program provider. The Program provider

must explain to the staff any possible consequences if the Code of Conduct is not followed.

- d. The Code of Conduct serves as a reference for staff when making decisions at work and must include:
 - i. The Program provider's mission, values, and principles, linking them with standards of professional conduct;
 - ii. Ethical professional behaviour expected of staff related to confidentiality, equality, conflict of interest, and discrimination;
 - iii. That staff are in a position of power in their relationships with tenants and as such must conduct themselves accordingly; and
 - iv. That staff are to refrain from developing personal relationships with tenants, within or outside the building, and are prohibited from entering into sexual relationships with any tenant.
- e. The Program provider is encouraged to provide staff with a name tag or some other kind of identification so they are easily identifiable to people in the building.

APPENDIX A – LOCAL STANDARDS ALIGNMENT WITH PROVINCIAL STANDARDS FRAMEWORK

The provincial Standards Framework sets out eight broad provincial categories for which local standards are required. The eight provincial categories are identified below along with the corresponding section(s) of the local Region of Waterloo CHPI Supportive Housing Standards (Standards) that meet the requirement. In addition, Service Managers were asked to consider health and safety recommendations from a Coroner's inquest. These recommendations are outlined below along with the corresponding section(s) of the Standards that respond to these recommendations.

1. **Eligibility:** Service Managers must establish standards that define the tenant eligibility criteria and the intake process.

- See section 5.1 - Coordinated Access

2. **Staffing:** Service Managers must establish standards for the minimum qualifications of staff and volunteers, staff/volunteer levels, staff/volunteer conduct and staff/volunteer training.

- See section 10.0 - Staffing Quality Components

3. **Insurance and Monitoring:** Service Managers must establish standards for insurance coverage and standards for regular monitoring of the housing provider to ensure compliance with local standards.

- See section 3.3 – Insurance Coverage
- See section 4.0 – Standards Monitoring

4. **Conflict Resolution, Complaints Processes and Reporting:** Service Managers must establish standards for conflict resolution and complaint processes, and for the reporting of serious incidents.

- See section 6.5 - Conflict Resolution and Crisis Prevention
- See section 5.9 - Feedback and Complaints

5. **Rights and Responsibilities:** Service Managers must establish standards for tenant and landlord rights and responsibilities, including tenancy agreements, tenant confidentiality and privacy, and management of tenant files and other documentation.

- See section 7.1 - Tenancy Agreement or Lease
- See section 7.2 - Supportive Housing Information Package (SHIP)
- See section 7.3 - Rent Collection and Arrears
- See section 7.4 - Visitor/Guest Access
- See section 7.5 - Pets

- See section 7.6 - Tenant Privacy
- See section 7.7 - Inspection of Units
- See section 5.4 - Electronic Data Collection
- See section 5.5 - Documentation and Recording
- See section 5.6 - Tenant Files
- See section 5.7 - Confidentiality

6. Physical Safety, Health and Well-being of Tenants: Service Managers must establish standards for tenants' physical health, safety and well-being, including medication storage and/or management.

- See section 6.0 - Safety and Security
- See section 9.0 - Housing Based Support Quality Components

7. Provision of, or Access to, Activities and Support Services: Service Managers must establish standards for the provision of, or access to, activities and support services for tenants (both within the housing and the community).

- See section 7.8 - Tenant Meetings
- See section 7.9 - Financial Inclusion and Housing Stability
- See section 7.10 - Community Inclusion and Belonging
- See section 9.0 - Housing Based Support Quality Components

8. Monthly Allowance for Personal Use: Service Managers must establish standards for the management of the monthly allowance for personal use for tenants.

- See section 5.2 - Funding Administration

Coroner's Inquest Recommendations:

- Background checks received/reviewed prior to employment – see section 10.1c.
- Develop a standard set of Operating Procedures – see Appendix A.
- Assess individual residents' needs to ensure suitable placement – see section 5.1 - Coordinated Access.
- Install automated external defibrillator (AED) units – see section 6.2d.
- Ensure qualified/accredited personnel on site – see section 10.2 - Staffing Levels and section 10.4 - Staff Training.
- Ensure reasonable security response plan beyond local law enforcement – see section 6.2a.
- Consider installation of perimeter closed circuit TV cameras – see section 6.4a.
- Ensure tenant medication records accompany tenants facing incarceration – see section 9.2i.
- Address conflicts of interest - see sections 7.4f and 10.5d.

APPENDIX B - GLOSSARY OF TERMS

“Abuse” in any form is a violation of a person’s human rights and can either be a single act or repeated acts. Abuse may be deliberate or the result of ignorance, or lack of training or understanding. Abuse can occur in any relationship and may result in significant harm to or exploitation of the person subjected to it.

“Complaint” is an expression of dissatisfaction related to the services and/or supports. A complaint may be expressed by a tenant, staff, volunteer, other community program, family member, friend, and/or community member. A complaint may be made formally (such as a letter) or informally (such as a verbal complaint expressed to a staff member). A complaint does not include feedback on matters unrelated to the Program provider and the services it provides.

“Conflict” is to disagree or fight. Conflict is a part of life and important for personal and interpersonal development. The challenge is to resolve conflict, understand others, express thoughts and desires, make compromises, find solutions to reconcile differences, and go on together.

“Crisis” is an intense and difficult situation that has the potential to either deteriorate or improve.

“Disability” includes any degree of physical disability (such as diabetes, epilepsy, brain injury, paralysis, amputation, lack of physical coordination, visual impediment, hearing impediment, speech impediment, use of a guide dog or other animal or use of a wheelchair or other device), cognitive impairment or developmental disability, learning disability and/or mental health/substance use issue (adapted from *Accessibility for Ontarians with Disabilities Act, 2005*).

“Empowerment” is enabling people to claim their rights and achieve their potential and aspirations. (as described by M. Striano in *Participation: Inclusion, Empowerment and Routes Out of Homelessness*. FEANTSA Homeless in Europe, Spring 2015).

“Feedback” may be positive or negative and is typically related to the Program provider design, support services, and/or physical building. Feedback can include suggestions,

input, comments, ideas, and/or information that may be solicited (such as comments collected through a satisfaction survey) or unsolicited (such as a letter from a family member about services that a tenant receives).

1. **“Financial or material abuse”** is the theft or misuse of money or property like household goods, clothes, or jewelry. It can include any of the following:
 - Theft, conning, cheating;
 - Mismanagement of money or assets by a guardian, attorney, or other person in a position of trust;
 - Use of a person’s property or money for purposes other than those intended by the person;
 - Convincing a person to give away money, property or possessions with threats or coercion;
 - Withholding funds;
 - Cashing a person’s cheques without authorization, fraud; and/or
 - Putting pressure on someone or having someone who is deemed incompetent change their wills or power of attorney.

“HIFIS” is the Homeless Individual and Family Information System. A federally developed database used by programs, communities, and the Federal Government to collect information related to homelessness and housing stability.

“Ministry” means the Ministry of Municipal Affairs and Housing of the Province of Ontario.

- 2.
3. **“Neglect”** is withdrawing or not providing the help that a vulnerable person needs, causing them to suffer. Neglect can be active (the intentional withholding of care or the necessities of life) or it can be passive (the unintentional failure to give proper care because of lack of knowledge, attention, experience or ability on the part of the caregiver). It can include any of the following:
 - Allowing a person to live in unsanitary or poorly heated conditions.
 - Withholding or failure to provide adequate food and nutrition.
 - Long-term failure to help someone maintain personal hygiene when they cannot manage it themselves.

- Inadequate supervision or safety precautions, failure to protect people from health and safety hazards.
 - Failure to provide for physical and mental health needs.
 - Withholding medical services, including medications (as prescribed) or overmedicating.
 - Denying access to necessary services (e.g., nursing, social work).
 - Denial of a person's basic rights.
4. **“Physical abuse”** is any physical pain or injury that is willfully inflicted upon a person, or unreasonable confinement or punishment, resulting in physical harm. It can include any of the following:
- Hitting, pushing, pulling, rough handling, shoving, slapping, kicking, beating, shaking, burning, pinching, gripping, or biting.
 - Use of an object or weapon in a violent manner.
 - Physical restraint or unreasonable confinement (e.g. locking someone in, tying a person up).
 - Misuse of prescribed medication (e.g., using prescribed medication for any purpose not ordered by the physician).
 - Deliberate exposure to extreme weather.
 - Force feeding.
5. **“Psychological or emotional abuse”** is any willful infliction of mental anguish or creation of fear of violence or isolation. This type of abuse diminishes a person's identity, dignity, and self-worth. It can include any of the following:
- Verbal assaults, harassment, bullying, threats, instilling fear, intimidation, coercion, humiliation, blaming, name-calling, yelling, scolding or shouting.
 - Ignoring the person or emotional deprivation.
 - Social isolation, restricting of contact with family, friends or support networks.
 - Removal of decision-making power or treating someone like a small child.
 - Denial of privacy.

“Province” means the Province of Ontario.

“Program” refers to the CHPI Supportive Housing Program in general.

“Program provider” refers to the owner/operator/agency that is providing supportive housing funded through the CHPI Supportive Housing Program.

“program staff” refers to people employed by the Program provider to work in a variety of capacities with the Program provider.

“Quality Assurance” Quality assurance in human services has been defined as “a formal set of activities that reviews and affects the quality of service provided.... [giving] both internal and external parties the confidence that the organization will consistently meet the requirements for quality service”¹.

“Quality of Life” John Lord (2005)² describes a quality life as that which is “meaningful” where people have “valued resources and roles” and are “connected to family, friends, and the wider community”. Quality of life is built intentionally. It is supported through specific approaches that are effective, accountable, and tailored to each person. Lord cautions that programs seeking to design programs that increase quality of life must shift power and control to their tenants in the process. Without this shift, increased quality of life may not be achieved.

To support tenant quality of life, program design should:

- Empower tenants to regain a sense of personal control in their lives.
- Have the flexibility to meet tenant needs in the ways that work best for them.
- Intentionally strengthen social networks and relationships.
- Build staff capacity to support tenants with a broad range of needs and preferences.

“Region” refers to The Regional Municipality of Waterloo.

¹ Ballantyne, M. & Shields, J. (2001). *Quality Assurance Discussion Paper*, p.1.

² http://www.johnlord.net/web_documents/framework_for_quality_assurance.pdf

“**Region staff**” refers to staff within Housing Services at the Region.

6. “**Sexual abuse**” is any sexual act or contact to which a person has not consented, could not consent, or was pressured into consenting. It can include any of the following:
- Coercing a person through force, trickery, threats, or other means into unwanted sexual activity.
 - Sexual assault, rape or other sexual acts, inappropriate touching.
 - Any act designed to use a person for the perpetrator’s sexual gratification.
 - Coercion into viewing pornographic material, using a person to produce pornographic materials, or allowing others sexual access to a person.
 - Rewards for sexual acts.
 - Not allowing expression of sexuality.
 - Withholding of educational information.
 - Use of offensive or suggestive language.
 - Exhibitionism/voyeurism by perpetrator.

“**SPDAT**” is the Service Prioritization Decision Assistance Tool, a common assessment tool that provides information regarding depth of acuity across a number of domains.

“**Standards**” refers to the policies, procedures and protocols that direct programs in the Region.

“**Support Services**” refers to support services, assistance with activities of daily living, and supports provided by the Program provider to the tenant.

“**Tenant**” refers to a tenant as defined by the *Residential Tenancies Act, 2006*.

“**Trauma**” refers to the personal experience of interpersonal violence that can include: physical abuse, sexual abuse, psychological (emotional) abuse, neglect or acts of omission, financial or material abuse, loss, and/or the witnessing of violence, terrorism, and disasters. A trauma-informed approach recognizes the organizational structure and support philosophy that involves understanding, recognizing, and responding to the effects of all types of trauma. A trauma-informed approach also emphasizes the

importance of creating physical, psychological and emotional safety for both tenants and Program providers, and helps survivors rebuild a sense of control and empowerment (www.traumainformedcareproject.org).

The trauma-informed approach to support incorporates:

- An appreciation for the high prevalence of traumatic experiences in persons who have a disability.
- A thorough understanding of the profound neurological, biological, psychological, and social effects of trauma and violence on the individual.
- An approach that is collaborative, supportive and skills based (Jennings, 2004).

APPENDIX C – SUMMARY OF REQUIRED POLICIES AND DOCUMENTS

Program providers will develop written policies, procedures and other documents as outlined in the Standards which will be placed on file with the Region and re-submitted if revised. For ease of reference these policies and documents include:

- Documentation and Recording policy (5.5 and 5.6)
- Confidentiality Policy (5.7)
- Feedback and Complaints policy (5.9)
- Abuse policy (6.1)
- Building Access policy (6.4)
- Conflict Resolution and Crisis Prevention policy (6.5)
- Missing Persons policy (6.6)
- Emergency plan (6.7)
- Tenancy Agreement (7.1)
- Supportive Housing Information Package (SHIP) (7.2)
- Rent Collection and Arrears policy (7.3)
- Visitor/Guest policy (7.4)
- Pet policy (7.5)
- Entering Units/Rooms policy (7.6)
- Financial Inclusion Services Policy (7.9)
- Voluntary Trustee Program policy (7.9)
- Furnishing policy (8.6)
- Property maintenance policy (8.15)
- Medication policies (9.2)
- Police Vulnerable Sector Checks policy (10.1)

APPENDIX D - LEGISLATION AND REFERENCES

The following is a list of related legislation and references that may be updated from time to time.

Building Code Act, 1992, S.O. 1992, c. 23, Building Code, O. Reg. 350/06.

Canada's Food Guide to Healthy Eating, published by Health Canada.

CAN/ULC-S5.24-01: Standard for the Installation of Fire Alarm Systems. Underwriters' Laboratories of Canada

Community Homelessness Prevention Initiative Program Guidelines (2012).

<http://sareview.ca/wp-content/uploads/2013/01/CHPI-Program-Guidelines-FINAL.pdf>

Community Homelessness Prevention Initiative (CHPI) Guide to the Housing with Related Supports Service Category (2014).

<http://www.mah.gov.on.ca/AssetFactory.aspx?did=10065>

College of Nurses of Ontario Medication Standard (December 2005)

https://www.cno.org/globalassets/docs/prac/41007_medication.pdf

Electricity Act, 1998, S.O. 1998, c. 15, Sched. A.

Environmental Protection Act, R.S.O. c. E.19, R.R.O. 1990 Sewage System. Reg. 358 Ontario Regulation 358.

Fire Protection and Prevention Act, 1997, S.O. 1997, Fire Code, O. Reg. 213/07.

Guidelines for Canadian Drinking Water Quality, established by the Federal-Provincial-Territorial Committee on Drinking Water and published by Health Canada

Health Protection and Promotion Act, R.S.O. 1990, c. H.7, Food Premises, R.R.O., 1990, Reg. 562.

Municipal Act, 2001, S.O. 2001, c. 25

Nursing Homes Act, R.S.O. 1990, c.N.7

Occupational Health and Safety Act, R.S.O. 1990, c. 0.1

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, Chapter 11.

Ontario Disability Support Program Act, 1997, paragraph 1 of section 32(1) of Ontario Regulation 222/98 (General) – Monthly allowance).

https://www.mcass.gov.on.ca/en/mcass/programs/social/directives/odsp/is/6_1_ODSP_ISDirectives.aspx

Ontario Works Act, 1997, S.O. 1997, c. 25, Schedule A, General, O. Reg. 134/98

Personal Health Information Protection Act, 2004, S.O. 2004, S.O. c. 3, Schedule A, General, O. Reg. 329/04.

Residential Tenancies Act, 2006, S.O. 2006, c. 17.

Safe Drinking Water Act, 2002, S.O. 2002, c. 32, Drinking Water Systems, O. Reg. 170/03.

Smoke-Free Ontario Act, S.O. 1994, c. 10

Waterloo Region Homelessness to Housing Stability Strategy

<https://www.homelesshub.ca/resource/all-roads-lead-home-homelessness-housing-stability-strategy-waterloo>

For more information on Food Premises Regulations:

<https://www.ontario.ca/laws/regulation/170493>

APPENDIX E - COMMUNITY HOUSING ELIGIBILITY

To be eligible to be on the Community Housing Waitlist, you **must** have:

- At least one household member who is 16 years of age, or older.
- Canadian citizenship, **or** have made a claim for permanent resident or refugee claimant status, under the *Immigration and Refugee Protection Act (Canada)*. Proof of legal residency status in Canada may include:
 - Canadian Birth Certificate
 - Statement of Live Birth
 - Valid Canadian Passport
 - Permanent Resident Card (front and back)
 - Canadian Citizenship document
 - Canadian Citizenship Card
 - Native Status Card (front and back)
 - Record of Landing
 - Refugee Claimant Form
 - Convention Refugee Documentation
 - Newfoundland Baptismal Certificate pre 1950
 - Quebec Baptismal Certificate pre 1994
- No removal order under the *Immigration and Refugee Protection Act (Canada)* against any household member.
- No money owed for rent or damages to any federally, provincially, or municipally funded housing provider. If any member of your household **does** owe money for this, you must have an approved repayment agreement in place with the housing provider and all payments must be up to date.
- No convictions on any members of your household for 1) offences involved with rent-geared-to-income assistance, **or** 2) misrepresenting their income to get rent-geared-to-income assistance. These would be convictions proved by the *Landlord and Tenant Board* or a court of law.
- No home suitable for year-round living, which you own whether in Canada or another country. If you do own one, you must agree to sell it within six months of entering the CHPI Supportive Housing Program.

APPENDIX F - EXAMPLES OF INCOME AND ASSETS

EMPLOYMENT RELATED INCOME *Two months of pay stubs, or a completed employment verification form for:*

- Full-time, Part-time, Irregular, Casual, Seasonal, Odd jobs
- Overtime earnings, separation/vacation pay
- Commissions and bonuses
- Tips and gratuities

A statement showing how much and how often you get payments, or a copy of cheque stubs for:

- Disability / Sickness pay
- Long term income protection payments
- Workplace Safety & Insurance Board (WSIB)
- Employment Insurance Payments (EI)

SELF-EMPLOYMENT INCOME *Audited financial statements, or a certified copy of your most recent tax return*

- Tutoring, Music Teaching, Child Care, Babysitting, Taxi, Business, etc.

SOCIAL ASSISTANCE INCOME *A copy of cheque stub and drug card*

- Ontario Works (OW)
- Ontario Disability Support (ODSP)

PENSIONS AND ALLOWANCE INCOME *A copy of statement of entitlement, cheque stubs, or bank statements which show how much and how often you get paid*

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Guaranteed Annual Income Supplement (GAINS)
- Canada Pension Plan (CPP)
- Quebec Pension Plan (QPP)
- Social Security (other countries)
- Widow's Pension
- Company Pension
- Private Pension
- Public Service Plan
- Civilian War Pensions
- Disability Pension
- War Veterans Allowance (D.V.A.)
- War Veterans Allowance (other countries)

PENSIONS AND ALLOWANCE INCOME (CONTINUED)

- Military or Militia or Civil Defense Allowance
- Training / Retraining Allowances

OTHER INCOME *Copies of statements, cheque stubs, bank statements, legal agreements or other proof of income*

- Insurance payments
- Student grants/bursaries, OSAP
- Provincial or municipal payments
- Payments under compensation for Victims of Crime Act
- Mortgage income
- Payments from Public Guardian and Trustee
- Payments from Children's Aid Society or Catholic Children's Aid
- Separation payments
- Alimony payments
- Support payments (for spouse or child)
- Support from relatives or other sources/Sponsorship
- One-time lump sum payments (inheritances, court and out-of-court settlements)

INCOME PRODUCING ASSETS *Statements of equity, audited financial statements, bank statements, certified copy of your most recent income tax, etc.*

- Farm property which produces income
- Real estate (residential, commercial, farmland, cottage, mobile home) which produces rental income
- Savings account (bank, trust company, credit union), annuities, Guaranteed Investment Certificates, stocks or shares, bonds, debentures, mortgages, loans, notes, term deposits
- License which produces income (e.g. Taxi License)
- Business interest which produces income

NON-INCOME PRODUCING ASSETS *Provide a copy of statements for:*

- Life insurance (with cash surrender value)
- Registered Retirement Savings Plan
- Real estate (house, condominium, summer cottages, farmland, commercial or vacant land) in any country
- Business interest which does not produce income